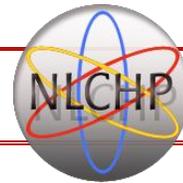


Making Connections



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Message from the Council Chair

Council appreciates the feedback received on the spring edition of *Making Connections*. Registrant's comments continue to be positive and indicate that they wish to receive information related to the operations of the Council as well as information on the other health professions.

As an update the office will be busy this fall with renewal of registration for over 200 Registered Dental Hygienists (RDH) and 525 Medical Laboratory Technologists (MLT). I am pleased to inform you that the first registration for midwives in the province will occur this fall with a registration deadline of September 30, 2016. Additionally Council has worked with the Department of Health and Community Services and the Newfoundland and Labrador Association of Medical Radiation Technologists (NLAMRT) and anxiously awaits the release of the regulations for medical radiation technology. This will ultimately bring the number of health professions registered with the NLCHP to eight, and approximately 1500 registrants.

It's interesting to note that the Health & Care Professions Council (HCPC) in the United Kingdom registers over 350,000 registrants in 16 health professions and has a similar mandate to the NLCHP. In the May 2016 issue of the HCPC newsletter there was an article and discussion of the release of new multi-disciplinary standards (for 16 health professions). The HCPC "Standards of conduct, performance and ethics" which sets the expectations of behaviour and conduct for registrants requires registrants "to being open when things go wrong." In this edition we will build upon this concept and will introduce the value of a sincere apology. There are studies to suggest the act of apologizing can have a positive impact on clients and the client/clinical relationship.

For those who may not be aware there is legislation in Newfoundland and Labrador known as *An Act Respecting Apologies*¹. Apology legislation is not unique to Newfoundland and Labrador and was a recommendation arising out of a number of past government inquiries.² This legislation was in fact passed in 2009 and is used to support clinicians making an apology and indicates that the apology will not be considered an admission of guilt or liability.

If you require additional information or clarification of the content of this communication please feel free to contact staff at the NLCHP office.

Colin Power BSc, MLT

NLCHP Chair

¹ Government of Newfoundland and Labrador 2009, *An Act Respecting Apologies*
<http://www.assembly.nl.ca/legislation/sr/annualstatutes/2009/a10-1.c09.htm>

² Govt NL 2009-News Release: Apology Legislation Introduced in the House of Assembly.
<http://www.releases.gov.nl.ca/releases/2009/just/0526n05.htm>

The Impact of Apologising

In the newly published standards document for the HCPC, standard eight states that “registrants need to be open and honest when something has gone wrong with the care, treatment or other services that they provide.”³ According to the Canadian Medical Protective Agency (CMPA) “the disclosure of adverse events to patients is an integral part of patient care.”⁴ The main concern of health practitioners is that offering a patient or client an apology for an adverse event will expose them to liability. However, most provinces and territories have adopted apology legislation that should reduce the concerns about the legal implications of making an apology. This supporting legislation used in the judicial system can also be applied to disciplinary tribunals for regulatory authorities such as the NLCHP.

The legislative definition of apology in the Statutes of Newfoundland and Labrador means:

2. (a) *“an expression of sympathy or regret, a statement that one is sorry, or other words or actions indicating contrition or commiseration, whether or not the words or actions admit, or imply an admission of, fault in connection with the matter to which the words or actions relate...”*

It's important to understand the positive impact on a client when an apology is offered. The HCPC article notes that the work of health professionals is “often highly pressured and rarely risk free.” The discussion continues to add that: “The standard isn't about penalizing registrants when mistakes happen, but is about expecting registrant to act appropriately when they identify that something has gone wrong.”

An apology has a positive impact on client care and may help to resolve any dispute that may arise from an adverse event. As an additional support, health professionals are best advised to contact their professional liability insurance (PLI) provider to let them know of the circumstances surrounding an error or adverse event and to discuss what should be included in an apology.



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BUT IS ABOUT EXPECTING REGISTRANTS TO ACT APPROPRIATELY WHEN THEY IDENTIFY THAT
SOMETHING HAS GONE WRONG.” -HCPC

³ Health & Care Professions Council, 2016 Standards of Conduct, Performance and Ethics
<http://www.hcpcuk.org/assets/documents/10004EDFStandardsOfConduct,PerformanceandEthics.pdf>

⁴ Canadian Medical Protective Agency (CMPA) 2013: *Apology Legislation and What it means in Canada*.
<https://www.cmpa-acpm.ca/-/apology-legislation-in-canada-what-it-means-for-physicians>

What to include in an apology

Understanding the positive impact of disclosure and apology is becoming accepted knowledge but the ability to offer a proper apology can be a difficult task. Knowing the proper procedure and the best approach will help resolve disputes related to medical error.⁵ An online article assisting physicians' describes anger more often as a precipitating factor in disputes.⁶ It insists that how an apology is made can be critical to reduce the impact of a dispute between a health professional and their client.

When an error is apparent, it's important that the disclosure is sincere, empathetic and expresses a mutual disappointment that the incident has occurred. It's essential also that the client understands, as a health professional you take responsibility for your actions, you are committed to ensure the error won't be repeated, and that you will attend any immediate needs of the client that you are able to address.

Putting together a proper apology is not admitting fault, but demonstrates a genuine care and concern for the client. Together with addressing any immediate follow-up of the client's care subsequent to the error, it will be important also to accept responsibility in determining how the error occurred and communicating the learning to ensure that the error does not occur again.

*

If you require additional information or clarification of the content of this communication please feel free to contact staff at the NLCHP office.

Your feedback is important.

We would like to hear your feedback as well as what suggestions you have for future editions of *Making Connections*. The survey will take just a few minutes to complete. Please click on the following link to access the survey. <https://www.surveymonkey.com/r/MP95999>

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⁵ Robbennolt, JK (2009) **Apologies and Medical Error**, *Clin Orthop Relat Res*, Feb; 467(2): 372-82
<http://www.ncbi.nlm.nih.gov/pubmed/18972177>

⁶ Westgate, A (2015) **How to Apologize for a Medical Error**, *Physicians Practice:Your practice, Your way*, February 26, 2015 <http://www.physicianspractice.com/law-malpractice/how-apologize-medical-error>

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HEALTH PROFESSIONS ACT, 2010

Mandate of the NLCHP

- Support the quality and safety of Health Services;
- Enhance public protection;
- Improve patient safety;
- Strengthen the regulatory system;
- Facilitate patient-centered, interprofessional collaboration and care.