

COLLEGE CONVERSATION

REPORT FROM THE REGISTRAR

At the College, we often receive calls from employers and registrants asking whether the conduct or behaviour of a particular registrant warrants a complaint or if there is another approach that can be taken. Within this conversation I usually explain that our approach to the work we do is ‘right-touch regulation’. This approach is based on the Professional Standards Authority (PSA) out of the UK and provides a framework of principles of good regulation. The principles apply to all of the work we do, not only investigations into complaints. The principles state that regulation should aim to be proportionate, consistent, targeted, transparent, accountable and agile. Right-touch regulation means that we recognize there is more than one way to solve a problem and regulation is not



“... regulation should aim to be proportionate, consistent, targeted, transparent, accountable and agile.”

always the best choice. Often times the College, as regulator, is the furthest removed from the harm we are trying to prevent. Other parts of the system, such as the employer, may be better suited to address certain behaviours because their actions may be more effective and efficient.

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I think the practical steps involved in using right-touch regulation are applicable to many parts of our lives. Often policy change is introduced as a solution before the problem is identified. I believe in being proactive but I think we should take the time to really identify the problem before we can determine the solution, whether that be introducing new policy or re-purposing existing. We also need to understand the risks the problem presents before we can determine an action or response. Then we can look for a solution as close to the identified problem as possible, including a focus on the intended outcome. Regulation is often very removed from the service provision and the context in which it occurs. The systems in which

“ I want to use regulatory measures to support positive behaviour change and the exercise of professional judgement rather than being overly prescriptive and punitive.”

social workers practice often present many challenges but they may also have different tools available to tackle these issues. Regulation is most effective if those organizational tools don't exist, the existing tools have been exhausted or haven't reached the desired result, the behaviour is so egregious that it requires more serious intervention, or the problem may affect the whole profession and therefore is best tackled with widespread regulatory changes. In other words, regulation should be used only when necessary to bring about the desired change. As Harry Cayton, from the PSA has said, it is right-touch regulation, not light-touch regulation.

You have likely seen unintended consequences of introducing change in the complex and interconnected systems in which you work, such as health and social care. If systems are not workable, people find a way to work around them, of-

ten creating new risks. I take the approach that for any solution we are proposing, we should check for unintended consequences and build flexibility into our process to respond to change.

I hope that by sharing my philosophy and approach to regulation, it may ease some anxieties, dispel any myths, but also provide some food for thought in how you may approach problems you face in your daily practice. I want to use regulatory measures to support positive behaviour change and the exercise of professional judgement rather than being overly prescriptive and punitive. If you have called the office for a practice consultation, you will have likely encountered this approach, where we tend to ask you prompting questions as opposed to giving clear step-by-step instructions. We want to support professional, competent practice and only take action where standards have been breached and the public is in harm's way. We can never mitigate all risks, but we can make more informed decisions and promote good practice to manage risks.

Thank you for reading,



Chelsea Cooledge, RSW
Registrar
BC College of Social Workers

Reference: Right-touch regulation revised, Professional Standards Authority, October 2015.



REPORT FROM THE CHAIR

Dear Social Work colleagues,

Although I've only been Chair of the Board since January 2017, I have been involved in social work regulation for many years. I've had informal chats with many social work friends and colleagues over the years and one question that comes up time and time again is, "what does the College do for me that justifies the registration fees that I pay every year (not to mention the initial application and exam registration fees)?" and, "why should I become registered anyway?" These are great questions and I'd like to try to answer them.

“Having a College that regulates us as professionals and holds us to account through our Code of Ethics and Standards of Practice in fact validates and legitimizes us.”

As a profession, we have come a long way from our roots as kind “do-gooders” in settlement houses in the late 19th century, to where we are today - a discipline that is fundamentally about promoting social justice and providing strength-based, trauma informed, culturally sensitive support to individuals, families and communities. We are a profession with an ecological perspective and we consider the contextual features and the environment in which individuals, families and communities live. We consider the question “what has happened to you?” as opposed to “what is wrong with you?” As a profession, we respect the dignity and worth of each individual and strive to empower and support our clients in helping them manage, resolve or find relief from their challenges.

Having a College that regulates us as professionals and holds us to account through our Code of Ethics and Standards of Practice in fact validates and legitimizes us. We are not just “nice people” who help those in need, but

“College staff are there to help guide us when we are uncertain about the correct or best way to move forward.”

rather an important and much needed discipline of professionals with a significant mandate to support the most vulnerable in our society - whether the vulnerability comes from mental health challenges, or belonging to a disenfranchised, marginalized community, or being a child or a senior citizen who relies on others for care and nurturance. As social workers, we often ask sensitive and probing questions and our interventions are, in some circumstances, intrusive. We are required to always be keenly aware of our own values and biases and our

culture so that we can create the necessary space to support our clients in achieving their goals within their cultural context. We face ethical dilemmas on a daily basis. Having a point of reference - Standards of Practice and a professional Code of Ethics gives us an anchor to help us navigate difficult situations and to help us figure out how to “do the right thing” within the context of our practice.

“Being regulated is another way of saying we strive to do our best”

College staff are there to help guide us when we are uncertain about the correct or best way to move forward. They are knowledgeable about our Standards of Practice and about processes and frameworks for ethical decision-making. Staff are also knowledgeable about legislations that either govern and/or have an impact on our practice (e.g. *Social Workers Act*; *the Adult Guardianship Act*; *Medical Assistance in Dying* etc).

Being regulated is another way of saying we strive to do our best; we commit to continued professional growth and development; and we believe in our clients’ fundamental right to express concerns about the service they have received from us. It also means that there is a fair and transparent process in place that ensures that our rights as professionals are safeguarded as the complaint is investigated and impartially reviewed.

While most professions are regulated, there are still some professions who want to be regulated but do not have the enabling legislation to do so. We are very lucky in this province to have our own enabling legislation (*Social Workers Act*) that creates a College of Social Workers and provides us with title protection. Title protection means that you must be registered in

order to call yourself a social worker. We still have exemptions to our Act which means that you must be registered to call yourself a social worker **except** if you work for certain employers. Social workers who work in healthcare used to be exempted but they are no longer exempt. You must be an RSW to work in healthcare.

We have 4,600 registered social workers in BC today and potentially could have an additional 2,000+ registered social workers once further exemptions to our Act are removed. Government, through the Ministry of Children and Family Development, administers our Act, and discussions with government are on-going, with a view to ultimately removing all exemptions to our Act. I am very hopeful that I will see mandatory registration and full title protection in BC in my lifetime!

I wish all social work registrants a wonderful and relaxing summer. You deserve it!

Sincerely,



Deborah Jones
Chair of the Board
BC College of Social Workers

WHERE DO MY FEES GO?

TAYLOR STOBBE
OFFICE COORDINATOR

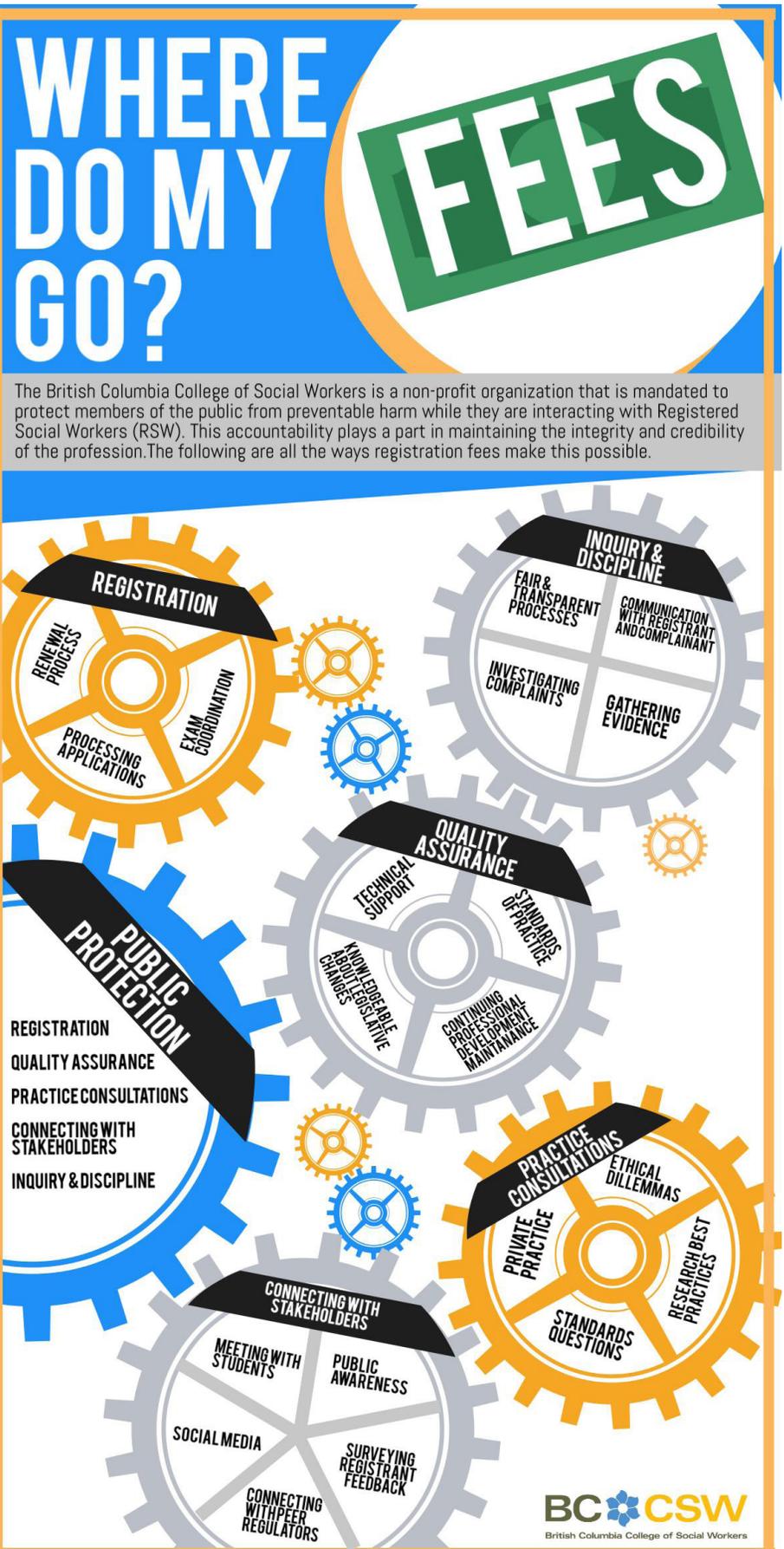
As the person who most often answers the phone at the BC College of Social Workers, I can confirm that the question, “where do my fees go?” is an important one for registrants and applicants. It’s difficult to convey the big-picture over the phone of public protection and maintaining the credibility and reputation of the Social Work profession.

That is why the graphic on the right of this page is so helpful! You can really see examples of what the College does to achieve the mandate of public protection and how it all works together as a mechanism.

Protecting the public includes ensuring registrants are qualified through:

- the registration process,
- supporting the continuance of competence and ethics through the Continuing Professional Development program and practice consultations,
- and finally, investigating complaints related to social workers’ conduct

All of these things not only protect the public, but they maintain the legitimacy of the profession in the eyes of the public. Because of these safeguards and support given by the College, the public will see the title “Registered Social Worker” and trust the ethics, qualifications, and the professionalism of that individual.



HIGHLIGHTS OF THE PROVINCIAL AND FEDERAL RESPONSES TO THE OPIOID CRISIS

SELENA BATEMAN, RSW

While deaths from opioid overdoses continue, the government has been active in responding to the crisis. These changes required a coordinated response from the provincial and federal governments as well as provincial regulatory bodies. 2016 saw the introduction and first reading of Bill C-224 which seeks to reduce barriers to reporting overdoses. During 2016 and the early part of 2017, changes relating to naloxone¹ administration in community settings were introduced.

This article will detail relevant highlights of the *Good Samaritan Drug Overdose Act*, *Controlled Drugs and Substances Act*, and *Health Professions Act*. Access to naloxone will be discussed as well as how Registered Social Workers can work within their scope of practice to provide services, knowledge and resources to those at risk of opioid overdose.

BILL C-224: GOOD SAMARITAN DRUG OVERDOSE ACT

Ron McKinnon, the Liberal MP for Coquitlam-Port Coquitlam sponsored a bill that received Royal Assent and became law on May 4, 2017. The enactment of the *Good Samaritan Drug Overdose Act* amends the *Controlled Drugs and Substances Act*. Now, those that seek emergency assistance for themselves or another person following an overdose of a controlled

substance are exempt from drug possession charges. These persons are also exempt from other charges, should they be in violation of conditions or orders (eg. pre-trial release, probation order, etc.).

The exemption for possession of substance charges modified the *Controlled Drugs and Substances Act* to read:

No one who seeks emergency medical or law enforcement assistance because they, or another person, are suffering from an overdose is to be charged under subsection 4(1) if the evidence in support of that offence was obtained or discovered as a result of that person having sought assistance and having remained at the scene².



Image source: Youtube

Image source: www.ronmckinnon.org/

The goal of the Act is to reduce barriers to those reaching out for emergency medical assistance during an overdose, thereby increasing the chances of a life-saving intervention. Towards this aim, Registered Social Workers can play a leading role in disseminating current legislative information to service users, with the hope of contributing to the prevention of fatal overdoses.

AMENDMENT OF REGULATION

The regulated professionals that fall under the *Health Professions Act* are permitted to provide the emergency administration of naloxone. This includes Registered Psychologists, Registered Massage Therapists and Registered Occupational Therapists for instance. For specific guidance, contact the respective regulatory body. Registered Social Workers are not included under the *Health Professions Act*. The following information is present in order for Registered Social Workers to be knowledgeable on changes to legislation and will be specifically relevant to those working in an interdisciplinary model.

“The amendments now permit the administration of naloxone both inside and outside a hospital setting ...”

The *Health Professions Act* Health Professions General Regulation was amended to address naloxone administration for emergency opioid overdose treatment. On January 26, 2017 the BC Minister of Health amended the *Health Professions Act* and *Pharmacy Operations and Drug Scheduling Act*³. The amendments now permit the administration of naloxone both inside and outside a hospital setting as well as the emergency administration of first aid⁴.

The lawful administration of naloxone is one facet of tackling the opioid overdose crisis. However, those who are able to administer naloxone must know where and how to acquire the drug, where service users can obtain kits and how essential drug information is disseminated.

ACCESS TO NALOXONE WITHIN BC

A key aspect of facilitating the public's ability to access naloxone is how the drug is made available and whether a prescription is required. The list of drugs that require a prescription are located in Health Canada's Prescription Drug List.

This list was revised in relation to naloxone to include the qualifier “except when indicated for emergency use for opioid overdose⁵”.

Naloxone is now an unscheduled drug in BC only if used in an emergency. Unscheduled drugs can be sold to a person without a prescription,⁶ thus removing a regulatory barrier. While the drug can be sold by non-pharmacists, the drug is also still available behind the counter, which allows for the pharmacist to provide essential training and information about the medication to the purchaser⁷.

Naloxone can be obtained at various locations around the province. Kits can be provided to at risk persons, those at risk of witnessing an overdose and also to community organizations where staff administer the drug in the event of an emergency opioid overdose. There are over 300 registered sites in BC that provide Take Home Naloxone kits located in both urban and rural areas.

REGISTERED SOCIAL WORKERS AND EMERGENCY NALOXONE ADMINISTRATION

Registered Social Workers do not fall under the *Health Professions Act* in British Columbia, but rather the *Social Workers Act*. Unlike the *Health Professions Act* general regulation, The *Social Workers Act* regulation has not been modified to denote the ability to provide the emergency administration of naloxone. As amendment changes were made, any person is now permitted to administer naloxone.

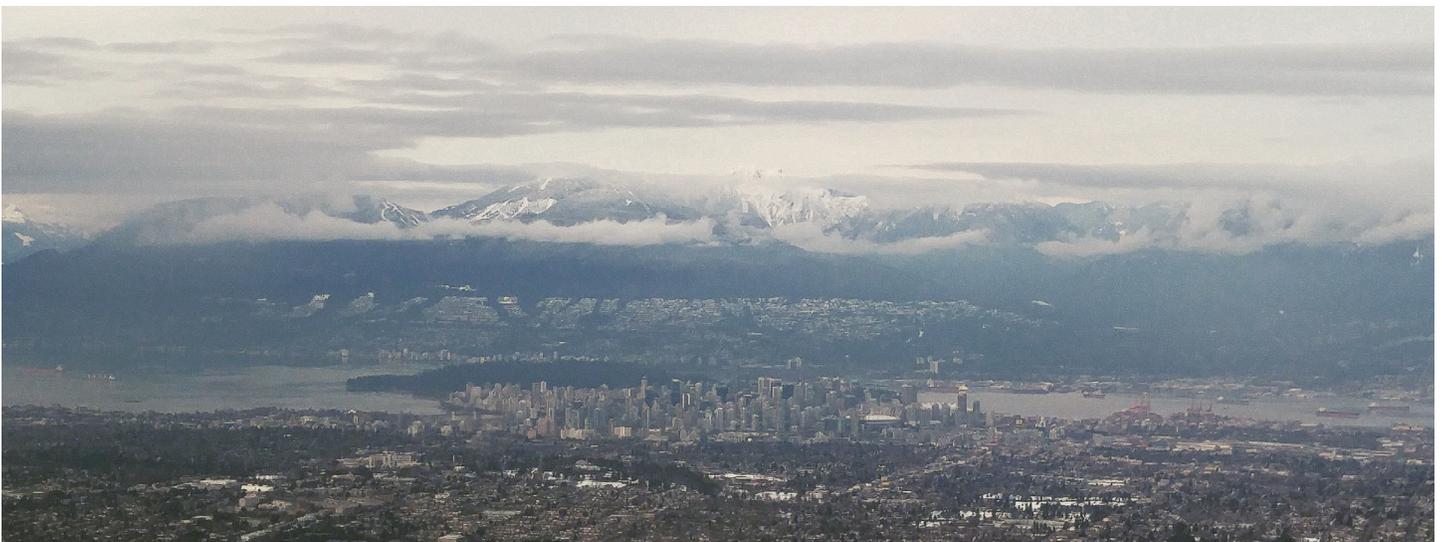
In light of this, the BC College of Social Workers (BCCSW) has provided practice guidance to registrants which can be found on the BCCSW website. The guidance offers that: In emergency situations, Registered Social Workers may administer naloxone and first aid. In order to administer naloxone, Registrants must adhere to the Standards of Practice and relevant legislation. Registered Social Workers must maintain current knowledge of policies,

legislation, programs and issues related to the administration of naloxone. We encourage you to research training opportunities on the safe administration of naloxone. Additionally, Registrants may distribute the naloxone kits in accordance with practice standards. Consult with your employer to determine if these tasks may be within your role as an employee⁹.

The above guidance refers to the Standards of Practice. All Registered Social Workers must adhere to the Standards of Practice, which outlines the minimum level of acceptable practice and conduct of registrants. One relevant section that relates to the administration of naloxone is Principle 2: Competence and Integrity. Registered Social Workers need to be up to date with current and emerging knowledge and practice in their area of practice. Registered Social Workers may wish to check in with the employer to see what policies and practices have been created in relation to naloxone.

Additionally, Registered Social Workers must be aware of their own level of competence and must work within these parameters. For instance, a Registered Social Worker may decide to engage in continuing professional development activities that relate to opioid overdoses signs and symptoms, locate naloxone training and research relevant community resources. Feel free to contact the College if you require any further support or guidance on the recent changes in legislation with respect to naloxone.

A previous version of this article is also published in Perspectives Volume 39 Number 2. The present article has been updated with current legislative changes. The article was reproduced with permission from the BC Association of Social Workers,



¹Naloxone is a drug that acts as an opioid antagonist, countering the effects of opioid overdoses.

²<http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=8113043&Language=E&Mode=1>

³http://www.bclaws.ca/civix/document/id/mo/mo/2017_m025

⁴http://www.bclaws.ca/civix/document/id/lc/statreg/275_2008

⁵http://www.hc-sc.gc.ca/dhp-mps/prodpharma/pdl-ord/pdl_list_fin_ord-eng.php

⁶<https://www.healthlinkbc.ca/healthlinkbc-files/naloxone>

⁷<http://www.bccollegeofsocialworkers.ca/registrants/practice-guidance/>

⁸http://www.bclaws.ca/civix/document/id/complete/statreg/9_98

⁹<http://www.bcpharmacists.org/news/naloxone-now-available-bc-without-prescription>

PRACTICE YOUR ELEVATOR SPEECH

ANDREW KERR CD, RSW

I am privileged to serve the people of British Columbia and the registrants of the BC College of Social Workers as a board member. Since being part of the board, I have learned so much about the role of the College, and how the board supports the amazing work of the full time staff.

I have been a registrant since 2013, when the exemption was removed for social workers working in health care, and at the time didn't really understand why it was important for the exemption to be removed and for my colleagues and myself to be registered.

I had an opportunity to attend a new board member training session hosted by the Association of Social Work Boards, a North American organization that most US state social work boards and all Canadian social work colleges are members of. While there is some variability in how each state or provincial legislation sets out the parameters for the regulation of social work in each jurisdiction, there are many similarities with how each one operates and similar challenges each face.

“...at the time didn't really understand why it was important for the exemption to be removed and for my colleagues and myself to be registered.”

At the training we learned about the ASWB exam and the incredible efforts of many people across North America to create an exam that is valid, reliable and defensible through an extremely rigorous development process, that recruits new question writers each year.

See <https://www.aswb.org/exam-candidates/about-the-exams/exam-development/item-writer-program-2/>

A take-away for me from the new board member training was that we were challenged to think about creating our “elevator speech” to explain what the role of the BC College of Social Workers is when someone asks. How do you respond when someone asks you why you need to be Registered with the College or why the College exists?

If you haven't crafted your own “elevator speech” yet, take a few minutes to think about it, and you can look to the [BCCSW website](#), the [BC Social Workers Act](#), or the [ASWB Model Social Work Practice Act](#) for some of the key messaging. Some of the key components you could include in your “speech” are:

- We are not self-regulated – BCCSW board is comprised of elected social work professionals and publicly appointed individuals.
- The provincial government sets rules for regulation to protect public. The Minister of Children and Families is the minister responsible for the BCCSW.
- BCCSW protects public health, safety and welfare through regulation of social work.
- The mandate is different than social work education and social work professional association.
- The Act outlines the effective regulation of the practice of social work.
- Registered social workers adhere to a scope of practice developed by the BCCSW.
- Being registered allows the use of the title “Registered Social Worker” or “Registered Clinical Social Worker”, respectively.

Practice your own elevator speech on your family and friends and co-workers so that you can help to educate the public about the social work profession, and raise the professional profile of social work within the variety of different practice areas in which we work.

ELECTRONIC SOCIAL WORK SERVICES: A REGULATORY PERSPECTIVE

SELENA BATEMAN, RSW

Question: “I am thinking about providing online counselling abroad and also for remote communities in BC. What should I be aware of?”

Response: The desire to provide social work services online presents many opportunities to reach rural communities, service users that cannot attend a social worker’s office, and to offer specialized services where there may not be any brick and mortar locations locally available. However, many considerations do arise when contemplating providing online services, and these considerations warrant reflection.

STANDARDS OF PRACTICE

All registrants must ensure their practice adheres to the Standards of Practice. The Standards of Practice are applied to all forms of practice, whether face-to-face or online. In addition, the College has also adopted the Standards for Technology and Social Work Practice from the Association of Social Work Boards. Both documents can be found on the College’s website.

“The Standards of Practice set minimum competencies for the provision of services, assist social workers to self-assess their practice and are used in the assessment of complaints.”

i. Best interest of the service user
Consider whether providing online social work services is in the best interest of the service user, ensuring that the service user’s needs and interests remain paramount. It is necessary to screen potential service users for suitability of online services. It is necessary for both the

service user and registrant to hold reasonable technological competencies related to the service delivery. If the services are not a good match, consider scanning the service user’s local area to see if there are any other resources to direct them to.

“Registrants must understand the limits of their professional competence and work within these limits.”

ii. Competence

Registrants must consider their level of readiness to work in online social work practice. Consider reading academic journals on the topic of online counselling and see what training is available. Registrants must understand the limits of their professional competence and work within these limits. Although not mandatory, registrants are encouraged to have at least a few years of social work experience in the field before entering into a private practice. Consider engaging in supervision to help develop your skills and to provide you the opportunity to reflect on your practice and improve. If registrants are employed by an organization, ensure that you have read and are familiar with relevant policies on electronic practice.

iii. Informed consent

Registrants must provide sufficient information to the service user in order for them to make an informed choice about whether they wish to engage in service delivery, either online or face-to-face. Further, registrants inform service users of potential risks, opportunities, rights, and obligations to social work service delivery, as appropriate. This also includes: a clear outline the fee schedule, fee payment methods,

the service user's right to refuse or withdraw consent, confidentiality of information, technology disruptions and any limitations to communication with the social worker outside of the scheduled sessions.

LOCATION OF SERVICE PROVISION AND PROVINCIAL LEGISLATION

Unlike face-to-face practice, the provision of online social work practice is faced with the challenge of determining the jurisdiction in which services are deemed to be provided. Most jurisdictions are of the opinion that the service provision occurs where the recipient of services is located. However, not all are in agreement. Some jurisdictions have determined that the service is provided where the social worker is located.



Prior to engaging in online social work, it is essential to determine the jurisdictions of where your clients are located and whether or not registration/licensure is required in that jurisdiction. The BC College of Social Workers has determined that services are deemed to be provided in the location where the service user is located. For example, if a social worker is living in Alberta and provides online social work service to a BC registrant, this person must hold active registration in British Columbia. Keep in mind that in the event that one holds registration in multiple provinces, the Standards of Practice may be different. Always review and adhere to professional obligations in new jurisdictions.

Registrants will also need to have a solid understanding of relevant legislation and know key differences between provinces, in the event of working across provinces. For example, in BC the age of majority is 19. This is contrasted with Ontario, where the age of majority is 18. There may be various differences between child welfare agencies/ministries, mental health legislation and consent legislation throughout Canada, as well. Research key topics to become well informed before foreseeable issues arise.

“Registered Social Workers (RSW) engaged in private practice must carry valid liability insurance in the amount of \$1 million per occurrence.”

INSURANCE

Professional liability insurance covers errors, omissions and negligent acts that arise from the usual duties of a social worker. Registered Social Workers (RSW) engaged in private practice must carry valid liability insurance in the amount of \$1 million per occurrence. Registered Clinical Social Workers (RCSW) must carry \$2 million per occurrence.

It is essential to know insurance policy limits and coverage: some insurance companies cover global services while others are limited to domestic service provision. Some companies offer webinars on risk management and offer free 30 minute legal consults. Search around and don't be afraid to ask questions to find the plan that best works for your practice needs.

INTRODUCING...

Since the last College Conversation, the BCCSW team has had the pleasure of welcoming five new faces to the organization: two new staff members and three recent additions to the Board.

STAFF

DARREN USHER

Director of Professional Practice

Darren joined the College in April 2017 as Director of Professional Practice, having just returned from time in the UK. Darren holds a Diploma in Gestalt Psychotherapy (Gestalt Center, London UK), a Bachelors of Social Work (University of Victoria) and a Masters of Social Work (UBC).



He has enjoyed a career in mental health and substance use for the last 20 years, primarily focusing on the LGBTQ2S communities and gay men's health. Having lived in the UK, Australia, Brazil, the USA and now British Columbia, Darren brings a world-view of social justice, applying the lenses of social location and intersectionality.

Darren has been in management positions for over 30 years and has a good knowledge of policy and procedure development. Darren's personal integrity, and commitment to ethical social work practice, are what makes him passionate about his new role with the College.

At the BCCSW, his responsibilities include registration, practice consultations, special projects and working with various committees and reference groups. In his spare time, Darren considers himself a 'foodie' and loves to cook, eat and entertain. As a world traveler, he finds his bucket-list never seems to shrink, it just get more challenging to fulfill.

TAYLOR STOBBE

Office Coordinator



Taylor joined BCCSW in December of 2016 as the Office Coordinator. If you have called the College since then, you would have most likely spoken with Taylor first.

Taylor completed her BA in Business and Social Development Studies in August of 2016 with a specialization in Social Policy from the University of Waterloo in the Co-operative program. Her past work experiences include the Ontario Ministry of Education, the University of Waterloo and the Huntington Society of Canada.

Her variety of work experiences in both communications and event planning are assets when increasing our social media presence and organizing various meetings.

Taylor's polite and cheerful nature have proven valuable when speaking on the phone with registrants and members of the public. She brings energy into the office and enthusiasm to her work.

In Taylor's spare time, she enjoys singing, politics, spending time outside, and making connections with family, friends, and soon-to-be friends.

BOARD

ALISA GLOAG Public Member

Alisa is the Principal of Lavender Communications based in Delta. Previously, Ms. Gloag was the Manager of Media Relations and Communications for the Canadian Cancer Society (BC and the Yukon). Prior to that, she was a senior communications specialist for the Vancouver International Airport Authority, a public relations and marketing co-ordinator for the BC Paraplegic Association and a Public Relations Consultant at Porter Novelli Canada. Alisa completed a Public Relations program (with Honours) from the Humber Institute of Technology and Advanced Learning and holds a Bachelor of Arts (Honours) in English Literature from Acadia University.



ANDREW KERR, RSW

Andrew works for Interior Health in the new mobile overdose prevention service, and has worked with the Social Work team in both hospital and community roles. Andrew has years of experience working in mental health & substance use roles in both Fraser Health and Interior Health, with a particular interest in how trauma-informed practice initiatives can enhance services for people with mental health or substance use issues, and histories of trauma in their lives.

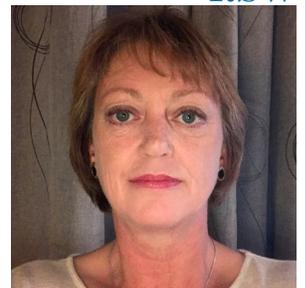


Andrew completed his BSW at UVic and his MSW at UBC Okanagan. He is active in the community as a volunteer with the disaster psychosocial program, and part time in the Canadian Forces working with the Sea Cadet sailing program.

When not at work, Andrew spends time going fishing, sailing and spending time with his family.

SANDRA HARKER, RSW

Sandra Harker has been a proud social worker for the past 29 years. She received her BSW from the University of Calgary in 1988 and MSW from the University of Northern BC (UNBC) in 2002. She has worked for the Northern Health Authority in Prince George for the past 23 years as a social worker and supervisor in acute care, residential care, and most recently in Primary Care. Sandra is also a sessional instructor in the Social Work Program at the University of Northern BC having taught a variety of classes since 2002. As a practicing social worker and educator, competent, client-centred, ethical practice is of utmost importance to Sandra. Currently Sandra is a member of the BCCSW Registration Committee and is looking forward to being a contributing member of the BCCSW board.



REGULATION IN THE NEWS

DECLARATION OF COMMITMENT SIGNED

by all British Columbian regulated health professions committed to a safer health system for First Nations and Aboriginal people on March 1, 2017.

All 23 health regulatory bodies signed the Declaration of Commitment to make the health system more culturally safe through cultural humility, health literacy and relationship-based care.

The signing was witnessed by over 230 delegates who attended the 2017 Quality Forum conference, which focuses on improving the quality of health care for indigenous people. (fnha.ca)

AN ONTARIO STUDENT WAS FINED \$25,000

for accessing personal health information of 139 individuals without authorization.

"This kind of behaviour, whether it's snooping out of curiosity or for personal gain, is completely unacceptable."

- Brian Beamish, Ontario privacy commissioner.

(cbc.ca)

GREEN V. LAW SOCIETY OF MANITOBA, 2017 SCC 20

A lawyer practicing in Manitoba failed to complete the required CPD hours for two years in a row and his practice was suspended. The lawyer took this case to the courts to challenge the Law Society's ability to set CPD requirements and the consequences for failure to complete CPD requirements.

The Supreme Court of Canada outlined that the Law Society's statutory authority and public protection mandate set out broad rule-making powers. The Law Society, a regulatory body, is able to create a CPD program and determine the consequences for contravention of established rules. Creating a consequence for failing to comply with the CPD program ensures that all practicing lawyers adhere to the educational standards set out by the Law Society. The court determined that a practice suspension is a reasonable administrative consequence for failing to complete CPD requirements.

MASSAGE THERAPIST FACES SEX CHARGES

in Peel Region, Ontario. Fernando Vignon-Campuzano allegedly groped a female patient in 2014, who turned out to be an undercover investigator with the College of Massage Therapists of Ontario. The complaint was dealt with in private and not publicised on the regulator's public register.

Information about this case did not become public until Vignon-Campuzano surrendered his license in 2016 following a separate complaint of sexual abuse from a patient.

(torontostar.ca)

MANITOBA COLLEGE OF SOCIAL WORKERS FILED 9 COMPLAINTS

of unprofessional conduct against social workers in its first year of operations. Out of these, 2 complaints resulted in action taken by the complaints committee.

(cbc.ca)

NEWFOUNDLAND SOCIAL WORKER SUSPENDED FOR 5 YEARS

and ordered to pay \$29,000 for professional misconduct. Morely Rice was found guilty of engaging in a personal relationship with a client, disclosing confidential information and failing to complete and document client assessments.

(cbc.ca)

BOARD

Chair - Deborah Jones, RCSW
Vice Chair - Jim Campbell, RCSW

Social Work Members

Susan Barr, RSW
Emma Gauvin, RSW
Sandra Harker, RSW
Andrew Kerr, RSW
Chelsea Minhas, RSW
Jenny Morgan, RSW

Public Members:

Colleen Spier
Cheney Cloke
Doris Darvasi
Alisa Gloag

STAFF

Registrar & CEO
Chelsea Cooledge, RSW



Director of Professional Practice
Selena Bateman, RSW



Director of Professional Practice
Darren Usher, RSW



Manager of Registration Services
Hoon Kim



Office Coordinator
Taylor Stobbe



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