

# Building Competency-Based Practice Into Democratically Elected Boards

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On September 4, 2018, following the amalgamation of three nursing colleges, the British Columbia College of Nursing Professionals (BCCNP) officially became the single regulator for all nurses in the Canadian province. As part of the unification process, BCCNP built a governance framework from the ground up within the constraints of British Columbia's *Health Professions Act*. The nursing college boards recognized the value and potential of having a competency-based board and committees and tried to balance it with what the legislation would allow and what registrants would support. Contemplating such principles supported the transition from three colleges to one with a shared mandate that representation discussions could erode trust among board members, whereas competency discussions encouraged board members to focus on the collective bigger picture and to make good, contextual decisions in the public interest. This article investigates the evolution of competency-based boards within the corporate and not-for-profit realms that helped inform the changes BCCNP sought to make. It also examines how the meaning of competency evolved, discusses the resistance competency processes faced, and describes how Canadian organizations with elected boards attempted to balance a competency-based approach with their democratic roots. Finally, the article highlights how the amalgamation of the three nursing colleges gave rise to a reimagining of its board model using competency-based principles to deliver a competent, diverse, and balanced board aligned with recent government policy direction.

**Keywords:** Governance, competency, elections, nominations

As healthcare issues and environments become more complex and more integrated, so, too, must the work of the regulator. Within this context, health profession regulators are challenged to re-think traditional ways of operating. Board members must possess the right mix of skills, experience, behaviors, and practices to support thoughtful, nimble decision-making that serves the public interest. For many regulators, however, their governance model undermines their effectiveness by creating barriers to bringing the right people to their board (Professional Standards Authority, 2013). The selection of board members is often put in the hands of those who may be significantly disengaged from the regulator, such as voting registrants or political appointment bodies.

The call to move away from traditional models is coming from the government, regulators, governance professionals, members, and shareholders. For regulators, there has been increased pressure to align the board selection process with the mandate of the regulator as a protector of the public, not to the profession that traditionally elected the board.

In Canada, three recent governance reviews clearly articulated the need for change: (a) the College of Nurses of Ontario (CNO) *Final Report: A Vision for the Future* (Leading in Regulatory Governance Task Force, 2017); (b) *An Inquiry Into the Performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* (Cayton, 2018); and, (c) *A Legislation and Governance Review Conducted for Engineers and Geoscientists of British Columbia*

(Professional Standards Authority, 2018). All of these reviews concluded that elected boards no longer support the public interest of the college and may increase the risk that decisions of the college become vulnerable to the interests of registrants.

Regulators grounded in traditional processes, such as the British Columbia College of Nursing Professionals (BCCNP), are actively looking for ways to balance their democratic principles with ensuring that they have competent individuals on the board. The amalgamation of the three provincial nursing regulators in September 2018 gave BCCNP a prime opportunity to incorporate competency-based principles into its governance structure. The college recognized early in the process that ensuring the right leaders were in place would be one of the critical responsibilities of the governance function and would best position the organization to address its challenges and opportunities.

## Defining Competency

Competency with respect to board composition is defined as the combination of knowledge, skills, personal characteristics, and individual and social behaviors needed to effectively perform a job (Center for Healthcare Governance, 2009). Additionally, true competencies include a focus on intentional behavior where value is added when board members “translate that knowledge and skill into action that supports both board and organizational effectiveness” (Center for Healthcare Governance, 2009, p. 13). *The*

*Handbook of Board Governance* (Leblanc, 2016) restates this definition and adds that individual competencies can be “strengthened (or diminished) by the presence (or absence) of continuing training and development” (p. 170).

While the knowledge and experience that each board member possesses is critical, their ability to apply and share that knowledge within the team setting is equally important and can help enable others to challenge and build on that knowledge in support of effective decision-making. Nadler, Behan, and Nadler (2006) noted that a board’s collective competency could, when properly engaged, “enable management to make better decisions and run the company more effectively than it would have if left to its own devices” (p. 9).

Looking at the board, Holland and Jackson (1998) examined 24 diverse not-for-profit boards over 3 years and identified the following six dimensions of board competence considered essential to effective governance:

- Context. The board knows and understands the context in which it is working, including vision, norms, and culture.
- Education. The board understands its own roles and responsibilities and subsequently develops itself.
- Intrapersonal. The board takes a collective responsibility for itself and fosters a sense of teamwork and identity.
- Analytical. The board recognizes the difficulties and ambiguities that it will face and uses multiple perspectives to dissect and understand options and to make decisions for the future.
- Political. The board understands the political landscape in which it operates and listens to and takes into account the views of its stakeholders.
- Strategic. The board shapes and directs the overall strategic direction of the organization and ensures that the strategy can be translated into actions and objectives.

Developing a board competency framework, however, is futile if the board culture does not support the intention. Researchers at the Center for Healthcare Governance (2009, p. 11) found that failed corporate boards often shared the following characteristics:

*...composed of very knowledgeable, capable individuals who were unable or unwilling to prevent these {failures}. This is motivating {people} to look beyond the traditional notions of board composition or structure as the keys to good governance to also examine board culture and what makes boards work together as effective teams.*

This issue is far from static. As context evolves and governance practices adapt to the current trends, there is little doubt that the definition of competency will continue to evolve.

## **The Rise of Competency-Based Boards**

Governance teams across all sectors are increasingly focused on articulating their boards’ needs and then designing recruitment

processes to meet those needs. The call for stronger boards became louder in the wake of numerous corporate governance failures in the early 2000s. At the time, corporate boards frequently comprised friends and acquaintances of chief executive officers. If an organization is seeking balance, it might include lawyers, accountants, academics, community leaders, and politicians (Leblanc, 2019).

Boards are quickly moving to develop more intentional processes. In *Building Better Boards: A Blueprint for Effective Governance*, Nadler et al. (2006, p. 12) noted it was “crucial for board leaders to create explicit profiles that will guide their recruitment” to ensure a board collectively had the necessary competence to be effective.

In its 2013 report, *Fit and Proper: Governance in the Public Interest*, the Professional Standards Authority also articulated the need for board recruitment to be robust, contextual, and nuanced, in that organizations should view “the applicant’s career history and qualifications in an open-minded way, valuing the contribution that a diversity of experience can bring...to test whether an applicant has the capacity to contribute fully to the work of the board” (p. 4).

Much more time and investment has been devoted to articulating needs, identifying gaps, and recruiting board members to fill these gaps in the not-for-profit and healthcare spheres. This shift coincided with other governance changes in the not-for-profit environment, including the shift toward smaller boards, a focus on governance and oversight responsibilities (versus traditional fundraising or “friend raising” responsibilities), and the development of nomination committees and processes (Australian Institute of Company Directors, 2013).

In healthcare, the Center for Healthcare Governance (2009, p. 10) noted, “In the wake of corporate failures calling for greater board effectiveness and accountability, competencies are beginning to be applied to board work because of their capacity to improve performance.”

## **Resistance to Competency-Based Boards**

Although corporate and not-for-profit best practices have aligned behind the value of competency-based boards, there has been some resistance. The most forceful resistance comes from those organizations with democratic roots and deep-seated beliefs that the best board will be representative of a constituency elected with little influence from the board itself. Examples include professional associations, cooperatives, credit unions, and regulators.

At the core of the resistance is a fundamental question as to the purpose of the board within the governance structure. Cornforth (2004) highlighted the implications of various theoretical models, such as stewardship (ensuring skilled, experienced individuals are on the board to add value to the performance of the organization) versus the democratic perspective (selecting lay representatives to serve the constituencies or stakeholders they are elected to represent).

For voluntary and membership-driven organizations such as cooperatives and professional associations, member representation is a founding principle and usually (if not always) includes participation in the election of the governing body. In such an organization, there may be an expectation that the board represents the interests of its members in decision-making. As Cornforth noted:

*Central to this view is the idea of a lay or non-professional board, where anyone can put himself or herself forward for election as a board member. Expertise may be desirable but is not a central requirement, as it is in some other perspectives on governance (2004, p. 14).*

The simple critique of this democratic system is that the organization must take what the electorate gives them. However, the individuals might not have the skill set, experience, or behavior that supports good decision-making in a complex, rapidly changing environment. One potential outcome is that the organization may fail to thrive because it is hindered by slow, uninformed decision-making. Alternatively, the board may be forced to trust management because its members do not possess the requisite knowledge or experience to challenge executives or add a unique perspective to strategic discussions.

## **Evolving the Current System**

The following case studies investigate different responses to the pressure in Canada for organizations to develop more competency-based practices into their governance structures traditionally connected to a democratic model.

Table 1 identifies some key innovations implemented by these organizations and the BCCNP that may be valuable to others considering adjusting their current board governance models.

### **Case Study 1. College of Nurses of Ontario (CNO): Eliminating Elections**

One action is to eliminate elections altogether and develop a competency-based appointment process. Such a move would require robust processes to develop competencies, identify gaps, and recruit and evaluate potential candidates against those gaps.

Many organizations are resistant to moving away from elections because they do not trust that an appointment process would result in better outcomes. Because appointment processes are often handled by political bodies, there is a perception that connections rather than competencies may drive decision-making. As Cayton (2018) noted in his inquiry into the College of Dental Surgeons of British Columbia, “The lack of clarity and transparency about how public members are put forward and appointed gives rise to suspicion...that the appointment process has been manipulated” (p. 9).

In 2014, the CNO comprehensively reviewed its governance structure to ensure the organization was best positioned to fulfill its public protection mandate. The resulting recommendations

approved by the CNO Council are far-reaching and dramatically changed the governance discussion among Canadian regulators. One of the most significant recommendations is the proposed elimination of elections in favor of a competency-based board appointment process, which was not an easy decision for the Council. The CNO’s *Final Report: A Vision for the Future* (Leading in Regulatory Governance Task Force, 2017) outlines how the Governance Task Force, charged with making recommendations to the Council, considered the fundamental arguments for retaining elections such as member engagement, diversity, succession planning, and the uncertainty of political appointments. The Governance Task Force ultimately recommended a competency-based appointment process because the concerns raised by the Council could be addressed through a range of mechanisms while avoiding the “conflict of expectations” inherent in electing members of the profession.

Changes to provincial legislation are required to eliminate elections, and the CNO is currently working with the provincial government to add the issue to the legislative agenda. In the interim, the Task Force recommended that the CNO develop a robust, objective, and transparent recruitment and appointments process within the scope of its current legislative authority that could be piloted for the appointment of committee members. The Task Force also recommended a competency screen be developed for people seeking election to the board, which could later be refined as an appointments process if legislation changes.

Through its thoughtful governance review process, which included a full review of evidence and best practice, the Governance Task Force systematically addressed all the objections to eliminating elections raised by Council members and, more generally, registrants.

### **Case Study 2. Mountain Equipment Co-operative (MEC): Competency-Based Recommendations**

Many cooperative (co-op) businesses recognize the shortcomings of the traditional democratic election process and have tried to balance a need for specific competencies alongside the interests of members seeking to retain some control over board composition. The result has been to develop a process whereby an established committee of the board, often collaborating with co-op members and/or independent experts, will screen candidates against required competencies and recommend candidates for election or only permit those who meet those competencies to run. Such changes rarely move forward without debate and resistance among co-op members. But ultimately, for those co-ops that have made this transition, members are convinced that the benefits of an intentionally created, competency-based board outweigh the need for the board to represent the interests of its members.

Founded in 1971, MEC has become one of Canada’s largest retailers, “with over 5.4 million members nationally, \$462 million in annual revenue, a global supply chain, [and] more than 2,500 employees” (MEC, n.d.). As a retail co-op, MEC’s board is elected by its members.

TABLE 1

**Key Innovations Arising From Intention to Incorporate Competence Into Board Governance**

Case	Innovations
Case Study 1. College of Nurses of Ontario: Elimination of Elections	<ul style="list-style-type: none"> <li>• Developed a competency matrix and gap assessment that would not only inform recruitment and appointment but also influence the orientation and education of the board.</li> <li>• Developed a robust boot camp for new board members to ensure that every appointed member has the same fundamental understanding of governance, the role of the regulator, and the role of the board.</li> <li>• Developed a more robust recruitment and appointment process for committees.</li> <li>• Ensured that all literature review materials and reports would be made available to the larger regulatory community to support systemic commitment to competency-based governance.</li> </ul>
Case Study 2. Mountain Equipment Co-op (MEC): Competency-Based Recommendations	<ul style="list-style-type: none"> <li>• Articulated core values as part of the competency requirements to ensure the organization did not lose its connection to these fundamental values.</li> <li>• Recommended candidates while still allowing others to run.</li> <li>• Differentiated between minimum criteria and desired criteria as part of the vetting process.</li> <li>• Retained consultants to bring independence and credibility to the vetting and recruitment process.</li> </ul>
Case Study 3. Professional Governance Act (British Columbia [BC]): Competency-Based Nominations	<ul style="list-style-type: none"> <li>• Applied limits so only prospective candidates who meet the articulated criteria, including merit and integrity, are eligible to stand for election.</li> <li>• Council structure and nomination process for all five of the boards who fall under the Act's jurisdiction were aligned by the government.</li> <li>• Because the government mandated this process in law, organizations have not had to deal with the type of resistance still being experienced by MEC.</li> </ul>
Our Response. British Columbia College of Nursing Professionals (BCCNP): Better-Informed Voters	<ul style="list-style-type: none"> <li>• BCCNP's collaboration with the College of Physicians and Surgeons of BC was practical and provided a powerful message that regulators could (and should) stop working in silos. Registrants and the public would be better served by more collaboration and consistency among health profession regulators.</li> <li>• The traditional "competency matrix" was broadened to include values and diversity as a broader "composition matrix."</li> <li>• Like the College of Nurses of Ontario, BCCNP focused not only on board composition but also committee composition to increase the impact of tools and competency-based thinking.</li> <li>• Shifting the discussion to future competencies helped move away from some of the more positional, traditional discussions about representation.</li> </ul>

As MEC's business grew and became more complex, the organization recognized its board needed to evolve as well. In response, MEC has incorporated several competency-based principles into its election process over the years.

MEC's Nominations Committee and Board annually develop a "Board Composite Skill Matrix" that identifies the collective blend of values, skills, and knowledge required for optimal performance over time. Eligible members who meet minimum criteria are allowed to put their name forward for election (MEC, n.d.).

The layer of vetting includes the Nominations Committee facilitating a process by which an independent consultant reviews prospective candidates against the desired criteria through an extensive document review and interview process. The Nominations Committee advises the board on the extent to which nominees meet the desired criteria and recommends specific candidates. Other eligible candidates are still able to run for election; however, they do not have a recommended status. Candidates who are running for a second term on the board must also go through this vetting process.

The MEC website states that they are looking for board members who "have significant experience in areas relevant to MEC's business. This needs to be coupled with a deep commitment to MEC's values and purpose" (MEC, n.d.).

While MEC's purposeful approach to board composition has gone a long way toward bringing much-needed skills to the table, there are still some gaps. Co-op members have noted the lack of cultural and ethnic diversity on the board, but MEC's targeted recruitment efforts have not yet addressed this gap. MEC has retained an external consulting firm to assist with recruitment.

In 2013, rule changes related to the process for recommending candidates for election were approved by 91% of voting members (MEC, 2013). Nonetheless, not all MEC members have supported the move toward competency-based boards. For instance, a board candidate who was not allowed to run because he did not meet the minimum eligibility stated, "If we start to place aggressive limits on which members are allowed to stand on the ballot, . . . it represents the erosion of the democracy of the co-op" (Silcoff & Straus, 2018, para. 5). Another former board chair noted:

*Any intelligent person should be able to get on that board and do a good job. It's a values-based organization and that's what things should be based on. If there are too many people with sophisticated backgrounds, they will have a mindset or bias there because of the type of person you're asking for* (Silcoff & Strauss, 2018, para. 10).

While MEC has made a laudable effort to meet the needs of a growing, fast-paced business while remaining true to its cooperative roots, the evolution of their governance model has not been without challenge.

### **Case Study 3. Professional Governance Act (British Columbia): Competency-Based Nominations**

Some boards have gone a step further than MEC by only allowing those who have successfully completed a thorough vetting process to stand for election. This is more difficult in an organization where the mandate is focused on serving its members. However, this shift has occurred in some organizations whose mandate is public protection but where there is still perceived value in the democratic election process.

The *Professional Governance Act* (the Act) was passed by the British Columbia (BC) Legislature and took effect on November 27, 2018 (Office of the Superintendent of Professional Governance, 2019). The legislation followed an independent report (Haddock, 2018) commissioned by the provincial government to ensure that the highest professional, technical, and ethical standards were being applied to resource development in the province. The review made recommendations with respect to five regulatory bodies: (a) the BC Institute of Agrologists, (b) the Applied Science Technologists and Technicians of BC, (c) the College of Applied Biology, (d) the Association of Professional Engineers and Geoscientists of the Province of BC, and (e) the Association of BC Forest Professionals. With respect to improving the governance of these regulators, Haddock (2018) recommended “standardising the appointment process for council and key committees such as complaints and discipline,” including the following (p. 56):

- *Specifying that no less than 50% of council and committee members must be appointed following a merits-based process from the professional organization's register (or via a hybrid merits-based qualification/election process)*
- *Specifying that up to 50% of council and committee members must be appointed following a merits-based process from the public, to ensure the profession is aided by outside perspectives and expertise. Appointed public members should not include those serving on the council or committees of related resource professions.*

As evident in the enacted legislation, the government chose to retain elections but required the five regulators to incorporate a more robust, merits-based qualification/election process. The regulations incorporated to operationalize the provisions of the Act set out required selection principles, including merit (skills and experience) and integrity (professional conduct and competence).

The regulations also set out the process that nominations committees could follow to articulate the factors and criteria required for their councils, the process by which to advertise, and, ultimately, the process to determine who was qualified or not qualified to run for election. By being able to determine who was eligible to stand for election, nominations committees could, in principle, ensure that anyone elected would meet the needs articulated.

These processes have not yet been tested in BC for these specific regulators, so their effectiveness has not yet been revealed.

### **BCCNP: Better-Informed Voters**

Like most other health profession regulators in BC, BCCNP is governed by the *Health Professions Act*, which sets the requirements for registrant board members to be elected by registrants (BCCNP, n.d.).

In 2018, as part of their discussions, the boards of the three nursing colleges set out to agree on how to build competency into a board in which its members were both elected by registrants and appointed by the Minister of Health. After much discussion and investigation of options similar to those outlined in case studies 2 and 3, the boards decided to design a system that would not unduly interfere with the election process. Instead, they opted to design a system that would attempt to clearly communicate the required competencies and the identified gaps to registrants and the Minister of Health in the hopes that each party would make decisions based on that information. Although the boards were open to moving to a different model in the future, they believed this model would start to build the competency-based tools while not introducing more change to an organization already undergoing significant change.

Soon after amalgamation, and in alignment with the wishes of the three legacy boards, the new BCCNP board directed staff and the college's newly formed Governance Committee to begin work on the competencies required for the board and its 11 committees, and, from there, to evaluate and articulate gaps in competency. This information would inform the work of the Nominations Committee in recommending committee member appointments and the work of staff in developing the inaugural election framework.

At the same time, the College of Physicians and Surgeons of BC (CPSBC) were building a competency framework for their board and committees (CPSBC, 2019). The colleges worked together in the hope of aligning as many components of their respective competency matrices as possible, reflecting the parallels between the two colleges' work. Both colleges recognized that they needed a framework that was not intimidating to those considering board service, but they also wanted to move beyond the traditional skills matrix adopted by many organizations. Instead, they sought to include and define other elements critical to board functioning, such as:

- values required by all board members to contribute to good decision-making in the public interest

TABLE 2

## British Columbia College of Nursing Professionals (BCCNP) Board Composition Matrix

As BCCNP's governing body, the Board is responsible for the direction, leadership, and strategy of the college. The Board's composition is therefore critical to its effectiveness and success in achieving its mandate to protect the public. This is recognized in the BCCNP bylaws, which provide for the college's Governance Committee to develop a list of competencies against which those wishing to serve as board members, board chairs and board vice-chairs will be assessed.

### Background

Over the course of the last decade, more and more corporate and not-for-profit organizations are choosing to use a competency-based tool to select board members. This is largely owing to increased scrutiny from the public and government who are calling for greater accountability from organizations, with the added push to measure board performance in a way that is both transparent and meaningful. The trend in professional regulation is no different. Just as their registrants are expected to meet high standards of competence and ethics, regulatory boards are being held to account by government, the public and registrants in a similar way.

A competency matrix can assist boards [in adapting] their composition in an intentional and methodical way, to move away from a traditional model of professional representation to one that is more inclusive, diverse and relevant in today's healthcare and regulatory landscape.

### Board Composition Matrix

In response to this governance trend, the BCCNP Board approved the attached board composition matrix for its 2020 board year. The composition matrix reflects academic and professional skills but also looks beyond these at other tangible elements such as personal values, lived experience, diverse backgrounds, perspectives and knowledge, setting out requirements not only for the board as a whole but also for individual board members. It makes clear and unambiguous reference to cultural safety and humility, in direct acknowledgment of the Board's ongoing com-

mitment to BC First Nations and Indigenous peoples to make decisions that will help transform the provincial health system into a more humble and safe environment for all. The expectation is that by broadening the scope of the Board in this way, it will be empowered to make increasingly better decisions in the public interest as per its legislated mandate.

The committee composition matrices delve deeper, building upon the board composition matrix by seeking even more nuanced perspectives and backgrounds, for example, from those who have experienced trauma, conflict, or received their credentials overseas.

### Using the Board Composition Matrix

The matrix depicts the ideal composition of a fully functioning board. Board members are not expected to possess every skill or item listed in the composition matrix and gaps will always exist. However, the Board does expect its members to demonstrate a legitimate and ongoing commitment to acquire the experience and knowledge necessary to make them as effective as possible in their roles. Mentorship and professional development will be available to all board members.

The Governance Committee has already used the composition matrix to identify potential gaps in the current board's composition and has reflected upon where additional experience, skills, and background might be needed to navigate emerging opportunities or challenges from within the nursing, healthcare, and regulatory environments (see "2020 Board Gap Assessment"). The Board will also review these gaps to develop specific education programs for the next board year. Articulation of the gaps will also create a clear awareness of where outside perspectives or expertise may be required in board decision-making.

The composition matrix has been published as part of the upcoming election material. This will help potential applicants assess themselves against the core competencies they are expected to have or learn should they become board members, and [it] will assist the Nominations Committee should it need to recruit for specific gaps.

## 2020 Board Composition Matrix

(approved by the Board on April 25, 2019)

### Board Members

In order to support strong decision-making in the public interest,

- every board 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, 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 as a result of meaningful engagement and dialogue will be stronger than what is created in isolation. *[Collaboration]*
  - Be open to new ideas, new perspectives, and new ways of doing things, always bringing a learning mindset to decision-making. *[Humility]*
  - Create an environment and culture that welcomes diverse perspectives, new partners and new ideas. *[Inclusivity]*
  - Be able to self-reflect and make decisions based on evidence and good information, to best fulfil the public mandate. *[Objectivity]*
  - Have compassion for the public and their right to safe, ethical care, demonstrated by an understanding and appreciation of, and commitment to, the public protection mandate and the time required to execute the role diligently, recognizing that public interest will always be prioritized over personal or professional interests. *[Public Service]*
  - Be able to work with others effectively, and appreciate different perspectives and opinions, while fostering and promoting, not impeding or stifling, robust dialogue. *[Respect]*
  - Have a clear understanding of personal strengths, areas of development and potential biases, remaining open to reflection, feedback, continuous growth and improvement. *[Self-Awareness]*

## British Columbia College of Nursing Professionals (BCCNP) Board Composition Matrix (continued)

- every board member will bring, or be willing to learn, the following **SKILLS, PRACTICES, and KNOWLEDGE**:
  - Have an ongoing learning, appreciation and respect for unique perspectives, cultural contexts, power imbalances, and biases in deliberation and decision-making, and recognition of the role the College plays in fostering culturally safe, humble, respectful, and quality health care, through its cultural safety and humility commitments. [*Cultural Safety and Humility*]
  - Have strong interpersonal communication skills that include the ability to clearly articulate a perspective, engage in respectful, productive, and sometimes courageous or difficult, discussions with the board, staff and stakeholders, while consistently reinforcing a culture of trust. [*Diplomacy*]
  - Have a reasonable understanding of financial and budgeting information, and the confidence to ask questions that safeguard the financial stewardship of the College. [*Financial Literacy*]
  - Understand the board member's role and fiduciary duties, good governance principles, and the stewardship responsibilities of the board. [*Governance*]
  - Understand 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 Profession Regulation*]
  - Understand and appreciate the development of policy and decision-making in a large, complex system, ensuring that decisions are based on objective principles, and informed by evidence and best practice. [*Organizational Decision Making*]
  - Be aware of the complex system in which the College works, including the stakeholders within that system, and the impact that college decisions have on this greater community. [*System Thinking*]
  - Be able to work electronically in order to uphold security, privacy and efficiency of the College's work. [*Technological Competence*]

### Board

In order to support strong decision-making in the public interest,

- the Board will bring the following **DIVERSE EXPERIENCE, BACKGROUNDS, and PERSPECTIVES**:
  - A variety of cultural and historical backgrounds and experiences that reflect the community the College serves and the cultural context within health care. [*Culture*]
  - A variety of educational backgrounds and experiences that reflect the diverse public served by the College. [*Education*]
  - First Nations and Indigenous voices, embedded within the College's governance structure, to ensure that deliberations are informed and decisions include and respect First Nations perspectives, that biases are identified and questioned, and that the College's collective work continues to grow in its cultural safety and humility journey, contributing to positive systemic change. [*First Nations*]
- one or more board members will have the following **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. [*Ability*]
  - Knowledge and experience as a board member, including the ability to calmly weigh evidence, think critically, consider options and bring sound judgement to decision making. [*Board Experience*]
  - Experience in facilitating board and committee meetings, developing board culture, and fostering board effectiveness. [*Board Leadership*]
  - Business experience, an understanding of what an organization needs to operate effectively, including the economic forces that need to be incorporated into decisions, and good management principles. [*Business Acumen*]
  - Change management and transformation experience that will support the College's ability to adapt, evolve and lead systemic change. [*Change Leadership*]
  - Experience developing and working with a board to oversee executive performance management and succession planning. [*Executive HR*]
  - Accounting or financial management experience and the ability to support board members without this experience execute their financial oversight responsibilities. [*Financial Oversight*]
  - A variety of perspectives to support decisions that are balanced and relevant. [*Gender Diversity*]
  - Regional diversity, 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, health-care, and not-for-profit sectors to promote knowledge and the sharing of best practices. [*Sector*]
  - A deep understanding of how government works, and how to affect change within all levels of government. [*Government Relations*]
  - An understanding of IT/IM systems, security and sector change. [*Information Technology and Information Management*]
  - Experience developing teams and environments that foster new thinking, new products, and system disruption. [*Innovation*]
  - An understanding of contracts, privacy, employment, labor, litigation management, and administrative law. [*Legal Expertise*]
  - Extensive experience in strategic communications and stakeholder relations. [*Public Relations*]
  - Experience and understanding of both quality assurance and quality improvement in health care. [*Quality Improvement*]
  - An understanding of how to sustain and evolve an effective and meaningful risk management and risk oversight program. [*Risk Management/Oversight*]
  - Experience leading a team to articulate a vision, identify strategic priorities, and oversee organizational performance. [*Strategic Planning*]

- skills and knowledge that all board members must bring to the table or be willing to learn
- diverse perspectives at the board table
- specialized experience, knowledge, and backgrounds that the board needed.

Because of the broad nature of the elements included, the colleges changed the name from a “competency matrix” to a “composition matrix.” After months of work, both boards approved a composition matrix for their respective boards (Table 2). Although the two colleges’ matrices are unique, they are structured in the same way and have substantial overlap in terms of content (CPSBC, 2019).

As part of the BCCNP’s first board election, both the composition matrix and the gap assessment were communicated to potential applicants and voters. As part of the application process, registrants were asked to speak specifically about how they live the values required and to explain their diverse perspectives and unique skills and experiences. They were also asked to reference the composition matrix and the gap assessment in their responses.

The major concern of this system, from the board’s perspective, is whether it will in fact make an impact (i.e., will voters pay attention to the gaps identified by the board and the college’s public protection mandate, or will they choose to vote on the basis of what they need, what they perceive as gaps, or who might best represent their interests at the board table?). Whether this concern is legitimate remains to be seen as BCCNP’s first election is taking place at the time of publication.

However, the board itself is clear on how it wishes to measure the success of adopting a competency-based system. An annual review process for board competencies has been built into the college bylaws. New board members will be asked to complete a self-assessment based on the board composition matrix that will record their current level of competency and allow a mentorship program to be created based on any identifiable gaps. Gaps in board knowledge will also be addressed through ongoing board education and professional development.

The BCCNP will also collaborate with other health regulators to create a comprehensive board and board member evaluation process that will assess specifically for competency. These assessments will look for observable behavior to measure successful performance and strong decision-making in the public interest.

It should also be noted that the BC government has recently released a consultation paper titled *Modernizing the Provincial Health Profession Regulatory Framework* (Steering Committee on Modernization of Health Professional Regulation, 2019) that addresses competency-based board appointments and balanced board membership.

## Conclusion

Regulators are not immune from the same dynamics that have led corporations and not-for-profit organizations to adopt more robust

board competency processes as their own governance frameworks. Regulators are being held accountable by the government, the media, and the public to ensure that work is being conducted effectively, efficiently, and, most importantly, in the interest of the public. How we as regulators choose our leaders and how we respond to emerging best practices has a significant impact on our effectiveness and the public’s trust in our ability to fulfill our mandate.

There are challenges in shifting from traditional democratic models to more competency-based processes; however, we are witnessing how organizations are taking innovative approaches to drive through change. We can no longer use our democratic foundations as a conclusive reason not to align our governance practices with emerging best practices, not only in other sectors within Canada, but also in line with more global governance trends. If we believe we need to be more intentional and take control in building competent and capable boards, then we need to think differently about our traditional models.

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*We dedicate this work to our dear colleague, Caroline Millan, who spent 20 years recruiting for and supporting stronger competency-based boards and committees within nursing regulation. Caroline passed away in September 2019 as this article was being written.*