

**Initiating COTBC's Strategic Planning Process:
Exploring the Health Professional Regulatory Context**

Andrea Bowden, MPA candidate

School of Public Administration

University of Victoria

May 2018

- Client:** Kathy Corbett, Chief Executive Officer and Registrar
College of Occupational Therapists of British Columbia
- Supervisor:** Dr. Kimberly Speers, Assistant Teaching Professor and
MPA Master's Project Advisor
School of Public Administration, University of Victoria
- Second Reader:** Dr. Rebecca Warburton, Associate Professor
School of Public Administration, University of Victoria
- Chair:** Dr. Astrid Pérez Pináñ, Assistant Professor
School of Public Administration, University of Victoria

Acknowledgements

My ability to complete this project would have not been possible without the support of the following individuals:

My academic supervisor, Dr. Kimberly Speers, for her patience, sustained encouragement, guidance, and thoughtful feedback. Her kind soul and sharp intellect is a powerful combination;

Dr. Rebecca Warburton, second reader, and Dr. Astrid Pérez Pináñ, defense panel chair, for supporting the defense process;

The University of Victoria's Public Administration program staff for their practical support and direction;

My client, Kathy Corbett, as well as the COTBC Board of Directors, for supporting me to develop my professional and academic skills in a challenging, yet safe and encouraging environment;

The interviewees and focus group participants who so generously shared their time, insights, and experiences. Their openness greatly enhanced the richness of the findings;

The Registrars/Chief Executive Officers of other health professional regulatory bodies who shared their strategic plans for analysis;

My classmates in the MPA program, for the inspiration and encouragement they provided;

My family, friends, and colleagues. I would have not been successful with their generosity of spirit, and;

My husband, James, and daughter, Emily, for believing in me, being my greatest cheerleaders, and for carrying much of the burden of daily life during this academic journey.

Thank you.

Executive Summary

Introduction

The client for this Master's Project is the College of Occupational Therapists of British Columbia (COTBC) and their mandate is to "serve and protect the public" (British Columbia Health Regulators [BCHR], 2016a, para. 1). Like British Columbia's (BC) other health professional regulatory colleges, COTBC must meet this obligation within complex and changing social, political, economic, legal, and technological environments.

In the face of such pressures, public sector organizations have increasingly turned to developing and sustaining a strategic planning process to improve their ability to make strategic decisions, increase their "effectiveness, responsiveness, and resilience," improve their legitimacy with stakeholders, and develop "human, social, political, and intellectual capital" (Bryson, 2011, pp. 14-17). COTBC's most recent strategic plan, titled *Strategy 2016*, has expired. The project client has indicated that COTBC remains committed to identifying and addressing its strategic priorities; however, the client is uncertain what strategic planning framework is best suited to the health professional regulatory context. Additionally, the client is seeking to better understand the environmental factors that influence the organization's current strategic priorities. Subsequently, this project seeks to answer the following research questions:

Primary research question: What is an effective strategic planning framework for COTBC to consider adopting, considering its context as a health professional regulatory organization?

Related research sub-questions:

- What are the current environmental or 'situational' factors that may influence COTBC's strategic priorities?
- Who are COTBC's primary stakeholders and how might their interests influence COTBC's strategic priorities?
- What smart practices can guide health professional regulatory organizations in designing their strategic planning process?
- What connection is there between the strategic planning process and organizational risk analysis and management? How can this inform COTBC's strategic planning process?

Given these research questions, the objectives of this project are to:

- Identify and analyze key internal and external environmental influences on COTBC.
- Identify COTBC's key stakeholders and analyze their respective 'power' and 'interests'.
- Identify strategic planning smart practices applicable to the health professional regulatory context.
- Summarize any identified connections between strategic planning and risk analysis/management processes.
- Recommend a strategic planning framework that the client/COTBC can use to continue forward with their strategic planning process.

Methodology and Methods

A multi-phased, multi-methods approach was used to address the research questions. The primary methodology was a situation or environmental analysis, supplemented with smart practice and stakeholder analyses. The project used a variety of data collection methods. These included a literature review and a document review of 28 strategic plans from different participating health professional regulatory organizations. Additionally data was gathered through focus groups with COTBC staff, board members, and registrants as well as through semi-structured interviews with a variety of COTBC stakeholders and national experts in the area of health professional regulation.

The conceptual framework guiding this research project is Bryson's (2011) Strategy Change Cycle, a widely used and seminal ten-step strategic planning framework developed for public sector and nonprofit organizations. Based on the general support and wide use of this model, as well as the fulsome and logical sequence of its steps, the Strategy Change Cycle was selected to provide a general map of how to complete strategic planning. Additionally, its flexible and iterative nature allows for a variety of design choices to be made to enhance the planning process' effectiveness in a given context (Bryson & Alston, 2011, pp. 20-22). In this sense, an organization can either adopt the entire cycle or part of it depending on the preferences and needs of the organization. Given this flexible nature, the Strategy Change Cycle serves as a strong platform from which to explore the research project's questions as well as a basis upon which the project findings can be anchored.

Key Findings

The research identified a number of findings that speak broadly to strategic planning within the health professional regulatory context as well as findings that are more specific to COTBC. Even within the COTBC specific findings, issues and trends are identified that likely affect the health professional regulatory context more generally (e.g., challenges in identifying methods to effectively engage the public and identifying ways to improve the public's confidence in self-regulation). Further research is needed to confirm the extent to which these broader trends or concerns exist.

COTBC Specific Findings:

The research's environmental analysis (i.e., SWOT/C analysis) identified a variety of internal organizational strengths and weaknesses. Examples of key strengths include COTBC's clarity regarding its mandate and its values-driven culture, while examples of identified weaknesses include a lack of succession planning and workload management issues. The findings also identified a number of opportunities and threats or challenges evident in the broader external environment. Examples of opportunities noted include the potential to increase the public's awareness regarding self-regulation and use/monitor emerging evidence to guide regulatory improvements. An example of an identified threat/challenge is the general decrease in the public's confidence in the effectiveness of health professional self-regulation.

The research conducted for the stakeholder analyses identified a breadth of internal and external COTBC stakeholders, explored the criteria stakeholders could use to evaluate COTBC's effectiveness, and identified the degree to which the board and client feel stakeholders should be engaged in future strategic planning processes. Stakeholders were categorized according to Eden and Ackerman's (1998) Power Versus Interest Grid, which places stakeholders into one of four categories: players, subjects, context setters, or crowd (Bryson & Alston, 2011, pp. 102).

The findings highlight that COTBC's key players include the public, government/Ministry of Health, other provincial colleges, board, registrar, staff (professional and consulting), and COTBC decision-making committee members. COTBC's subjects include the public, registrants, COTBC non-decision making committee members, administrative staff, the Association of Canadian Occupational Therapy Regulatory Organizations, professional associations, educational institutions, employers, and unions. COTBC's context setters include the public and the Health Professions Review Board. COTBC's crowd includes the public, occupational therapy students, third party funders, and other organizations. Interestingly, the public were identified within each category, highlighting an opportunity for further analysis of this critical stakeholder group. An important message that came through is that stakeholders and issues are dynamic and evolving, ergo it is important to monitor this management tool on a regular basis.

The board generated a list of COTBC's preliminary strategic issues after reflecting on the situation and stakeholder analysis findings. The strategic issues identified include how to: sustain stable leadership with competent committed staff, engage the public to increase their understanding of and confidence in COTBC's regulatory role, mitigate the risks and capitalize on the benefits of emerging innovations, use evidence-informed approaches to identify and prioritize needed program and process improvements, and collaborate with key stakeholders to support excellence in its regulatory activities.

Strategic Planning In Health Professional Regulatory Organizations:

Building upon the literature review findings, the data that informed these findings was gathered through semi-structured interviews with 10 Registrars/CEOs from other health professional regulatory organizations, 3 experts with a national perspective on health professional regulation and related strategic planning smart practices, and where specified, a senior leader from the Ministry of Health's Professional Regulation and Oversight division.

The findings indicate that a health professional regulatory organization's legislated mandate limits or 'boxes in' its freedom to define its strategic priorities, goals, and objectives. Additionally, the findings show that strategic planning within this context can be particularly challenging due to a lack of control over many of the demands on the organization (e.g., number of incoming complaints, number of applicants per year). This lack of control impacts the organization's ability to anticipate costs, revenues, and workload requirements, which are key considerations for organizations engaged in strategic planning.

The findings also emphasized the complexities these organizations face given their board is comprised of volunteers, including elected occupational therapists, and appointed public members. Another key finding is that board members may have varied understandings

regarding the organization's legislated mandate, typical strategic planning processes, and associated smart practices. Elected board members have the unique challenge of needing to manage the tension inherently caused by being elected by their peers, yet subsequently serving the public interest, as per the organization's mandate.

The research also identified strategic planning smart practices and describes how risk management and regulatory approaches intersect with the strategic planning process. With respect to strategic planning smart practices, organizations are advised to remember their mandate, plan for and be patient with the process, engage and involve stakeholders, be clear, realistic, and flexible, and to celebrate successes. The findings also show that risk assessment and management occurs at many phases in the strategic planning process including during the environmental analysis, when strategic issues are identified/prioritized, and when tactics are selected. Regulatory approaches and concepts are seen to inform the early phases of the strategic planning process, particularly when values are articulated.

Options to Consider and Recommendation

A key objective of the project was to recommend a strategic planning framework that is relevant to COTBC's context and can be used to guide future strategic planning processes. Reflecting on the findings, four options are outlined, including:

- **Option 1 - Do nothing/status quo.**

COTBC would not proceed with further strategic planning. The pros of this approach are largely short-term cost and time savings. Major cons include a lack of clarity regarding organizational priorities, goals, and objectives. Subsequently, the long-term efforts of the organization may be misguided, thereby wasting time and resources, and jeopardizing the ability to meet its mandate of public protection.

- **Option 2 - Strategic Planning Framework A – COTBC would fully introduce a modified version of Bryson's (2011) Strategy Change Cycle and identified smart practices.**

The 10 steps of Bryson's (2011) original Strategy Change Cycle include:

1. Initiate and agree on a strategic planning process
2. Identify organizational mandates
3. Clarify organizational mission and values
4. Assess the external and internal environments to identify strengths, weaknesses, opportunities and threats,
5. Identify strategic issues facing the organization
6. Formulate strategies to manage the issues
7. Review and adopt the strategic plan or plans
8. Establish an effective organizational vision
9. Develop an effective implementation process
10. Reassess strategies and the strategic planning process (p. 46).

Building on these steps, the proposed modified cycle includes articulating the organization's guiding regulatory approaches/principles, incorporating identified smart practices and risk assessment and management in to the strategic planning process, and engaging COTBC's identified stakeholders throughout the process. Key pros of this approach include increased confidence in the quality of the strategic plan's outputs and the potential to generate enthusiasm, add objectivity, and build working relationships and trust. Cons include time, cost, and human resource implications. A further delay in updating the expired 2016 strategic plan may be experienced.

- **Option 3 - Strategic Planning Framework B – COTBC would incrementally introduce a modified version of Bryson's (2011) Strategy Change Cycle and identified smart practices.**

The major benefit of pursuing this option is that it allows for focused attention while introducing a new element to the organization's strategic planning processes. This may potentially increase the success of that element as well as energize future strategic planning cycles. The major challenge includes the potential that some data or engagement opportunities may be missed, potentially impacting the content of the plan. COTBC would need to be mindful as to which elements to gradually introduce into their planning processes, to minimize or mitigate this risk.

- **Option 4 – COTBC would consider a different strategic planning model (versus Bryson's (2011 Strategy Change Cycle) to anchor future strategic planning efforts and would incorporate research findings as appropriate.**

The benefit of this option is that it allows COTBC the opportunity to further explore other strategic planning frameworks that are available, potentially identifying one the organization feels is better suited to COTBC's context. The major con for this option is that the additional research would take additional time and resourcing resulting in further delays in producing an organizational strategic plan. Additionally, a different framework may not offer the robust structure or flexibility to adjust to the organization's unique context, needs, preferences, or research findings.

Recommendation:

Reflecting on these options, Option 3 is recommended. With this option, COTBC can mitigate the identified time and resourcing concerns outlined in Options 2 and 4, while still producing a quality strategic plan, using a process that can grow and evolve over time. Moving forward, it is important that COTBC develop, implement, and sustain a strategic planning system that is flexible and is responsive to the needs and preferences of the board, staff, and stakeholders at the same time meeting the demands and expectations of working in a regulatory environment.

Table of Contents

| | |
|--|-----|
| Acknowledgements..... | i |
| Executive Summary..... | ii |
| Introduction..... | ii |
| Methodology and Methods | iii |
| Key Findings..... | iii |
| Options to Consider and Recommendation..... | v |
| Table of Contents..... | vii |
| Table of Figures..... | x |
| List of Tables | x |
| 1.0 Introduction | 11 |
| 1.1 General Problem | 11 |
| 1.2 Project Research Questions and Objectives | 12 |
| 1.3 Project Client | 12 |
| 1.4 Background..... | 13 |
| 1.5 Organization of Report..... | 14 |
| 2.0 Methodology and Methods | 15 |
| 2.1 Methodology..... | 15 |
| 2.2 Methods | 16 |
| 2.3 Data Analysis | 19 |
| 2.4 Project Limitations and Delimitations..... | 20 |
| 3.0 Literature Review and Conceptual Framework | 22 |
| 3.1 Introduction..... | 22 |
| 3.2 Strategic Planning in the Public and Regulatory Context | 22 |
| 3.3 Situation or Environmental Analysis: Purpose, Benefits, and Approaches | 24 |
| 3.4 Stakeholder Analysis - Purpose, Benefits, and Typical Approaches | 25 |
| 3.5 Connections between Risk Management and Strategic Planning | 27 |
| 3.6 Current Trends in Health Professional Regulatory Approaches | 28 |

| | | |
|-----|--|----|
| 3.7 | Conceptual Framework | 30 |
| 4.0 | Findings – Strategic Planning in Regulatory Organizations | 32 |
| 4.1 | Introduction..... | 32 |
| 4.2 | Strategic Planning in Regulatory Organizations..... | 32 |
| 4.3 | Smart Practices..... | 33 |
| 4.4 | Risk Assessment/Management and Strategic Planning..... | 35 |
| 4.5 | Regulatory Approaches and Strategic Planning..... | 35 |
| 4.6 | Summary of Findings..... | 36 |
| 5.0 | Findings – COTBC Situation and Stakeholder Analyses | 37 |
| 5.1 | Introduction..... | 37 |
| 5.2 | Situation Analysis – SWOT/C..... | 37 |
| 5.3 | Stakeholder Analysis | 42 |
| 5.4 | Strategic Plan Comparison Findings..... | 45 |
| 5.5 | Preliminary Strategic Issues | 47 |
| 5.6 | Summary of Findings..... | 47 |
| 6.0 | Discussion and Analysis..... | 49 |
| 6.1 | Introduction..... | 49 |
| 6.2 | COTBC’s Environment: Implications for Strategic Planning..... | 49 |
| 6.3 | COTBC’S Stakeholders: Implications for Strategic Planning | 50 |
| 6.4 | Strategic Planning Smart Practices: Application for COTBC..... | 53 |
| 6.5 | The Strategy Change Cycle: Risk and Regulatory Approaches/Principles | 54 |
| 6.6 | Preliminary Strategic Issues | 56 |
| 6.7 | Research Limitations and Opportunities for Further Research | 57 |
| 7.0 | Options to Consider and Recommendation | 60 |
| 7.1 | Introduction..... | 60 |
| 7.2 | Options to Consider | 60 |
| 7.3 | Recommendation..... | 63 |
| 8.0 | Conclusion..... | 64 |
| | References | 65 |

| | |
|---|-----|
| Appendices..... | 71 |
| Appendix A: Draft Interview Guide for COTBC Staff/Consulting Staff | 71 |
| Appendix B: Draft Interview Guide for Board Members | 73 |
| Appendix C: Draft Committee Member Interview Guide | 74 |
| Appendix D: Draft Ministry of Health Interview Guide..... | 75 |
| Appendix E: Draft Interview Guide for Registrars/CEOs of other Health Professional Regulatory Organizations..... | 77 |
| Appendix F: Draft Interview Guide for Members of the Public..... | 79 |
| Appendix G: Draft Interview Guide for Canadian Association of Occupational Therapists – British Columbia (CAOT-BC) and University of British Columbia Occupational Science and Occupational Therapy (OSOT) Department | 80 |
| Appendix H: Draft Interview Guide for Client Identified ‘National Experts’ on Health Professional Regulation and Related Strategic Planning ‘Smart Practices’ | 81 |
| Appendix I: Example of a Consent Form Used in the Research Project | 83 |
| Appendix J: Focus Group Outline (For Use with Staff and Board) | 88 |
| Appendix K: Draft Pre-Focus Group Activity Package (For Use with Board and Staff) | 91 |
| Appendix L: Focus Group Outline (For Use with Occupational Therapists/Registrants) | 98 |
| Appendix M: Collated Stakeholder Self-Identified Criteria and Rankings | 100 |
| Appendix N: Board Estimates of COTBC Internal and External Stakeholder Criteria and Ranking (generated pre-focus group session). | 104 |
| Appendix O: Staff estimates of COTBC Internal and External Stakeholder Criteria and Ranking (Generated pre-focus group session)..... | 109 |
| Appendix P: Definitions of Engagement Approaches | 113 |
| Appendix Q: Recommended Resources for Implementing a Modified Version of Bryson’s (2011) Strategic Planning Cycle..... | 114 |

Table of Figures

| | |
|--|----|
| Figure 1: COTBC Organizational Chart (Adapted from COTBC, 2017, p. 30) | 13 |
| Figure 2: Strategy Change Cycle (Adapted from Bryson, 2011, pp. 44-45) | 15 |
| Figure 3: Situation Analyses (Red Circle) and Stakeholder Analyses (Lighter Background) in the Strategy Change Cycle (Adapted from Bryson, 2011, pp. 44-45). | 31 |
| Figure 4: Percentage of Participating Colleges with Specified Feature in Their Strategic Plan ... | 46 |
| Figure 5: Average (mode) of Participating Colleges' Plans' Time Period (year), Length (pages), Number of Goals, and Number of SMART Elements | 46 |
| Figure 6: Risk Assessment and Management in Bryson's (2011) Strategy Change Cycle | 55 |
| Figure 7: Regulatory Principles within Bryson's (2011) Strategy Change Cycle | 56 |
| Figure 8: Goals Grid Format (Adapted from Nickols and Ledgerwood, 2005, p. 3) | 57 |
| Figure 9: Modified Strategy Change Cycle (Adapted from Bryson, 2011) | 61 |

List of Tables

| | |
|--|----|
| Table 1: COTBC Internal and External Stakeholders | 42 |
| Table 2: Power Versus Interest Grid (Adapted from Eden & Ackerman (1998, p. 122) | 44 |
| Table 3: Board Proposed Internal Stakeholder Involvement (Adapted from Bryson and Alston, 2011, pp. 106-107) | 44 |
| Table 4: Board Proposed External Stakeholder Involvement (Adapted from Bryson and Alston, 2011, pp. 104-105) | 45 |
| Table 5: Comparison of Self-identified COTBC Evaluation Criteria and Rankings to Board and Staff Estimates | 51 |

1.0 Introduction

The College of Occupational Therapists of British Columbia's (COTBC) most recent strategic plan, titled *Strategy 2016*, has expired. This report discusses the research activities and findings of a project completed to assist COTBC to identify a strategic planning framework relevant for their context as a health professional regulatory organization. Additionally, the report summarizes details of the situation and stakeholder analyses that were completed for use in later phases of the strategic planning process. To provide the reader with a better understanding of the research project, this chapter describes the general 'problem' the project seeks to address, outlines the project's primary research questions and objectives, describes the project client, and summarizes relevant background information. It closes with a description of how the overall report is organized.

1.1 General Problem

The College of Occupational Therapists of British Columbia's (COTBC) mandate is to "serve and protect the public" (British Columbia Health Regulators [BCHR], 2016a, para. 1). Like British Columbia's (BC) other health professional regulatory colleges, COTBC must meet this obligation within complex and changing social, political, economic, legal, and technological environments. For example, aging populations, increasing immigration patterns, shifting funding priorities, and rapidly developing information technology greatly influence the current public sector landscape (Bryson, 2011, pp. 3-4). Furthermore, there is a general decline of public trust in professional regulators, fueled by events such as the 2008 economic crisis and repeated health care failures by registered care providers (Steinecke, 2013, p. 1). This has led to a "generalized unease among members of the public regarding the ability of professional self-regulation to protect their interests" (Bayne, 2012, p. 6). As a result of this increased public scrutiny, health professional regulatory bodies face increased expectations to adopt a quality and safety focus, ensure strong interprofessional and evidence-informed practice, and demonstrate "value for money" (Bayne, 2012, pp. 5-10). Additionally, efficiency, human rights, and consumer choice considerations have become central to the definition of acting in the "public interest" (Adams, 2016, p. 1).

In the face of such pressures, organizations have increasingly turned to the strategic planning process to improve their ability to make strategic decisions, increase their "effectiveness, responsiveness, and resilience," improve their legitimacy with stakeholders, and develop "human, social, political, and intellectual capital" (Bryson, 2011, pp. 14-17). COTBC has a history of engaging in strategic planning; however, their most recent plan, titled *Strategy 2016*, has expired. The project client has indicated that COTBC remains committed to identifying and taking action to address its strategic priorities; however, the client is uncertain as to what strategic planning process or framework is best suited to their health professional regulatory context.

The purpose of this project is to complete key preliminary steps towards addressing this problem. This includes completing comprehensive situation and stakeholder analyses to assist COTBC in identifying its strategic issues and priorities as well as gathering information to identify a relevant strategic planning framework for the organization.

1.2 Project Research Questions and Objectives

The ability to make “a research journey efficiently and effectively requires a sense of direction offered by a research question” (Yeager, 2007, p. 45). Given the general problem outlined, the project’s primary research question is:

What is an effective strategic planning framework for COTBC to consider adopting, considering its context as a health professional regulatory organization?

There are a number of related research sub-questions that stem from this primary question. These include:

- What are the current environmental or ‘situational’ factors that may influence COTBC’s strategic priorities?
- Who are COTBC’s primary stakeholders and how might their interests influence COTBC’s strategic priorities?
- What smart practices can guide health professional regulatory organizations in designing their strategic planning process?
- What connection is there between the strategic planning process and organizational risk analysis and management? How can this inform COTBC’s strategic planning process?

Given these research questions, the objectives of this project are to:

- Identify and analyze key internal and external environmental influences on COTBC.
- Identify COTBC’s key stakeholders and analyze their respective ‘power’ and ‘interests’.
- Identify strategic planning smart practices applicable to the health professional regulatory context.
- Summarize any identified connections between strategic planning and risk analysis/management processes.
- Recommend a strategic planning framework that the client/COTBC can use to continue forward with their strategic planning process.

1.3 Project Client

The project client is Kathy Corbett, Registrar and Chief Executive Officer (CEO) of COTBC, one of British Columbia’s 23 health professional regulatory colleges (BCHR, 2016b, para. 2). Consistent with section 21.1 of the *Health Professions Act (HPA)*, the client is appointed by, and reports to, the COTBC Board of Directors.

As the Registrar, the client is responsible for completing duties prescribed within the *HPA*, including but not limited to managing board elections processes, maintaining the College’s register, receiving and directing complaints regarding a registrant’s practice, acting as College inspector when appropriate, and issuing citations for discipline committee hearings (Health Professions Act, 1996, ss. 21-39). As the organization’s CEO, the client’s duties include the management of day-to-day operations, including but not limited to supporting the Board of Directors in fulfilling their obligations, leading the development and implementation of the College’s strategic priorities, managing operational budgets, providing administrative leadership, and supervising College staff.

This report’s findings will assist the client in her role of supporting the board with their strategic planning activities.

1.4 Background

The College of Occupational Therapists of British Columbia (COTBC) was established in 1998 under the *HPA*, which defines its legislated duties (COTBC, 2001, p. 2). COTBC provides regulatory oversight for approximately 2500 occupational therapists (OTs) (COTBC, 2017, p. 12). Its purpose is to ensure that “the public receives safe, ethical and quality occupational therapy services” through key activities such as setting standards, registering qualified OTs, responding to complaints regarding registrants’ practice, and monitoring the continued competence of registrants (COTBC, 2015a, para. 2).

As represented in the organizational chart in Figure 1, COTBC relies on a number of key internal stakeholders in order to fulfill its duties, including the board of directors, committee members, and staff. The board is comprised of nine individuals: three publicly-appointed members and six elected registrants (COTBC, 2017, p. 30). It is responsible for “guiding the organization’s direction, ensuring necessary resources and monitoring performance” (COTBC, 2015b, para. 2). The board receives recommendations from and provides direction to the various committees, the majority of which are mandated within the *HPA*. Finally, the staff, led by the CEO, are tasked with assisting with the implementation of the Board’s direction and enacting day-to-day College operations.

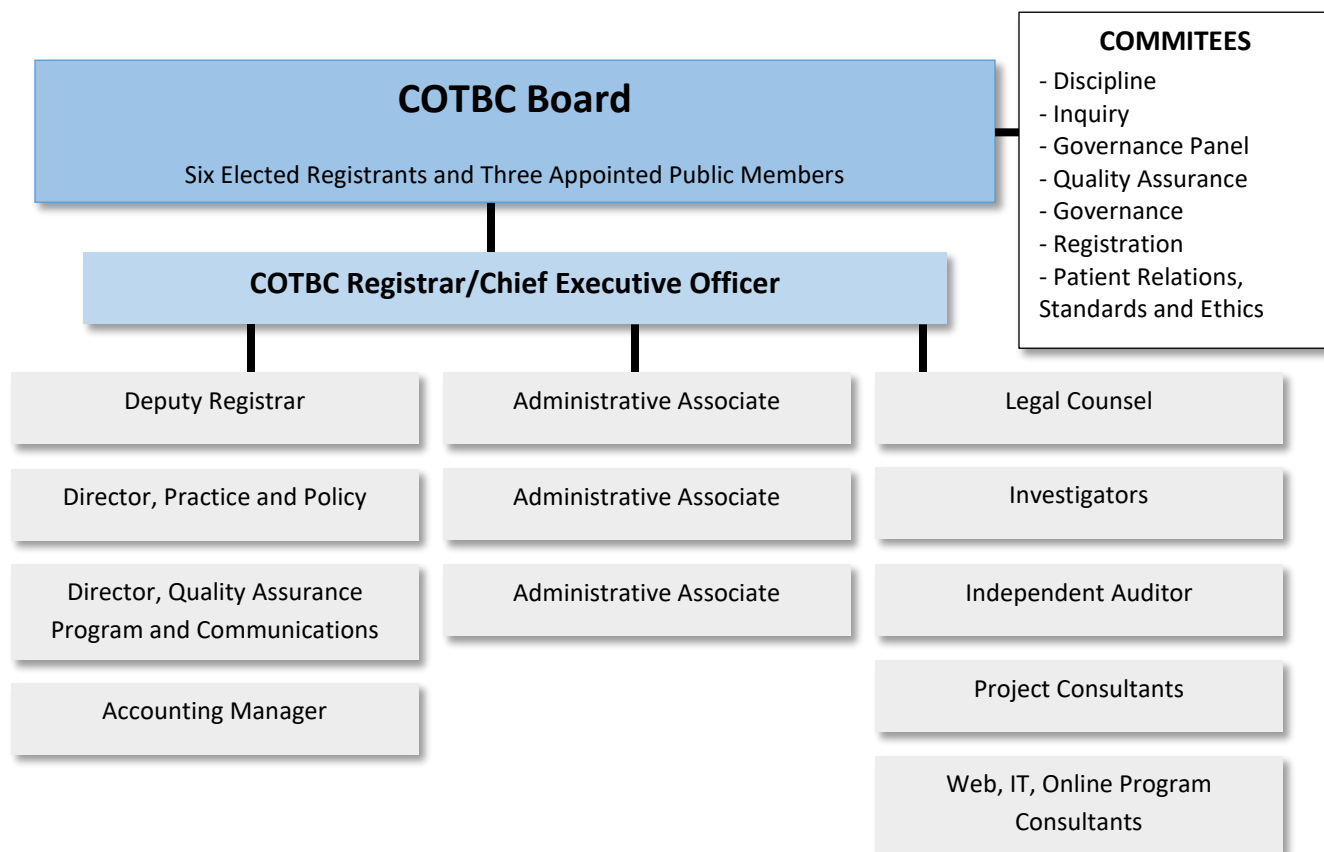


Figure 1: COTBC Organizational Chart (Adapted from COTBC, 2017, p. 30)

COTBC's most recent plan spans the years 2013-2016 (COTBC, 2015c, para. 1). The plan, which is available online, provides a high-level summary of the organization's mission, vision, and values as well as outlines four key result areas:

- Supporting and advancing quality regulation,
- Responsive and accountable leadership (Governance and Operations),
- Supporting client/patient safety culture, and
- Monitoring and supporting quality practice (COTBC, 2015c, ss. 1-4).

1.5 Organization of Report

This report is divided into eight chapters followed by references and appendices. Following the introduction, Chapter 2 describes the methodology and methods underpinning the research project. Additionally, the approaches used for the interview, focus group, and strategic plan data analyses are outlined. Chapter 3 provides a review of the literature relevant to the project, including an exploration of strategic planning in the public sector, the purpose, benefits and approaches to situation and stakeholder analyses, the connection between risk analysis/management and strategic planning as well as the current trends in health professional regulatory approaches.

Chapter 4 summarizes the project's non-COTBC specific research findings, specifically findings related strategic planning in the health professional regulatory context, strategic planning smart practices, connections between risk assessment/management and strategic planning, and identified connections between the strategic planning process and regulatory approaches. Chapter 5 highlights findings specific to COTBC. These include information regarding COTBC's strengths, weaknesses, opportunities, and threats, as well as a summary of the stakeholder analyses findings, including a listing of identified stakeholders, a summary and scoring of criteria stakeholders use to evaluate COTBC, and a mapping of stakeholders' various power and interests, terms coined by Eden and Ackerman (1998, p. 121). Chapter 6 offers a discussion and analysis of the project's key findings and Chapter 7 presents three options of strategic planning frameworks for the client's consideration. Chapter 8 concludes the report.

2.0 Methodology and Methods

This chapter provides an overview of the methodologies and methods used in this research project. The various data analysis approaches are reviewed and key project limitations and delimitations are outlined. The research project received ethics approval from the University of Victoria and the University of British Columbia in accordance with the requirements of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Protocol Number BC17-012).

2.1 Methodology

Research methodology “consists of the assumptions, postulates, rules, and methods ... that researchers employ to render their work open to analysis, critique, replication, repetition, and/or adaptation and to choose research methods” (Schensul, 2008, p. 2). When developing a research project, it is important to consider “the trade-offs between rigor and practicality” (Trochim & Donnelly, 2008, p. 26). Heeding this advice, a multi-phased, multi-methods approach was used to address the research questions.

The primary methodology for this research project was a situation, or environmental, analysis. The purpose of a situation analysis is to evaluate an organization’s internal and external environments to create a “database of concrete information that can be used to make decisions about program and administrative priorities and to develop overall strategies” (Allison & Kaye, 2005, p. 125). As part of the broader strategic planning process, Bryson (2011) indicates that a situation analysis is a key phase that follows initiating and agreeing on a strategic planning process, identifying organizational mandates, and clarifying mission and values (pp. 44-46). Refer to Figure 2 for a depiction the strategic planning process, or Strategy Change Cycle as described by Bryson (2011).

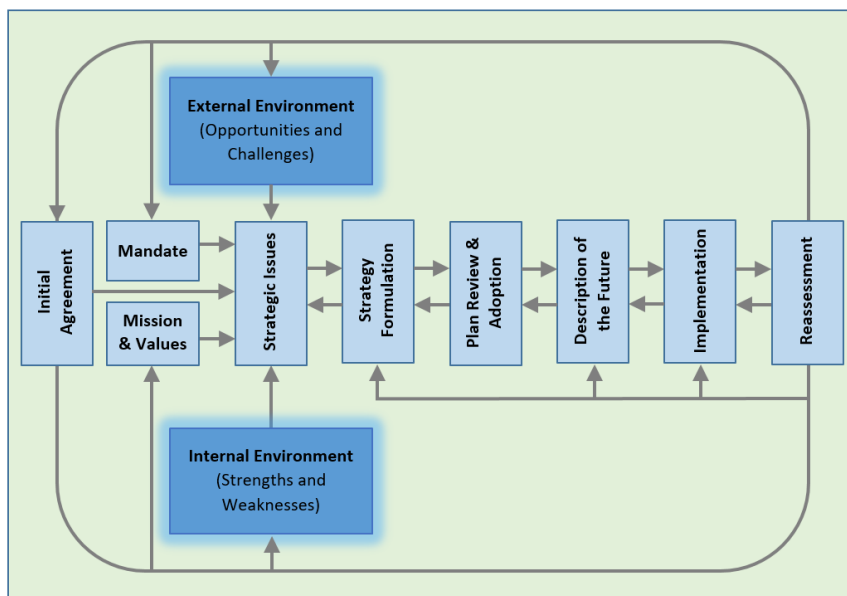


Figure 2: Strategy Change Cycle (Adapted from Bryson, 2011, pp. 44-45)

For this project, the specific environmental analysis approach used was a SWOT/C analysis. A SWOT/C analysis is a popular technique that is used to look at an organization’s internal environment’s strengths (S) and weaknesses (W) and the external environment’s opportunities (O) and threats or challenges (T/C) (Allison & Kaye, 2005, p. 136). The purpose and benefits of typical situation analyses are further detailed in section 3.3 as part of the project’s literature review.

To better understand COTBC's situation, smart practice and stakeholder analyses were also completed. According to Bardach (2012), "a smart practice is made up of (1) the latent potential for creating value ... plus (2) the mechanism for extracting and focusing on that potential" (p. 115). Smart practices can be described in terms of tangible behaviours that are "particularly clever" and can solve a problem or address a goal (Bardach, 2012, p. 110). To identify smart practices, Bardach suggests looking for "free lunches" and identifying areas where typical conventions and assumptions are challenged (pp. 110-115). For this project, smart practices specific to strategic planning in the health professional regulatory context were identified via interviews with ten registrars/CEOs of other health professional organizations, three national experts in the area of health professional regulation, and one representative from the Ministry of Health Professional Regulation and Oversight Division. The individuals recruited to participate in these interviews were chosen in consultation with the client, as outlined in section 2.2.

As stated previously, the research also included completing stakeholder analyses to augment the understanding of COTBC's situation. A stakeholder is "any person, group, or organization that can place a claim on an organization's attention, resources, or output, or is affected by that output" (Bryson & Alston, 2011, p. 269). According to Bryson (2011), the findings of a stakeholder analysis are a critical underpinning to the strategic planning process in that they "frame issues that are solvable in ways that are technically and administratively feasible and politically acceptable, legally, and morally defensible, and that create public value and advance the common good" (p. 405). As such, stakeholder analysis can occur throughout the Bryson's (2011) Strategy Change Cycle.

This research project used a variety of stakeholder analysis techniques, including the Basic Stakeholder technique, a Power Versus Interest Grid, and a Participation Planning Matrix. These techniques, in addition to others, are detailed in section 3.4 as part of the project's literature review. In order to gather a breadth of insights regarding COTBC's stakeholders, data was gathered from a range of the organization's internal and external stakeholders, including COTBC staff/consulting staff, COTBC board members, COTBC committee chairs, registrars/CEOs of other health professional regulatory organizations, a senior leader in the Ministry of Health's Professional Regulation and Oversight division, a representative from the provincial occupational therapy professional association, and a representative from the University of British Columbia's Occupational Science and Occupational Therapy department.

2.2 Methods

Methods are "ways to collect data" (University of Victoria [UVic], 2016, p. 5). This project draws upon a variety of methods, including a literature review, document review, key informant interviews, and focus groups.

A literature review "is one of the most important early steps in a research project" (Trochim & Donnelly, 2008, p. 26). Given the client's context, literature relevant to both public sector and health care organizations was considered, including foundational works from authors such as Bryson and Zuckerman, referencing journals such as the *Public Administration Review*, and including grey literature from other regulatory organizations such as the College of Registered Nurses of British Columbia and the United Kingdom's Professional Standards Authority. Where appropriate, literature specific to the private-sector was reviewed. In order to maximize the success of the literature review, a systematic approach was used and is described further in section 3.1.

A document review is a key initial step when engaging in strategic planning as it helps provide context regarding the organization (Allison & Kaye, 2005, pp. 45-46). As part of this project, COTBC's past strategic plan and current/recent strategic plans provided by other participating health professional regulatory organizations were reviewed. These plans were analyzed for their accessibility on the organization's website, length (in years and pages), and the presence of a mandate, mission, values, vision, goals, and objectives. Identified objectives were assessed to determine if they were specific, measureable, achievable, realistic, and/or time-limited.

Interviews are "typically part of every strategic planning process" (Zuckerman, 2012, p. 140). For this project, the researcher interviewed key informants, or as Fetterman (2008) describes, "individuals who are articulate and knowledgeable about their community" (para. 1). Interviews were used to gain a more fulsome understanding of a given person's perspective, as suggested by Patton (2002, p. 341). For this project, semi-structured interview questions were customized to the interviewee's stakeholder grouping to facilitate efficient and relevant data collection. See Appendices A-H for interview guides and Appendix I for an example of the consent forms used for various participants. For the purposes of this project, a total of 29 interviews were completed, as follows:

- 7 COTBC staff and consulting staff (ranging from ~ 10 min-70 minutes in length)
- 3 current and/or former COTBC Board Members, as identified by the client (ranging from ~20-25 minutes in length)
- 3 current/former COTBC Committee Chairs, as identified by the client (ranging from ~ 20-40 minutes in length)
- 3 COTBC external stakeholders, including a senior leader in the Ministry of Health's Professional Regulation and Oversight division, a representative from the provincial occupational therapy professional association, and a representative from the University of British Columbia's Occupational Science and Occupational Therapy department (ranging from ~20-60 minutes in length).
- 10 Registrars/CEOs of other health professional regulatory organizations - 6 from other BC health professional regulatory organizations and 4 from other provincial occupational therapy regulatory organizations (ranging from ~30-100 minutes in length). The client assisted with identifying potential participants, seeking to gather input from individuals with varied experience in strategic planning as well as coming from organizations of different sizes and resourcing levels.
- 3 experts with a national perspective on health professional regulation and related strategic planning 'smart practices', as identified by the client (ranging from ~60-85 minutes in length).

The project attempted to recruit members of the public for interviews via the BC Patient Safety and Quality Council's Patient Voices Network. Unfortunately, the recruitment process was unsuccessful at soliciting volunteer members of the public.

Finally, focus groups were used to collect data from current and select recently outgoing COTBC board members, current staff, and OTs (COTBC registrants) to inform the stakeholder and situation analyses. This approach was used given that focus groups "draw upon respondents' attitudes, feelings, beliefs, experiences, and reactions in a way which would not be feasible using other methods" (Gibbs, 1997, s. 3). As suggested by Gibbs (1997), focus groups are particularly useful when there is a power differential between decision-makers and participants, if there is a need for

consensus on an issue, or if there is a desire to create a “forum for change”, important considerations in the strategic planning process (ss. 3-5).

Facilitated by the researcher, the COTBC staff and the COTBC board/CEO participated in separate day-long focus group sessions (7.5 hours in length, including 1.5 hours of break time). Individuals in both groups completed a pre-session activity package, the findings of which the researcher/facilitator collated and presented back to the respective groups as a whole. This approach was taken to enhance the efficiency and richness of conversation during the respective focus groups.

These focus group sessions concluded with participants being guided through an exercise to articulate preliminary strategic issues facing COTBC, a key phase in the strategic planning process described by Bryson (2011, pp. 55-59) and represented previously in Figure 2. Strategic issues are “fundamental policy question[s] or challenge[s] affecting an organization’s mandates, mission and values, project or service level and mix, clients or users, cost, financing, organization, or management” (Bryson, 2011, p. 185). As suggested by Bryson, issues were phrased as questions that have more than one answer, discusses the factors that make it strategic, and “articulates the consequences of not addressing the issue (pp. 192-193). While Bryson indicates this step may be rife with conflict as participants wrestle with what is “desirable or necessary” as part of the planning process, the identification of issues is important, for it:

- Focuses attention on what is important and how immediate attention is required,
- Enhances problem solving ability with a clearly defined issue/problem,
- Generates tension that is useful in encouraging change, and
- “Provides clues about how to resolve the issue” (p. 186-189).

Please refer to Appendices J and K for a copy of the Board/CEO and Staff focus group outline and pre-session activity package, respectively. The pre-session package asked participants to brainstorm COTBC stakeholders, explore their respective claims on COTBC, and articulate the criteria stakeholders may use to evaluate COTBC’s effectiveness. Additionally, participants completed a Power Versus Interest Grid for their identified stakeholders and completed a SWOT/C analysis for the organization. A pragmatic approach was taken to sequencing the staff and board focus groups, with staff preceding the board, thereby allowing the board to reflect upon and incorporate collated staff input as appropriate.

While it was intended that the registrant/occupational therapist focus group would precede the Board focus group, this was not possible. The original protocol of recruiting a sample of 20 OTs (10 for each of the 2 focus groups) using a random stratified approach was unsuccessful in yielding sufficient numbers of interested participants (1/20 responded). A modified research protocol was developed and approved to recruit the participation of 10 client-identified OT practice leaders to participate in an online focus group session. Despite this modification, only 4 OTs were able to participate. Unfortunately, once convened, the focus group was cut-short due to an unplanned fire alarm and building evacuation where the researcher was hosting the online gathering. It was not possible to reconvene the same participants to complete the session, and therefore, limited registrant data is presented in the project findings. See Appendix L for a copy of the intended Occupational Therapy focus group outline.

As suggested by Bryson and Alston (2011) and Grudens-Schuck, Allen, and Larson (2004) respectively, interview and focus group guides were used to support the researcher, focus group

participants, and interviewees to engage in meaningful and productive data collection. PowerPoints were used to facilitate the flow of focus group sessions.

2.3 Data Analysis

Given that a multi-methods approach was used for this project, a number of strategies were employed to best analyze the data gathered from the interviews, focus groups, and strategic plan documents.

Interview Data Analysis

A thematic coding analysis was conducted to analyze the interview data. Anchored in grounded theory, this approach seeks to “inductively [generate] novel theoretical ideas or hypotheses from the data as opposed to testing theories specified beforehand” (Gibbs, 2007, p. 13). This approach was selected given it is dynamic and iterative, allowing for related data to build upon each other ultimately providing a “well considered explanation” for the phenomenon of interest (Trochim & Donnelly, 2008, p. 182).

With the exception of two interviews, where consent for audio-recording was either not provided or where it was requested that portions of the interview not be formally documented, all interviews were audio-recorded. These recordings were then transcribed into text documents. On a question by question basis, relevant sections of the data were copied and pasted into specific participant group excel documents that had multiple worksheets (one per question). Using an open-coding approach, the data was coded and then analyzed for emerging and final themes. According to Braun and Clark (2006), “a theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set.” (p. 82). Where multiple interview groups answered the same question, the findings were then further analyzed for new, contrasting, or reinforcing themes.

Focus Group Analysis

As outlined previously, this project entailed three focus groups with different groups of stakeholders: current/recently outgoing COTBC Board members (and client/CEO), COTBC staff, and COTBC registrants. All sessions were audio-recorded. Full transcriptions of the recordings were not made, given the length of the sessions, number of participants, background noise and over talking, and that major activity outputs were captured on paper as part of the group activities.

For the staff and board focus groups, thematic analysis was also used to collate the data their pre-session activities (described in Appendix K). The collated findings were presented for group discussion, and given the iterative process, the board/client focus group was presented with both their data as well as collated findings from the earlier staff focus group. Additionally, where relevant, preliminary interview findings were collated and summarized (e.g., opportunities and threats obtained from external stakeholders and national experts). This information was then presented in poster and handout format for group discussion.

Strategic Plan Analysis

The strategic plans of participating Colleges were analyzed for the presence of following features: availability on their respective website, estimated time period of the plan (in years), length (in

pages), presence of mandate, mission, values, vision, goals, and objectives, and the degree to which objectives were specific, measureable, achievable, realistic, and time-limited (i.e., the number of 'SMART' elements met). Basic observations regarding the plans' formats and content were noted. Descriptive statistics such as sums, modes, ranges, and percentages were calculated using Excel. Basic analysis was used, consistent with Bryson's (2011) suggestion that simple approaches may be better and that over quantifying may drive out strategic thinking (Bryson, 2011, p. 181).

2.4 Project Limitations and Delimitations

The following section describes the project's main limitations and delimitations.

Limitations

A study's limitations refer to the "systematic bias that a researcher did not or could not control ... which could inappropriately affect the results" (Price & Murnan, 2004, p. 66). When considering a multi-methods approach, Trochim and Donnelly (2008) highlight the importance of thoughtful consideration for the strengths and weaknesses of the various methods employed (p. 183). Reflecting on this definition, the following project limitations are worthy of consideration:

- *Availability of, and access to, interview and focus group participants* - It is recognized that individuals face competing demands for their time and efforts. There were times when specific participants were unavailable to participate on a given date/time. While mitigation strategies such as the researcher being flexible regarding interview times and harnessing the influence of the client/CEO to communicate the importance of the project and prioritize staff and board involvement, not all those approached were able to participate.
- *Willingness of stakeholders to participate openly and transparently* – Whether an individual has a naturally guarded personality or whether they are fearful of potential repercussions for sharing their opinions openly, there is a risk that participants may not be transparent with the researcher. The ethical process of obtaining informed consent and de-identifying individual responses served to help mitigate this social threat, although it is unlikely to do so completely, given the small number of participants and methods chosen (e.g., focus groups).
- *Multiple roles of student/researcher* – As a COTBC staff member, it is recognized that the researcher is in a dual-role. This creates the potential for the introduction of bias into the research findings as well as creates an environment where internal stakeholders may either feel pressured to participate or uncomfortable participating openly and transparently. To mitigate these threats, pre-scripted interview/focus group guides were used, the researcher did not provide her 'staff' input into the analysis, and recruitment approaches were reviewed and approved through the University's ethics process.
- *Variable participant knowledge about, and experience participating in, strategic planning processes* – It cannot be assumed that all interview and/or focus group participants have a similar background on the topic of strategic planning. This may have impacted their ability to fully engage. This was mitigated by providing focus group participants with basic information needed to engage (e.g., providing basic information regarding strategic planning and related analyses in the pre-session activity packages and during the focus groups).
- *Limited ability to generalize findings (external validity)* – Given the limited number of participants involved in this research process (e.g., limited number of registrants involved in focus groups), caution must be used if seeking to generalize findings more broadly. Smart

practices identified as working well in one setting may not translate to other environments “that differ in little-understood but important ways that may lead to weak, perverse, or otherwise damaging results” (Bardach, 2012, p. 110). Consideration for more inclusive engagement/research methods may be warranted in later strategic planning phases (e.g., using a survey to verify a draft strategic plan with registrants).

Delimitations

Unlike a limitation, “a delimitation is a systematic bias intentionally introduced into the study design or instrument by the researcher” (Price & Murnan, 2004, p. 66). A delimitation is within the control of the researcher (Price & Murnan, 2004, p. 66) and places a defined “scope or parameter on the project” (UVic, 2016, p. 7). Key project delimitations include:

- *Limited area of focus within the Bryson’s (2011) Strategy Change Cycle* – Efforts will be centred on pre-planning work (e.g., determining context specific ‘smart practices’), completing Step 4 (Environmental Analysis) and completing a preliminary stakeholder analysis.
- *Defined time frame* – The majority of data collection occurred between December 2016 and June 2017. This period provided time for sufficient data collection and aligned with a scheduled face-to-face COTBC board meeting in June 2017.
- *Defined/limited participant numbers* – A pragmatic approach was used that balanced the need for a sufficient volume of data to make intelligent inferences against the ability to effectively analyze the data in a timely manner.

3.0 Literature Review and Conceptual Framework

3.1 Introduction

Since the public sector began engaging in strategic planning in the 1980s, “academics and practicing professionals have shown a sustained interest in [it]” such that “[strategic planning] has become a centrepiece of orthodox public management” (Poister & Streib, 2005, p. 45). As could be expected with such a history, there is a broad range of both grey and white literature available on the topic that can be used to help address the research questions. However, literature specific to strategic planning in the health professional regulatory organization context is limited. Given this paucity, this project’s literature review also considers literature relevant more broadly to the public sector and health organizations, including work from foundational authors such as Bryson and Zuckerman. Relevant articles from scholarly journals focusing on public management and administration issues are also included. Where appropriate, literature from the private-sector is referenced to provide a more fulsome depiction of a given area of focus. Grey literature, such as that available from the United Kingdom’s Professional Standards Authority and the College of Registered Nurses of British Columbia, is used to identify current trends influencing health professional regulatory organizations.

In order to maximize the success of the literature review, a systematic approach was used, such as that presented by Manheim, Rich, Wilnat, and Brians (2008). Combinations of keywords were used, including but not limited to: strategic planning, stakeholder analysis, situation analysis, environmental analysis, public, regulatory, health, health professional regulation, risk analysis, and risk management.

The chapter summarizes the literature review findings, paralleling the project’s research question and objectives. Specifically, it explores:

- Strategic planning in the public and regulatory context,
- Situation or environmental analysis - purpose, benefits, and typical approaches,
- Stakeholder analysis - purpose, benefits, and typical approaches,
- The connection between risk analysis, risk management, and strategic planning,
- Current trends in health professional regulatory approaches.

The chapter closes with a description of the project’s conceptual framework.

3.2 Strategic Planning in the Public and Regulatory Context

With its roots in the military, strategic planning has been used in the business sector since the mid-twentieth century (Zuckerman, 2012, pp. 2-3). Since the 1980’s, it “has become a centerpiece of orthodox public management” in the public sector (Poister & Streib, 2005, p. 45).

There are numerous definitions of strategic planning within the literature. Allison and Kaye (2005) define strategic planning as “a systematic process through which an organization agrees on – and builds commitment among key stakeholders to – priorities that are essential to its mission and are responsive to the environment” (p. 1). Bryson (2011) defines it as “a deliberative, disciplined approach to producing fundamental decisions and actions that share and guide what an organization ... is, what it does, and why” (pp. 7-8). Poister and Streib (2005) reinforce these definitions by stating that strategic planning “provides a systematic process for gathering

information about the big picture and using it to establish long-term direction and then translate that into specific goals, objectives, and actions” (p. 46).

Bryson (2011) argues that strategic planning became central to public management given increasing economic, political, social, technological, and environmental changes and pressures, and in order to survive and prosper in a highly interconnected world (pp. 4-6). Given this, Bryson suggests public organizations must be equipped to respond by considering a shift in their focus and/or strategies (pp. 4-6). Strategic planning works to secure the future by providing a roadmap, setting priorities and allocating resources, gathering input and ideas, generating commitment, coordinating action, and establishing measures (Fogg as cited in Zuckerman, 2012, p. 11). It supports the creation of “significant and enduring public value” by fostering strategic thinking, improving decision making, enhancing organizational effectiveness, responsiveness, and resilience, improving organizational legitimacy, and assisting participants to fulfill their roles and responsibilities (Bryson, 2011, pp. 8, 14-17).

A review of the literature shows that while there are variations in the specific steps in the strategic planning process, the process “typically involves clarifying mission and values, developing a vision of the future, analyzing external challenges and opportunities, assessing internal strengths and weaknesses, developing strategic goals and objectives, identifying strategic issues, developing and evaluating alternative strategies, and developing action plans” (Poister and Streib, 2005, p. 46). Bryson (2011), outlines an approach to strategic planning that is,

“intended to enhance strategic thinking, acting, and learning; to engage key actors with what is as well as with what can be; to engage with the most important details while abstracting the strategic message within them; and to link strategy formulation with implementation in ways that are wise, technically and administratively workable, politically intelligent, and legal, moral, and ethical – and, not least, that create enduring public value” (Bryson, 2011, p. 47).

Called the Strategy Change Cycle, the 10 steps of Bryson’s (2011) approach include:

1. Initiate and agree on a strategic planning process
2. Identify organizational mandates
3. Clarify organizational mission and values
4. Assess the external and internal environments to identify strengths, weaknesses, opportunities and threats,
5. Identify strategic issues facing the organization
6. Formulate strategies to manage the issues
7. Review and adopt the strategic plan or plans
8. Establish an effective organizational vision
9. Develop an effective implementation process
10. Reassess strategies and the strategic planning process (p. 46).

A key strength of this approach is that it recognizes strategic planning as a dynamic and iterative process where a variety of design choices can be made to enhance its effectiveness in a given context (Bryson & Alston, 2011, pp. 20-22). It also includes reflection on the organization’s mandate, or what it is ‘required’ to do. The planning process can commence at a variety of points and steps can be revisited as needed (Bryson & Alston, 2011, p. 20).

Despite these strengths, not all believe strategic planning is a panacea (Bryson, 2011, p. 18). Mintzberg (1993) advises that planning should be done in concert with taking a broader visionary approach and engaging in strategic learning (p. 37). He cautions that overemphasizing planning can force out visioning and learning, leading to narrowed possibilities based on the illusion of being able to control the circumstances (p. 37). Bryson (2011) reinforces that there are times when planning is not advisable, specifically if an organization is in crisis or if it lacks the skills, resources, or commitment of leadership (p. 18).

While there is significant literature available on strategic planning in the private and public domain more broadly, there is a gap in the literature that explores strategic planning in the regulatory context specifically. Where related literature was found, a review shows that it was typically examples of existing strategic plans, discussions regarding strategic planning within organizations that are impacted by regulators (e.g., Mahone & Murray, 1981), or, as in one article, provides an analysis of what constitutes regulatory excellence as evidenced by content within a regulator's strategic plan (Finkel, Walters, & Corbett, 2015).

An article by Pulaski (2013) does, however, comment on strategic planning in the nursing regulatory context, referencing "strategic planning as an aid to [Boards of Nursing] who are developing, refocusing, updating, or improving their plans" (p. 49). Pulaski reinforces that strategic plans help to align the vision of a regulatory organization's stakeholders, set priorities, get parties to collaborate, simplify decision making, drive alignment, and communicate a message (pp. 49-50). He proposes a 5-step process that includes the following phases: planning, development (including environmental scans, SWOTs, and stating desired outcomes), implementation, analysis, and evaluation (including tracking performance) (pp. 51-54). These steps are consistent with, though differently labelled, to those found in Bryson's (2011) aforementioned Strategy Change Cycle.

3.3 Situation or Environmental Analysis: Purpose, Benefits, and Approaches

As stated by Allison and Kaye (2005) "no organization exists in a vacuum" and when undertaking strategic planning, organizations must focus "on the future within the context of an ever-changing environment" (p. 125). Organizations "must understand the external and internal contexts within which they find themselves, so that they can develop effective strategies to link the two in such a way that significant and long-lasting public value is created" (Bryson, 2011, p. 150).

Completing a situation analysis can be time consuming (Allison and Kaye, 2005, p. 125) and may be perceived as "busy work" (Zuckerman, 2012, p. 35). It may also be challenging to entice individuals to participate (Bryson, 2011, p. 156). Despite this, Zuckerman (2012) argues that situation analysis has an important role in setting the stage for later steps of the strategic planning process (p. 35). It allows strategic planners to see the "organization as a whole in relation to its environment" (Bryson, 2011, p. 156). Done well, it helps to identify strategic issues and to formulate strategies to address them (Bryson, 2011, p. 152) given that "effective strategy will build on strengths and take advantage of opportunities while it minimizes or overcomes weaknesses and challenges" (Bryson, 2011, p. 183). Poorly executed, it can derail later planning efforts, such as seen with "analysis paralysis" (Zuckerman, 2012, p. 35).

A situation assessment is also referred to as an environmental analysis (Zuckerman, 2012, p. 33). While the depth of the analysis may greatly vary, typically it includes reviewing the organization's history, current scope of operations, and guiding strategies to date, as well as gathering information about its internal and external environments (Allison & Kaye, 2005, pp. 126-127). It has

been estimated that information gathering can take up to fifty percent or more of the time devoted to overall strategic planning processes and includes gathering information from internal and external stakeholders as well as from objective data (Allison & Kaye, 2005, p. 134). Those engaged in planning are encouraged to not overanalyze an organization's historical data, rather using any information available to assist with "guiding future forecasts and strategies" (Zuckerman, 2012, p. 27).

A SWOT/C assessment is a popular technique that is used to look at an organization's internal and external environments (Bryson, 2011, p. 153). It explores the internal environment's strengths (S) and weaknesses (W) and the external environment's opportunities (O) and threats or challenges (T/C) (Allison & Kaye, 2005, p. 136). Bryson (2011) recommends beginning with exploring external opportunities and threats/challenges, before examining internal strengths and weaknesses given that an organization's existence is largely based on its ability to address external issues (p. 182). An organization may decide to create scenarios to help it identify SWOT/Cs (Bryson, 2011, p. 183) and consideration of political, economic, social, technological, and environmental, and legal external forces or trends, also known as a PESTLE analysis, can be useful when identifying external threats and opportunities (Bryson, 2011, p. 159).

An evaluation of the internal environment involves identifying "those aspects of the organization that help or hinder accomplishment of the organization's mission and fulfillment of its mandate" and may include inputs, processes and strategies, or outputs (Bryson, 2011, p. 166). Interestingly, it is commonly found that strengths and weaknesses, and similarly, opportunities and threats, often mirror one another, highlighting that "an organization's greatest strengths can also be its greatest weaknesses" (Bryson, 2011, p. 173). It is suggested that those engaging in strategic planning may wish to consider the perspectives of relevant stakeholder groups when assessing internal and external environments (Bryson, 2011, p. 165).

While engaging in an environmental assessment like a SWOT/C analysis, it may become apparent that there is a need to take more urgent action in response to specific opportunities, challenges, weaknesses that are identified (Bryson, 2011, p. 155). Bryson (2011) suggests that these should be addressed "as long as the contemplated actions are based on reasonable information, have adequate support, and do not foreclose important strategic options" (p. 155).

3.4 Stakeholder Analysis - Purpose, Benefits, and Typical Approaches

While there has been considerable academic debate regarding the definition of the term stakeholder (Mitchell, Agle, & Wood, 1997, p. 856; Miles, 2012, p. 287; Fassin, 2009, p. 115), a 'classic' definition offered is "any group or individual who can affect or is affected by the achievement of the organization's objectives" (Freeman as cited in Mitchell, Agle & Wood, 1997, p. 856). Stakeholders can act as "sponsors, partners, and agents of change" (Ipsos MORI, 2009, p. 3) and are crucial to the overall success of a strategic plan (Pulaski, 2013, p. 52).

Including stakeholders within an organization's strategic planning process can help build internal and external enthusiasm and commitment, add objectivity, foster working relationships and networks, enhance the exchange of information, and ensure "an adequate depth and breadth of data from which to make informed decisions" (Allison & Kaye, 2005, p. 40). Engaging stakeholders appropriately can help to build trust and enhance the productivity of relationships, an increasing pressure within the public sector world (Ipsos MORI, 2009, pp. 3-4). When choosing whom to engage in stakeholder analysis, Bryson (2011) encourages the inclusion of people that "have

information that cannot be gained otherwise, or if their participation is necessary to assure successful adoption and implementation of initiatives built on the analyses” (p. 407).

As part of a broader strategic planning process, stakeholder analyses are a “valuable prelude to a mission statement, a SWOC/T analysis, and effective strategies” (Bryson, 2011, p. 132). Done well, stakeholder analyses assist organizations in meeting their mandates and fulfilling their missions by helping to frame issues “in ways that are technically and administratively feasible and politically acceptable, legally and morally defensible, and that create public value and advance the common good” (Bryson, 2011, p. 405). In fact, the ability to identify an organization’s stakeholders, as well as understand how they will judge the organization’s performance, is so critical that Bryson (2011) argues that if an organization only has time to do one aspect of strategic planning, thorough stakeholder analysis should be prioritized (p. 132). Stakeholder analysis is a wise practice, given its relative simplicity and low cost (Bryson, 2011, p. 426).

Bryson (2011) presents fifteen different stakeholder identification and analysis techniques relevant for public sector organizations, organized according to their purpose/functionality (pp. 133-137, pp. 407-427). Five techniques are useful for organizing participation: a process to choose stakeholder analysis participants, the basic stakeholder analysis technique, the power versus interest grid, the stakeholder influence diagram, and the participation planning matrix (Bryson, 2011, pp. 407-410). Six techniques are highlighted that create ideas for strategic action: bases of power-directions of interest diagrams, finding the common good and the structure of the winning argument, tapping individual stakeholder interests to pursue the common good, stakeholder-issue interrelationship diagrams, problem-frame stakeholder maps, and ethical analysis grids (Bryson, 2011, p. 410-420). Three techniques are offered for plan development, review, and adoption including: stakeholder support versus opposition grids, stakeholder role plays, and policy attractiveness versus stakeholder capability grid (Bryson, 2011, p. 420-424). Finally, a policy implementation strategy development grid is offered for consideration (Bryson, 2011, p. 424-426). Many of these techniques build upon one another and Bryson suggests that, for smaller change initiatives, only one or two well-chosen techniques may be needed (p. 426).

Given the scope of this project, the focus of this section is on the stakeholder analysis techniques useful for organizing participation in the strategic planning process. The basic analysis technique identifies an organization’s stakeholders, specifies the criteria the stakeholders use to assess an organization’s performance, and determines how well the organization performs against these criteria (Bryson, 2011, pp. 133-136). Where possible, Bryson (2011) suggests that those completing strategic planning guess the criteria, given that stakeholders may not always be truthful in their responses (p. 136). Optionally, those engaging in strategic planning may choose to discuss how stakeholders influence the organization, what the organization needs from each stakeholder, and order the stakeholders according to their relative importance to the organization (Bryson, 2011, pp. 136-137).

Described by Eden and Ackerman (1998), the Power Versus Interest Grid seeks to conceptualize the relationship between different types of stakeholders “by categorizing stakeholders according to their interest in the strategic activity” and their power “to influence the achievement of the strategic intent of the organization” (p. 121). Positioned across a 2X2 matrix of power versus interest, stakeholders are placed into one of four categories: players, subjects, context setters, and crowd (Bryson & Alston, 2011, pp. 102). The results provide valuable information regarding whose interests and power must be considered, which coalitions should be

attended to, where buy-in is required, and how to best communicate with others in order to affect their perception of the organization (Bryson, 2011, p. 408).

Building upon the Power Versus Interest Grid is the Stakeholder Influence Diagram (Bryson, 2011, p. 137). In this diagram, arrows are drawn onto the Power Versus Interest Grid to show which stakeholders influence each other (Bryson, 2011, p. 137). Discussion follows regarding who are the most influential stakeholders and the implications of the relationships on strategic planning efforts (Bryson, 2011, p. 410).

An additional technique, called the Participation Planning Matrix, “prompts planners to think about responding to or engaging different stakeholders in different ways over the course of a strategy change effort” (Bryson, 2011, p. 410). Building upon this, Bryson and Alston (2011) suggest stakeholder engagement could include ignoring, informing, consulting, involving, collaborating/partnering, or being a decision-making authority (pp. 104-107) recognizing that the planning matrix can be modified over time as appropriate (Bryson, 2011, p. 410).

3.5 Connections between Risk Management and Strategic Planning

Risk-based frameworks are increasingly being recognized as a critical component of good regulatory practice as they “enable regulators to channel their resources to those issues which pose the greatest risk to the achievement of their objectives” (Black, 2010, p. 186). They enhance efficiency of service provision and improve citizen welfare (Bounds, 2010, p. 15). It is also argued that “well managed risks can create opportunities” while those managed poorly can lead to “economic loss, loss of reputation, and even the loss of life” (Auditor General of British Columbia, 2011, p. 12).

While there appears to be agreement as to the benefits of risk-based approaches, there remains considerable debate as to the meaning of risk (Mikes, 2012, pp. 18-19) and how risks are best assessed and managed within the regulatory context (Professional Standards Authority, 2015a, p. 11-16). While a comprehensive review of the various definitions and approaches of risk assessment and management is out of scope for this project, one definition of risk assessment is “the process used to describe and estimate the likelihood of adverse health or environmental effects” whereas risk management is “the process of analysing, selecting, implementing and evaluating actions to reduce risk” (Majone, 2010, p. 119).

Enterprise Risk Management (ERM) is also known as strategic risk management (Conference Board of Canada, 2008, p. 2). It is a strategic business discipline that “addresses the full spectrum of an organization’s risks and integrates them into an enterprise-wide, strategically-aligned portfolio view ... and supports the achievement of an organization’s mission, goals, and objectives” (PwC, 2016, p. 1). These latter terms are directly related to the strategic change process outlined by Bryson (2011, p. 46). Although Hui (2014) states that risk management and strategic planning are often “treated as two separate streams of activities” (para. 1), it has been argued that “risk can no longer be divorced from strategy” (Creelman & Andrews, 2013, p. 21). Rather, they should be perceived as complementary, for “if strategy is formulated without identifying risks embedded in the strategy and assessing and managing of those risks, the strategy is incomplete and at risk of failure” (Institute of Management Accountants [IMA], 2014, p. 20). Conversely, if an organization’s [risk management] is not based in the company’s strategy, it will be ineffective at identifying important risks to be considered (IMA, 2014, p. 20).

The ability to integrate risk into strategic planning has its challenges, however. “In too many organizations, individuals who are responsible for strategic planning do not have an integrated view of risk” (Funston & Ruprecht, 2007, para. 12). Additionally, board directors are easily swayed to focus on short term “what ifs” in an organization versus examining strategic “big” risks to the organization (Conference Board of Canada, 2008, p. 5).

A report by the Conference Board of Canada (CBC) (2008) details that “managing risk belongs under the umbrella of management while creating and optimizing opportunities falls under the board’s leadership” (p. 8). The CBC highlights that the board’s ability to fulfill this role is heavily dependent on the quality of information being provided to them and it is critical that boards be able to clearly articulate what information they need to have and be active and engaged in the strategic planning process (pp. 10-11). IMA (2014) suggests that for a risk-strategy-focused organization the “front end of the strategy formulation process is typically an environmental scan ... [revealing] risks and opportunities (p. 21). Used “as an input into their strategic planning” (IMA, 2014, p. 24), risk information can be used to assist with strategy formulation, allowing for strategic alternatives to be considered against the organization’s appetite and tolerance for risk (IMA, 2014, pp. 21-24).

3.6 Current Trends in Health Professional Regulatory Approaches

The published literature that comprehensively explores current trends in health professional regulation is limited. However, a report by Bayne (2012), prepared for the College of Registered Nurses of British Columbia (CRNBC), provides a relatively recent synopsis of relevant trends. Bayne’s research included a review of related literature and interviews with over 100 stakeholder participants. Titled *Underlying Philosophies and Trends Affecting Professional Regulation*, the document concisely summarizes key social, economic, and health trends as well as relevant regulatory philosophies and approaches at the time of publication. While not providing an exhaustive overview of each of the trends and approaches presented, this section summarizes those described by Bayne and augments them with emerging regulatory approaches currently being considered by health professional regulators.

Trends

SOCIAL AND ECONOMIC TRENDS: Key social and economic trends highlighted by Bayne (2012) relate to the economy, technology, and self-regulation. Bayne discusses that faith in ‘principle-based regulation’ was shattered following the financial crisis and subsequently, registrants and governmental bodies expected demonstration of “value for money” from regulators (p. 5). Additionally, Bayne highlights that the economic changes resulted in nurses deferring their retirement or returning to practice post-retirement (p. 5). From a technology perspective, Bayne discusses that the “complexity and ever-changing nature of new technologies gives rise to the imperative for professional providers to not only maintain but enhance their competencies in order to keep pace with current practice” (p. 5). This has resulted in “narrower conceptions and definitions of professional roles” given that providers have had to enhance their credentialing for specific practices and a perceived “erosion of the confidence, independence, and critical thinking that is needed among health professionals” (pp. 5-6). Finally, closely related to the economic crisis, is the public’s increased sensitivity to conflict of interest (Bayne, 2012, p. 6). Coupled with increased media attention to concerns regarding health professional’s practice, it is evident that there is a “generalized unease among members of the public regarding the ability of professional regulation to protect their interests” (Bayne, 2012, p. 6).

HEALTHCARE TRENDS: Bayne (2012) also describes a number of trends in healthcare, including a focus on quality and safety, interprofessional practice, patient-centred care, and evidence-informed practice (pp. 7-10). The focus on quality and safety has highlighted that most adverse events are the result of the systems within which individuals operate and moves away from the “blame and shame approach” impacting the reporting of errors (p. 7). The move towards interprofessional practice has highlighted that many professionals do not have clear understanding of their own scope of practice, and their unique versus shared competencies (Bayne, 2012, p. 8). While patient-centered care has been a long established tenant of occupational therapy practice, Bayne notes an increased trend towards “a more patient-centred model of care that sees the active engagement of patients and families in defining and meeting their health needs” (p. 9). Finally, it is an expectation that health providers apply the “best evidence” when making health care decisions at both in the clinical and administrative levels (Bayne, 2012, p. 9).

Regulatory approaches

Bayne (2012) highlights five regulatory concepts or approaches emerging at the time when the report was published: Just Culture, right-touch regulation, collaborative self-regulation, a principle-based approach, and continuing professional development (pp. 11-15). Additional regulatory approaches discussed in this section include risk-based regulation and relational regulation.

A JUST CULTURE: Just Culture “holds that organizations are accountable for the systems that they design and for the way in which people within these systems behave” (Bayne, 2012, p. 11). It emphasizes a duty to produce an outcome and reduce harm, as well as, to a lesser degree, follow procedural rules (Bayne, 2012, p. 11). It acknowledges that mistakes are inevitable and that different errors require different levels of response (Bayne, 2012, p. 11). Issues can be addressed with education and counselling as well as changes to system-level processes, procedures, and design (Bayne, 2012, p. 11).

RIGHT-TOUCH AND RISK-BASED REGULATION: Right-touch regulation purports that regulation should be consistent, targeted, transparent, accountable, agile, and proportionate to risks involved (Professional Standards Authority [PSA], 2015b, p. 4). It advocates for “the minimum regulatory force required to achieve the desired result” (Bayne, 2012, p. 12). According to the Professional Standards Authority (PSA) (2015b), when used in practice, the elements of right-tough regulation include: identifying the problem before the solution, qualifying and quantifying the risks, getting as close to the problem as possible, focusing on the outcome, keeping it simple, checking for unintended consequences, and reviewing and responding to change” (PSA, 2015b, pp. 6-7).

Right-touch regulation is closely aligned with risk-based regulation, which has been a “central tenant of the United Kingdom government’s regulation since 2005” (Baldwin & Black, 2016, p. 565). At the heart of risk-based regulation is that “regulators, in principle, should focus their efforts on the most serious risks that they face in achieving their objectives” (Baldwin & Black, 2016, p. 565). Malcolm Sparrow, a major proponent of risk-based regulation, explores this concept in detail in his books such as the *Regulatory Craft* (2000) and the *Character of Harm* (2008).

COLLABORATIVE REGULATION: Collaborative regulation is closely tied to the trend of interprofessional practice and calls for regulators to collaborate to attend to issues of overlapping scopes of practice, addressing concerns related to an interprofessional team’s practice, and ensuring team competence (Bayne, 2012, p. 12). Through collaborative regulation, benefits such as “reducing duplicated effort”, “harmonizing standards”, “reducing resource demands”, “sharing regulator best

practices”, and “eliminating unjustifiable differences in processes and outcomes” is sought (Bayne, 2012, p. 12). Lahey and Fierlbeck (2016) provide an example in how Ontario and Nova Scotia have recently both adopted legislation “calling for collaboration among the regulators of their self-regulating health professions” (p. 211).

Connected to this concept of collaboration are evolving regulatory structures at both national and provincial levels. The Australian Health Practitioner Regulation Agency, which supports fifteen different health professional national boards (Australian Health Practitioner Regulation Agency, 2018, para. 2), and the United Kingdom’s Professional Standards Authority, which oversees nine different health regulators (PSA, n.d., para. 1) are examples of national-level collaborations. At the provincial level, the College of Registered Nurses of British Columbia, the College of Licensed Practical Nurses of British Columbia, and the College of Registered Psychiatric Nurses of British Columbia announced in 2016 that they are moving towards becoming “one-nursing regulator” (CRNBC, 2018, paras. 1-2). This model of one provincial regulator providing oversight for multiple professions is echoed in the recently proposed college of diagnostic and therapeutic health professions, which is anticipated to provide oversight for respiratory therapists, radiation therapists, clinical perfusionists, and medical laboratory technologists (Province of British Columbia, 2016, paras. 1-4).

PRINCIPLE-BASED APPROACH AND CONTINUING PROFESSIONAL DEVELOPMENT: The final regulatory concepts described by Bayne (2012) are a principle-based approach and continuing professional development (pp.13-15). A principle-based approach seeks the “achievement of an outcome” or “value” versus “ritual compliance with a set of detailed instructions, protocols or rules” (p. 13). Its proponents suggest that to support healthcare providers within the rapidly changing and complex healthcare environment, standards should reflect “the principles that guide the use of evidence ... reflect[ing] societal values, not yield[ing] to the constraints of settings, professional providers, or institutions” (pp. 13-14). Continuing professional development is linked to regulatory responsibility to assure quality and safety and is the “systematic maintenance, development, and broadening of knowledge, skills and attitudes, to ensure continuing competence as a professional throughout their careers (Winslade as cited in Bayne, 2012, p. 15).

RELATIONAL REGULATION: An additional regulatory approach not outlined in Bayne’s (2012) report is relational regulation. Relational regulation seeks to address the “gap within the prevailing logic of regulation, and the “law on the books” and “law in action” (Professional Standards Authority, 2017, p. 28). It is an “approach used by front-line managers to govern the gap: keeping organizational activities within an acceptable range of variation close to regulatory specifications” (Huising & Silbey, 2011, p. 14). Relational regulation has been adopted as a core philosophy for the College of Nurses of British Columbia and is highlighted in their strategic plan (CRNBC, 2018, paras. 4-5).

3.7 Conceptual Framework

A conceptual framework can be described “as a map or a travel plan” that highlights the relevant theoretical underpinnings of what is being researched (Sinclair, 2007, p. 39). This research project was guided by Bryson’s (2011) Strategy Change Cycle. The 10 steps of this cycle were outlined in section 3.2 and are depicted in Figures 2 and 3.

A key strength of using Bryson’s (2011) Cycle as a guiding framework is that it recognizes strategic planning as a dynamic and iterative process where a variety of design choices can be made to enhance its effectiveness in a given context (Bryson & Alston, 2011, pp. 20-22). The planning

process can commence at a variety of points and steps can be revisited as needed (Bryson & Alston, 2011, p. 20). Additionally, it provides a general map of how to complete strategic planning, while allowing for flexibility to adjust to the given context. As such, the project’s research findings regarding how risk analysis and strategic planning intersect as well as which smart practices can guide strategic planning in health professional regulatory organizations can be incorporated into the project’s final recommendations.

In this project, research activities focused on completing the situation/environmental analysis (as depicted by the red-circled blue boxes in Figure 3) as well as a preliminary stakeholder analysis. Note that stakeholder analysis is represented in Figures 2 and 3 as the lighter green background shading to emphasize that it can be completed throughout the process (Bryson, 2011, pp. 44-45).

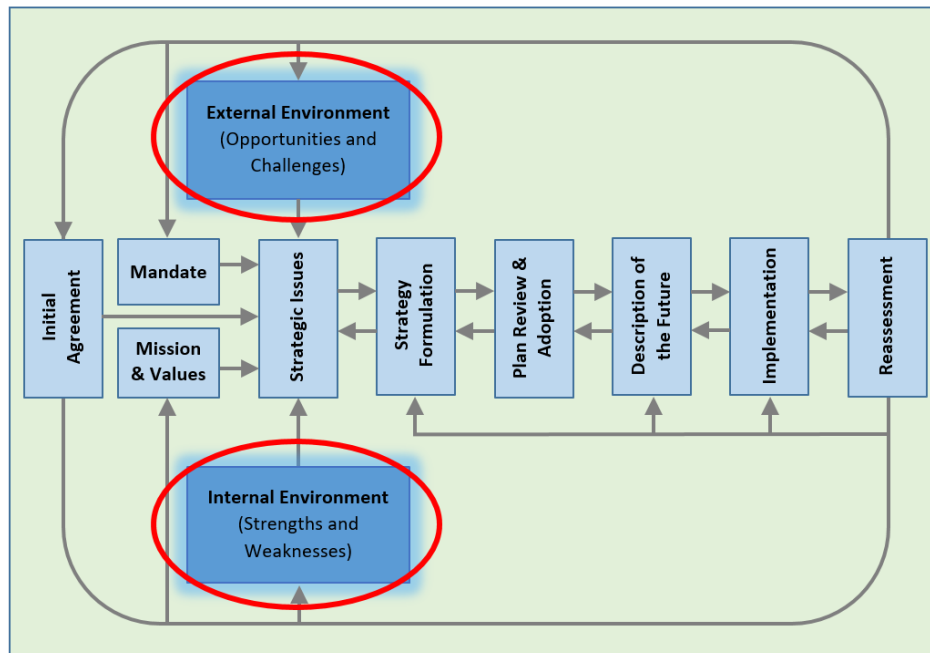


Figure 3: Situation Analyses (Red Circle) and Stakeholder Analyses (Lighter Background) in the Strategy Change Cycle (Adapted from Bryson, 2011, pp. 44-45).

4.0 Findings – Strategic Planning in Regulatory Organizations

4.1 Introduction

This chapter provides an overview of the project’s non-COTBC specific findings, including those related to strategic planning within regulatory organizations, strategic planning smart practices within the health professional regulatory context, the relationship between risk assessment and management and strategic planning, and identified connections between strategic planning and regulatory approaches. Building upon the literature review findings, the data that informed these findings was gathered through semi-structured interviews with 10 Registrars/CEOs from other health professional regulatory organizations, 3 experts with a national perspective on health professional regulation and related strategic planning smart practices, and where specified, a senior leader from the Ministry of Health’s Professional Regulation and Oversight division.

4.2 Strategic Planning in Regulatory Organizations

Ten registrars/CEOs and three national health professional regulatory experts were asked the question “what unique or different challenges do health regulatory organizations face when engaging in strategic planning compared to other public sector organizations?” Despite some participants initially hesitating to answer this question due to a reported lack of experience working in other public sector organizations, several themes emerged.

The primary finding, reported by both participant groups, is that the health professional regulatory organization’s legislated mandate and duties limit or “box in” its discretion or freedom to establish strategic priorities, goals, and objectives. This limited freedom may dampen the manner or nimbleness with which an organization can respond to certain issues and may result in a strategic plan looking quite similar over time. One national expert exemplified this when he or she stated, “Your wiggle room in your strategic plan is really constrained, and I think other not-for-profits, and maybe other public sector organizations, are not quite as prescribed. I’m guessing, but certainly not-for-profits aren’t prescribed in legislation the way that regulators are”. A registrar reinforced this message when he or she stated, “One of the things that a lot of organizations have that regulators don’t have is a certain amount of freedom to define their own goals and define their own objectives. I mean regulators don’t really have that in the same way; their goals and objectives are clearly defined by a statute. So, to me, that’s the most important difference.”

Regulators also highlighted that strategic planning in the regulatory context can be challenging due to a relative lack of control over many of the demands on the organization (e.g., number of incoming complaints, number of files that go to the Health Professions Review Board, number of applicants per year, number of registrant support requests) and therefore the ability to anticipate associated costs, revenues, and workload requirements, all key considerations in strategic planning. For smaller regulatory organizations (i.e., those with fewer registrants), the lack of ability to readily control some of these factors raises both human and material resourcing issues (e.g., funding for office space, staff/consultant supports), as well creates variability in compensation (e.g., honorariums). This can create potential barriers to successful strategic planning processes.

Registrars highlighted that another unique challenge of this self-regulating context is working with a volunteer board comprised of both elected OTs and appointed public members. Board members may have varied or little understanding regarding the organization’s legislated mandate, strategic

planning processes and smart practices, and the difference between strategic versus operational activities. One participant highlighted that “there’s quite a learning curve when you're new to a regulatory board organization”. Volunteer board members may have competing personal or professional priorities they must balance, unlike those that do strategic planning as part of their paid work in the public sector. One registrar captured this challenge when he or she stated that, at times, “You’re very much competing with people’s work schedules and home lives”.

For elected board members who are OTs, there is a distinct challenge in having been elected by their peers, yet subsequently not serving these peers, rather serving the public interest, as per the regulatory mandate. This can create a tension that must be vigilantly managed and monitored, as suggested by Oetter & Johansen (2017, p. 56). For those elected OTs not clear on this distinction, they may find the work of the College inconsistent with preconceived notions of their role/duties and potentially boring or uninteresting. For publicly appointed members, they may not actually have an understanding of occupational therapy specifically, yet need to develop sufficient knowledge to provide strategic oversight for the profession.

Regardless of these unique differences, one expert indicated that the general overarching process of strategic planning should not vary that significantly across organization types. Rather, specific sub-steps or types of information gathered may vary.

4.3 Smart Practices

As stated previously, a smart practice is comprised of “the latent potential for creating value ... plus ... the mechanism for extracting and focusing that potential” (Bardach, 2012, p. 115). This section of the chapter provides an overview of key themes related to smart practices when completing strategic planning with the health professional regulatory context. The data was obtained from interview questions that asked the participants to:

- Describe any ‘quick wins’ or ‘free lunches’ discovered during past strategic planning cycles,
- Describe any typical strategic planning conventions their organization broke, or assumptions that were challenged, that helped make the process more successful,
- Provide three pieces of advice, and three warnings or cautions related to strategic planning in the health professional regulatory context.

Five smart practice themes emerged from the data as follows:

Remember your mandate

Participants all highlighted that it is critical to start strategic planning with a clear understanding of the organization’s mandate and to stay true to that understanding throughout the planning process. One registrar emphasized this by stating that “if you are not clear on your mandate, your strategic plan is going to be useless.” The strategic priorities reflected in the plan should be in alignment with the mandate. At times, it may be necessary for those leading the strategic planning process to reinforce the mandate and re-direct conversations as needed. Clarity on the roles and responsibilities of the board versus the staff is essential for ensuring the mandate is at the forefront while still creating a plan that can be practically implemented. It was suggested that a strategic planning orientation manual for board members may be helpful in this regard.

Plan for and be patient with the process

In general, participants described following “typical”, “traditional”, or “conventional” strategic planning approaches, and highlighted the need to be patient with and plan for the process. They reiterated the importance of budgeting for the time and costs of the process and to allow sufficient time to gather and prepare information in advance of larger group meetings to increase the efficiency of time spent together (e.g., exploring trends, surveying stakeholders). One registrar suggested planning the time for board team-building activities if needed.

To ease the planning and delivery of the strategic planning process, several participants suggested contracting a facilitator/consultant that is familiar with the regulatory context. National experts highlighted that a consultant can assist organizations with limited time or in-house experience with strategic planning, encourage fulsome dialogue, level the terminology playing field, buffer the registrar/CEO from being perceived as serving their own-interests, give legitimacy to the process (especially for new CEOs), and enhance the quality of information gathered from stakeholder interviews, given improved objectivity. As stated by one participant, “Know that if you have a good consultant helping facilitate, you will get a good outcome and it’s worth the time and the investment”.

Both experts and registrars/CEOs provided several practical suggestions related to the timing of the planning process. Several suggested that strategic planning activities should occur in short bursts overtime versus the more typical 2-3-day planning retreat. The key benefit described regarding this approach was that it allows for the iterative preparation of materials as well as time for reflection between sessions. Additionally, it was suggested that where possible, strategic planning be predictably scheduled/aligned with fiscal planning activities.

Engage and involve stakeholders

Participants reinforced the benefit of engaging a variety of stakeholders throughout the strategic planning process, including ‘detractors’, staff, professional associations, and other regulators at the provincial, national, or international level. One expert encourages those involved in strategic planning to “Listen! Listen! Listen!” and another participant suggested to use consensus-building tools to ease the process when there are multiple viewpoints to be considered (e.g., dot-mocracy and world café techniques). The value of meeting face-to-face with different stakeholders during the process was highlighted.

Be clear, realistic, and flexible

Participants reinforced the importance of being clear, realistic, and flexible in both the strategic planning process, as well as in the final strategic plan itself. It was suggested to avoid the use of unnecessary jargon and to develop goals and objectives that are realistic and achievable. Individuals are encouraged to not get “bogged down” in the details of the data and to not make promises they cannot keep. It was suggested that “stretch objectives” may be explored for well-established and highly functioning regulatory organizations. Participants also highlighted the need for flexibility in the plan, striking a balance between creating a plan that can stand the test of time against it being a “living document” that, through ongoing monitoring including the use of performance metrics, may be updated or adjusted over time.

Celebrate successes

A final theme emerged regarding celebrating successes along the strategic planning journey. For example, at the outset of the planning process, it was suggested to acknowledge and celebrate what has been done well in the past to provide energy for the upcoming activities. At the other end of the spectrum, it was advised to take the time to recognize the efforts of all those involved. Regardless, one expert advises regulatory organizations to “leave fear at the door” and embrace the strategic planning process.

4.4 Risk Assessment/Management and Strategic Planning

At a high-level, both registrars and national experts acknowledge the value of analyzing risks as an important element of sound regulatory practice. One participant reinforced this when stating that risk assessment and management helps an organization to “understand current and emerging risks in the practice and then look at those risks and consider ... ways that we can mitigate them to ensure safe practice”. Another participant reinforced this when he/she stated, “You are going to expend your energies on the things that are of most concern, then you’re doing the right things for the right people at the right time.”

There was significant variation reported in the manner, depth, and formality with which the participating registrars identify, measure, and manage risks at present. Some indicated that their organizations have formalized, comprehensive, integrated risk management systems, while others are working towards trying to establish a formalized approach. For those that have established risk assessment processes and/or systems, risk assessment is seen as an undercurrent to many organizational activities with the information helping to inform strategic planning, but not used solely for strategic planning. One participant stated “Risk assessment is ongoing process. It’s ongoing; I think you should be really doing that all the time.” For those that do not have formal established risk assessment or management process in place, the development or refinement of one has been identified as a strategic goal for the organization.

When discussing risk assessment and its intersection with typical strategic planning steps, both regulators and national experts highlighted how the considerations of risks arises at multiple phases in the strategic planning process. Most notably, however, participants highlighted that the consideration of risks arises when completing the internal and external environment analysis (e.g., during a SWOT/C analysis), when strategic issues are identified/prioritized, and then when appropriate tactics are selected to address the identified issues.

Regardless of how formalized the risk assessment structures are within an organization, a national expert highlighted the importance of thinking beyond enterprise risk management alone, highlighting “that is not what we are in the business doing.”

4.5 Regulatory Approaches and Strategic Planning

When interviewed, both the experts and registrar participants were asked “Where do you think regulatory concepts and approaches such as ‘right tough regulation’ tie into strategic planning processes?” While the participants had varying levels of buy-in for specific regulatory approaches, a theme emerged that should an organization decide to adopt a specific regulatory approach, that approach then becomes part of the guiding framework or principles for the organization itself. Participants stated, “They’re actually part of the fabric of the organization now”, “It’s a way of

doing business ... gives you permission to focus on what's important", and "It's the context of how you frame everything". It was mentioned that the maturity of an organization may influence how explicit the organization may be about the use of particular approaches, implying that newer organizations may benefit from being explicit regarding the regulatory approaches that inform their organizational activities.

While some participants did not initially identify that regulatory approaches are distinctly associated with strategic planning, upon further reflection, several suggested that these approaches, and their implications, may inform the early phases of the strategic planning process, particularly at the strategic planning phase when values are articulated. This allows the College to then use these to guide later processes and selection of priorities. One expert suggested that the principles enshrined in these regulatory approaches may go so far as take the place of traditional strategic planning values. He or she stated that "I believe it's about how we talked about mission, vision, values... I think there's no more values there... I think it's mission, vision, principles". It was noted that strategic planning participants, in particular board members, may require education regarding the various regulatory approaches as part of the strategic planning process.

4.6 Summary of Findings

This chapter summarized the research project's key non-COTBC specific findings. Section 4.2 describes the unique differences or challenges facing health professional regulatory organizations engaging in strategic planning, including that the organizations' legislated mandate 'boxes in' or limits their freedom in the overall planning process, and that the lack of control over many organizational demands, as well as the complexities associated with working with a volunteer board creates challenges for the planning process. Section 4.3 describes five strategic planning smart practices within the context. Specifically, the findings highlight that organizations are advised to remember their mandate, plan for and be patient with the process, engage and involve stakeholders, be clear, realistic, and flexible, and to celebrate successes. Sections 4.4 and 4.5 describe how risk management and regulatory approaches intersect with the strategic planning process, respectively. Risk assessment and management is noted to arise throughout the planning process, particularly when completing the internal and external environment analysis, when strategic issues are identified/prioritized, and then when tactics are selected. Regulatory approaches and concepts were noted to inform the early phases of the strategic planning process particularly when values are articulated. Building upon these findings, chapter 5 describes findings related to COTBC's specific situation and stakeholder analyses and highlights preliminary strategic issues identified by the organization.

5.0 Findings – COTBC Situation and Stakeholder Analyses

5.1 Introduction

This chapter provides an overview of the project’s COTBC-specific findings, namely the situation analysis (i.e., SWOT/C analysis) and stakeholder analyses. Additionally, the findings resulting from a comparison of other strategic plans as well as a list of COTBC’s preliminary strategic issues is outlined.

5.2 Situation Analysis – SWOT/C

Data regarding COTBC's internal strengths, weaknesses, opportunities, and threats/challenges was gathered from COTBC staff and board members during their respective focus group sessions, building upon their pre-focus group activity package submissions (outlined in Appendix K). Data from other internal and external stakeholders was gathered via interview. As stated previously, a pragmatic approach was taken to sequencing the interviews and focus groups, thereby allowing the board to reflect upon and incorporate staff and stakeholder input as appropriate.

COTBC Strengths

Strengths are typically internal to an organization and represent an organization’s present capacity (Bryson, 2011, p. 152). The research findings have been categorized as follows: People/Human Resources, Environment, Processes/Activities, and Culture/Reputation.

The following categories are the main issues that the participants felt were the organization’s internal strengths:

People/Human Resources

- Board members are engaged, efficient, respectful, knowledgeable, collegial, high-functioning
- Board-Registrar relationship is strong
- Registrar is recognized for excellence, competency, stability, and leadership
- Dedicated, competent, loyal staff and skilled, experienced legal counsel are easy to engage with
- Strong staffing processes – hiring, retaining, and recruiting

Processes/Activities

- Governance – strong decision making and board operations, relevant strategic plan, revised bylaws
- Sound financial stability/fiscal management
- Clear communication with the board
- Strong board orientation processes
- Defensible, thoughtful inquiry, standards, and quality assurance programs with a strong “track record”. Low number of Health Professions Review Board Appeals.
- Practice supports are available for registrants
- Established processes and structures to support committees activities
- Established organizational systems and processes (e.g., elections)

- Routine planning and evaluation occurs
- Excellent output given the size of the organization

Culture/Reputation/Values

- Clear public protection mandate
- Strong values-driven culture
- Strong relationships and reputation with stakeholders
- An established culture of collaboration and excellence
- Willingness to change

Environment

- Supportive board meetings
- Data management system for cross-organization
- Positive, encouraging office environment
- Some technology up-to-date
- Clean, accessible, and safe facility that allows for space to grow

Overall, the staff identified that the organization's greatest strengths fell within the category of people and processes. The board recognized the content within the category of Culture/Reputation/Values as a major strength, in particular, highlighting their values-driven culture and the organization's clarity regarding its mandate. Board members also highlighted the category of Activities/Processes as a strength, emphasizing the organization's financial stability and defensible programs.

COTBC Weaknesses

Weaknesses are typically internal to the organization and indicative of limitations to the organization's present capacity (Bryson, 2011, p. 152). Like strengths, findings have been categorized as follows: People/Human Resources, Environment, Processes/Activities, and Culture/Reputation/Values.

The following categories are the main issues that the participants felt were the organization's internal weaknesses:

People/Human Resources

- Small organization with relatively small numbers of staff and registrants. This creates potential issues with:
 - Limited revenue to fund the same legislated duties as larger colleges that have greater resourcing
 - Having a sufficient pool of OTs to draw upon for volunteers
 - High workload and potential burnout for staff, board, and committee members
 - Staff workload issues may be exacerbated by programmatic silos, lack of clarity regarding roles, responsibilities, and workload distribution, and lack of available coverage
 - Recruiting staff due to perceived lack of career laddering opportunities and limited benefits

- Majority of professional staff approaching age of retirement. Concern regarding succession planning and potential loss of organizational knowledge/history
- Limited number of public members on committees. This may not best demonstrate the mandate of serving the public interest

Processes/Activities

- Decreased or limited communication and engagement activities - not always timely or fulsome. Registrants may not be interested in updates from the College unless it directly impacts them
- Lack of consistent evaluation processes and needs assessments for standards development
- Risk of complacency following delivering the first Continuing Competency Exam
- Limited ability to balance meeting core functions with new/innovative activities

Environment

- Some technology is outdated and can be time consuming to troubleshoot
- Physical location is isolated from other regulators and perceived as 'cold' in appearance by some

Culture/Reputation/Values

- Concerns that the Continuing Competency Exam negatively impacted reputation with some stakeholders
- Top-down learning culture

Overall, the People/Human Resources category was highlighted as the major priority for the board, with an emphasis on addressing succession planning and workload issues. Staff also identified these as issues as major priorities but indicated that addressing communication and technology issues as also important.

COTBC Opportunities

Opportunities are typically external to an organization and are "future potentials for good" (Bryson, 2011, p. 152). Research findings have been categorized using Johnson, Scholes, and Whittington's PESTLE framework, highlighting political, economic, social, legal (regulatory), and environmental considerations (as cited in Bryson, 2011, p. 159).

The following categories are the main issues that participants felt were the organization's external opportunities:

Political

- Potential change in government policies/activities related to regulatory structure or oversight

Economic

- Healthcare Insurance Reciprocal of Canada (HIROC) Insurance
- Seeking government funding (e.g. for cross provincial initiatives)

Social

- Partnership/collaboration (with other colleges, ACOTRO, employers, funders, educational institutions, professional association)
- Increased public awareness regarding occupational therapy
- Increased registrant engagement
- Using a client-centred approach
- Enshrining occupational therapy principles within healthcare

Technological

- Increased transparency on regulatory websites (public-facing website)
- Use technology to assist with registration processes, linking with students, engaging public, quality assurance program, etc.

Legal (Regulatory)

- Collaboration with other Colleges (e.g., for training, resources, back end functions, “intelligently centralize”)
- Monitor the implementation and effectiveness of the new ‘one-nurse regulator’ in BC
- Seek opportunities to measure effectiveness and collect feedback
- Monitor practice trends and data
- Innovate within mandate – “create what to be”
- Cross-profession college learning/orientation (e.g., for boards, complaints investigators).
- Use evidence for improvements (e.g., CRNBC report, PSA, CCE data, FMRAC framework)
- Harm reductions/outcomes focus
- Research/publication of CCE and Competence Improvement work
- Improve the appointment process for committees (e.g., increased public members)
- Create a single competency document
- Implementation of the Substantial Equivalency Assessment System for Internationally Educated Occupational Therapists
- Regulation of support personnel (e.g., rehabilitation assistants)
- Regulation of teams across jurisdictions
- Create other COTBC registers (e.g., student, retired OT, specialties)
- Update the *Occupational Therapists Regulation*
- Further work on cultural competence
- Discuss areas of overlapping scope with other regulators/associations

Overall, board members tended to highlight legal and regulatory opportunities (e.g., using available evidence to guide regulatory changes/improvements), creating a single competency document, and engaging in research related to quality assurance programs, as well as increasing public awareness regarding occupational therapy and self-regulation as key opportunities. Staff recognized a broad set of opportunities. Examples include measuring regulatory effectiveness, using technology, updating regulation, and exploring new registers as priorities.

COTBC Threats/Challenges

Threats and challenges are typically external to an organization and are “future potentials for ... ill” (Bryson, 2011, p. 152). Like opportunities, findings have been categorized using the PESTLE framework.

The following categories are the main issues that the participants felt were the organization’s external threats or challenges:

Political

- Change in government or governmental direction with respect to regulation/self-regulation
- Increased government scrutiny and expectations to demonstrate effectively meeting duties within mandate
- Desire for international service trade

Economic

- Limited resources and increasing costs
- Potential financial strain if there is a large number of complaints or Health Professions Review Board (HPRB) appeals
- Changing healthcare funding and potentially limited resources to support OT practice and increased OT workload
- Challenges to funding cross province initiatives (inconsistent provincial contributions)

Social

- Decreased public confidence in self-regulation
- Increased public scrutiny and expectations to be transparent
- Unfavourable media/social media coverage (lack of control and impact when other organizations have an issue)
- Aging populations and workforces
- Limited ability to effectively engage public
- Limited public understanding of regulation, occupational therapy and COTBC

Technological:

- Data security and privacy considerations
- Impact of technology on occupational therapy (e.g. artificial intelligence)
- Evolution of team-based care models

Legal (Regulatory)

- Potential regulatory reform – to model/structure (e.g. college amalgamation) and philosophy (e.g. right-tough, risk-based regulation)
- Outdated *Occupational Therapists Regulation*
- Potential *Health Professions Act* update
- Lack of standard quality assurance approach across professions, jurisdictions
- Limited ability for the college to take remedial action
- HPRB decisions/processes are unpredictable and, at times, inconsistent
- Scope overlap/creep across professions. Survival of the profession

- Lack of registrant understanding of regulatory mandate
- Reliance on courts for challenges to rule making authority and a potential shift in appeal court’s current deference to regulators

Environmental

- Limited number of occupational therapy graduates in BC leading to increased external applicants that require evaluation to determine if they meet BC standards
- Any issues with the education of OTs is downloaded to COTBC after graduation
- Potential changes to national exam
- Retirement of regulatory leaders and loss of their expertise/experience

Overall, the board emphasized social issues as a key external threat to the organization, especially concerns related to the public’s general decreased confidence in self-regulation, increased public expectations, and limited public engagement strategies. Additionally, economic concerns (e.g., financial strain with appeals), legal/regulatory concerns (e.g., registrant understanding of mandate), political concerns (e.g., ability to prove effectiveness), and technological concerns (e.g., data security/privacy) were emphasized. Like the board, staff members identified a broad range of challenges, ranging from threats to self-regulation as a model, increasing costs of self-regulation, concerns regarding how competency is evaluated, and the retirement of external OT leaders.

5.3 Stakeholder Analysis

This following section provides summaries of the three major activities Bryson (2011) outlines as part of the basic stakeholder analysis technique: identification of stakeholders, summarizing the criteria stakeholders use to assess the organization’s effectiveness, and ranking how well the organization is meeting these established criteria (pp. 133-137). Additionally, a Power Versus Interest Grid and a summary of the board’s desired stakeholder involvement/engagement is presented. As the staff and board completed this exercise sequentially (i.e., staff’s findings informed the board’s findings), it is the board’s final results that are presented.

COTBC Stakeholders

Table 1 summarizes the key internal and external stakeholders identified in the research.

| Internal Stakeholders | External Stakeholders |
|--|--|
| <ul style="list-style-type: none"> • Board members • Registrar • College staff – professional • College staff – administrative • Consulting Staff (i.e., accountant, lawyer, investigators, consultants) • Registrants | <ul style="list-style-type: none"> • Government (e.g. Ministry of Health) • Public • Other provincial colleges (BCHR) • Association of Canadian Occupational Therapy Regulatory Organizations • Professional associations • Educational institutions • Other organizations (e.g., BC Care Providers) • OT students • Third party funders • Health Professions Review Board • Employers and unions |

Table 1: COTBC Internal and External Stakeholders

Stakeholder Evaluation Criteria and Scores

The organization's stakeholders that were engaged as part of the research protocol were asked to identify the criteria that they use to evaluate COTBC's effectiveness at meeting their expectations. This activity was completed during the interview or focus group processes. After identifying their criteria, stakeholders were then asked to score, or 'rank' COTBC's effectiveness at meeting their criteria, using the following scale:

- NM - not meeting expectations
- M - meeting expectations
- E - exceeding expectations

Appendix M provides a summary of these self-identified stakeholder criteria and rankings. Where a range of scores is presented for a given criteria, more than one stakeholder was consulted and there was a lack of consensus between the participants.

Highlights of the findings outlined in Appendix M include:

- Committee and board members indicate that all of their expectations are either met or exceeded.
- Staff members indicate that all of their expectations are either met or exceeded with the exception of: having a balanced work culture, fair/timely rewards (e.g., pay, benefits), having support to learn/develop (being part of a learning culture), receiving regular feedback (e.g., performance reviews), having support to prioritize workload, and having adequate human resources.
- Registrants indicate (where scoring was possible prior to their focus group ending abruptly) that COTBC criteria either met or exceeded expectations on their criteria with the exception of having quality assurance activities improve registrant knowledge base over time through feedback and follow up. Specifically, registrants indicated wanting personal, customized feedback after completing the Continuing Competency Exam (CCE), a requirement of COTBC's Quality Assurance Program.
- External stakeholders indicate that all of their expectations are either met or exceeded with the exception of one stakeholder group expressing concern regarding COTBC's choice of a competency metric (i.e., the CCE).
- Other regulatory colleges indicate that all of their expectations are either met or exceeded.

Note that the board and staff groups also produced *estimates* of the criteria and rankings that other key stakeholders may identify. These are found in Appendices N and O. Please note that these estimates include information regarding some stakeholder groups not listed in Appendix M, given that those specific stakeholder groups were not directly consulted as part of the research protocol.

Power Versus Interest Grid

The following Power Versus Interest Grid (see Table 2) is the result of an iterative data gathering and discussion process. While finalized by the board, the findings are the result of a discussion/negotiation following reflection on their collated pre-session activity findings as well as the staff's focus group findings, which also involved pre-session activity and group discussion.

| | | |
|----------------------|--|--|
| Interests | Subjects | Players |
| | <ul style="list-style-type: none"> • Public • Registrants • COTBC Committees (non-decision making) • Staff (administrative) • Association of Canadian Occupational Therapy Regulatory Organizations • Professional Association • Educational Institutions • Employers and Unions | <ul style="list-style-type: none"> • Public • Board • Registrar • Staff (professional) • Consulting staff – lawyer, accountant • Other Provincial Colleges (BCHR) • COTBC Committees (decision making) • Government/Ministry of Health |
| | Crowd | Context setters |
| | <ul style="list-style-type: none"> • Public • OT students • Other Organizations • Third Party Funders | <ul style="list-style-type: none"> • Public • Health Professions Review Board |
| | Power | |

Table 2: Power Versus Interest Grid (Adapted from Eden & Ackerman (1998, p. 122))

Stakeholder Engagement/Involvement in Strategic Planning Process

Tables 3 and 4 provide a summary of the board’s preliminary decisions regarding the involvement/engagement of internal and external stakeholders in the strategic planning process. The board reflected upon staff’s input prior to making their final decision. Note that in some instances, COTBC has already engaged beyond the level outlined in these tables, via the interactions resulting from this research (e.g., interviews with select committee chairs and the registrant focus group). See Appendix P for definitions of the engagement terms in Tables 3 and 4.

| Stakeholder | Ignore | Inform | Consult | Involve | Collaborate /Partner | Decision Maker |
|------------------------------|---------------|---------------|----------------|----------------|-----------------------------|-----------------------|
| Board Members | | | | | | ✓ |
| Registrar | | | | | ✓ | ✓ |
| College staff - professional | | | | | ✓ | |
| College staff - admin | | | ✓ | | | |
| Consulting Services | | | ✓ | | | |
| Committee members | | ✓ | | | | |
| Registrants | | ✓ | | | | |

Table 3: Board Proposed Internal Stakeholder Involvement (Adapted from Bryson and Alston, 2011, pp. 106-107)

| Stakeholder | Ignore | Inform | Consult | Involve | Collaborate /Partner | Decision Maker |
|--------------------------|--------|--------|---------|---------|----------------------|----------------|
| Government | | ✓ | | | | |
| Public | | | ✓ | | | |
| Other Colleges | | ✓ | | | | |
| ACOTRO | | ✓ | | | | |
| Professional Association | | ✓ | | | | |
| Education Institutions | | ✓ | | | | |
| Other Organizations | | ✓ | | | | |
| OT Students | | ✓ | | | | |
| Third-Party Funders | ✓ | | | | | |
| HPRB | ✓ | | | | | |
| Employers/ Unions | ✓ | | | | | |

Table 4: Board Proposed External Stakeholder Involvement (Adapted from Bryson and Alston, 2011, pp. 104-105)

5.4 Strategic Plan Comparison Findings

Strategic plans from 28 participating health professional regulatory organizations, including 19 other British Columbia health professional regulators and 9 cross-provincial occupational therapy regulators, were reviewed. As stated previously, the strategic plans were analyzed for the presence of following features: accessibility on the respective College’s website, estimated time period of plan (years), length (in pages), presence of mandate, mission, values, vision, goals, and objectives, and the degree to which objectives were specific, measureable, achievable, realistic, and time-limited (i.e., number of ‘SMART’ elements met, scored out 5).

As depicted in Figure 4, 93% of the participating organizations have a plan, 86% have a plan on their website, 36% have a plan with a mandate statement, 82% have a mission statement, 61% have a values statement, 68% have a vision statement, 93% have goals stated, and 89% have objectives stated. When analyzing the presence of the various strategic plan elements, the following variations were noted:

- Mandate was not always explicitly titled/labelled in the document
- Mission was also referred to as ‘purpose’
- Values were also represented as a summary of general concepts or principles
- Vision was also referred to as the ‘future’ or a specified end date
- Goals were also referred to as ‘directions’, ‘strategic themes’, ‘priorities’, and ‘key result areas’
- Objectives were also referred to as ‘goals’, ‘initiatives’, ‘key performance indicators’, and ‘activities’

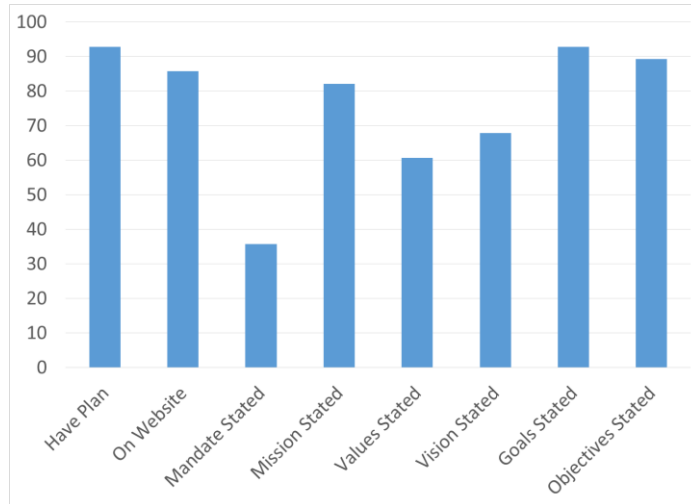


Figure 4: Percentage of Participating Colleges with Specified Feature in Their Strategic Plan

As depicted in Figure 5, the average (mode) length of the strategic plans is 3 years (range 2-6 years), the average (mode) length in pages is 1 (range 1-28), the average (mode) number of goals stated is 4 (range 2-7), and the average (mode) number of SMART elements met, out of 5, is 3 (range 0-5). Comparing the time period of each college's plans, in years, proved challenging, due to the variable formats used by the organizations (e.g., calendar year vs. fiscal year). Unless clearly specified, if a range of years was presented in the plan, each year within the range was counted. Additionally, it was difficult to assess the degree to which objectives were 'SMART' due to differences in the strategic jargon/language used in the plans as well as their variable formats. Best estimates were made, and the most consistent deficit noted was a gap in information making the objective 'time-limited'.

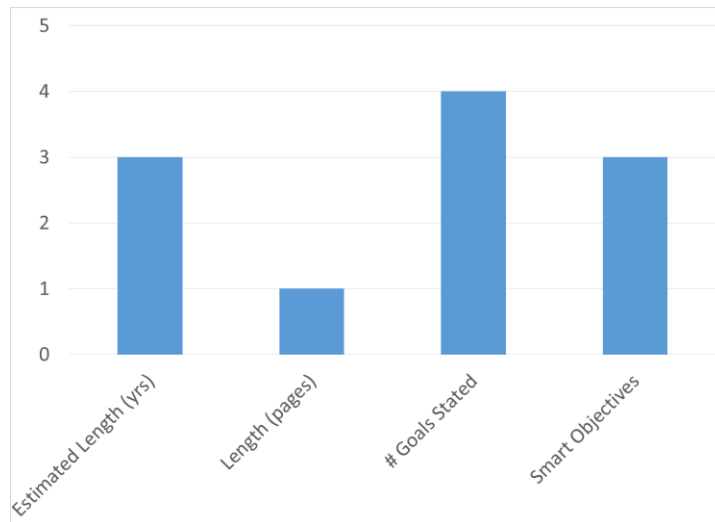


Figure 5: Average (mode) of Participating Colleges' Plans' Time Period (year), Length (pages), Number of Goals, and Number of SMART Elements

5.5 Preliminary Strategic Issues

Identifying strategic issues is the fifth step in Bryson's (2011) Strategy Change Cycle (p. 185). A strategic issue is "a fundamental policy question or challenge affecting an organization's mandates, mission and values, project or service level and mix, clients or users, cost, financing, organization, or management" (Bryson, 2011, p. 185).

The preliminary strategic issues identified by the staff include:

- How can COTBC engage with registrants to promote the value of self-regulation?
- How can COTBC ensure continued, clear innovative leadership and skilled, loyal staff and volunteers?
- How can COTBC engage with the public such that the public has confidence and trusts that OTs are delivering safe, effective, and ethical care (or meeting standards)?
- How can COTBC foster collaborative partnerships with external stakeholders to enhance efficiency and quality of health regulation?
- How can COTBC be an innovative organization that explores, contributes to, and advances regulatory best practices (using COTBC data, exploring other regulatory models, etc.)?
- How can COTBC measure the impact of its activities on occupational therapists' practice and patient outcomes?

As part of the iterative process, the board had the opportunity to reflect on the strategic issues identified by staff when developing their list of strategic issues. These included:

- How can COTBC engage with the public to ensure that they understand the scope of occupational therapy self-regulation?
- How can COTBC inform the public about OT professional accountability and self-regulation?
- How can COTBC ensure that the regulation is evidence-based?
- How can COTBC ensure public safety with ongoing changes in technology?
- How can COTBC sustain clear stable leadership (with a focus on expertise and momentum) and skilled, loyal staff and volunteers?
- How can COTBC use current evidence/data to prioritize needed process improvements?
- How can COTBC use available data to improve quality of practice supports across programs/portfolios?

When asked, the board did not identify any issues as requiring urgent attention outside of the anticipated strategic planning timelines. Given the time constraints of the session, they asked the researcher to review their preliminary list of issues and identify opportunities to streamline their wording, as able. As requested, an updated list is offered for consideration in section 6.6.

5.6 Summary of Findings

This chapter summarized the project's COTBC-specific findings, as well as outlines the results from a comparison of 28 different health professional regulatory organization's strategic plans. The findings of the situation analysis (i.e., SWOT/C analysis) highlight organizational strengths, such as clarity of mandate and having a values-driven culture; organizational weaknesses, such as lack of succession planning and workload management; organizational opportunities, such as using evidence and increasing public awareness; and organizational challenges such as decreased public confidence.

The stakeholder analysis identified a breadth of internal and external COTBC stakeholders, explored the criteria they may use to evaluate COTBC's effectiveness, and identified the degree to which the board feels they may be engaged in future strategic planning processes. Key stakeholder players were identified to include the public, government/Ministry of Health, other provincial colleges, board, registrar, professional and consulting staff, and COTBC committee members.

The list of preliminary strategic issues articulated by the board was developed after reflecting on the situation and stakeholder analysis findings. The preliminary strategic issues identified indicate that COTBC wishes to explore how to: sustain stable leadership with competent committed staff, inform the public about OT professional accountability and self-regulation, ensure that the regulation is evidence-based, ensure public safety with ongoing changes in technology, sustain clear stable leadership and loyal staff and volunteers, use evidence-informed approaches to identify and prioritize needed program and process improvements, use current evidence/data to prioritize needed process improvements, and use available data to improve quality of practice supports across programs/portfolios. Chapter 6 further discusses the findings presented in chapters 4 and 5.

6.0 Discussion and Analysis

6.1 Introduction

This chapter summarizes and analyzes the research project's key findings, using the project research questions as the guiding structure. It opens with a discussion of COTBC's environment or 'situation'. Following this is a discussion regarding COTBC's primary stakeholders and how their interests may influence COTBC's strategic planning process and emerging priorities. Next, consideration is given to the strategic planning smart practices highlighted by participants and how these may be applied by COTBC. Finally, anchored in Bryson's (2011) Strategy Change Cycle, is a discussion of how risk assessment and management intersect with strategic planning. Additionally, an approach to integrating regulatory principles into the Cycle is offered.

6.2 COTBC's Environment: Implications for Strategic Planning

A thorough environmental analysis is a key initial step in the strategic planning process and "helps to identify strategic issues and to formulate strategies to address them" (Bryson, 2011, p. 152). The SWOT/C analysis findings outlined in section 5.2, coupled with the trends and regulatory approaches outlined in section 3.6, provide helpful information COTBC can use if/when proceeding with strategic planning. Known strengths can be used to enhance opportunities as well as mitigate weaknesses and threats/challenges. Similarly, where opportunities are identified and taken advantage of, weaknesses and threats/challenges can be minimized.

Some examples for consideration, based on the strengths, weaknesses, opportunities, and threats identified by the participants include:

- Using key identified COTBC strengths such as excellent and capable leadership and staff, strong history of recruiting and retaining staff, and stable finances to address succession planning issues (which may be exacerbated by a perceived lack of career laddering opportunities and limited benefits, both identified weaknesses).
- Using identified COTBC strengths such as its clear public protection mandate, values-driven culture, strong stakeholder relationships, and history of collaboration to mitigate identified weaknesses such as the limited stakeholder communication and engagement activities, and social challenges such as decreased public confidence in self-regulation and increased public scrutiny. Capitalizing on the identified opportunity to collaborate with other external stakeholders (e.g., partnering with British Columbia's other regulatory colleges) may prove useful in this regard.
- Capitalizing on identified opportunities to collaborate, partner, and learn from/with other Colleges to increase the effectiveness and efficiency of certain regulatory activities (e.g., joint public awareness/engagement initiatives, exploring shared services/technology where appropriate, sharing and monitoring successes and challenges with various regulatory approaches like the unfolding one-nursing regulator, etc.).

Bryson (2011) suggests that organizations periodically complete a SWOT/C analysis (p. 182). Given the rapidly evolving environment COTBC may consider implementing this recommendation, particularly if COTBC chooses to take the approach of completing the strategic planning process over multiple short sessions, such as outlined later in section 6.4.

6.3 COTBC'S Stakeholders: Implications for Strategic Planning

It has been argued that “if an organization does not know who its stakeholders are, what criteria they use to judge the organization, and how the organization is performing against those criteria, there is little likelihood that the organization ... will know what it can do to satisfy its key stakeholders” (Rainey as cited in Bryson, 2011, p. 132). This research project used the basic stakeholder analysis technique to identify COTBC’s internal and external stakeholders, identify the criteria they use to assess COTBC’s effectiveness, and explore how well COTBC is doing in meeting the defined criteria. Complementing the criteria that stakeholders self-identified, the board and staff made its own ‘guesses’ at criteria, consistent with Bryson’s (2011) recommendation, given that stakeholders may not always be truthful in their responses (p. 136). Additionally, it can be argued that by comparing stakeholder’s criteria against estimates, the organization can potentially identify ‘blind spots’ with respect to organizational performance and identify areas where there may be differing or unrealistic expectations warranting follow up.

As highlighted in section 5.3, COTBC’s stakeholder self-identified criteria and associated rankings are listed in Appendix M, whereas board and staff estimated criteria and rankings are listed in Appendices N and O respectively. Extracted from Appendix M, Table 5 provides a listing of criteria where the specified stakeholder group gave a consensus rank of exceeding (E) or not meeting (NM) on their stated criteria (i.e., Table 5 does not include criteria where there was a lack of consensus within a stakeholder group). This data was contrasted with board and staff ranking estimates, where available (on a scale of not meeting (NM), meeting (M), and exceeding (E)). Pink shaded boxes highlight an identified disparity with an estimate of a similar criteria ranking. Blue-grey shaded boxes highlight that the board or staff group did not generate a criteria estimate similar to that provided by the stakeholder. Boxes left blank indicate that the corresponding estimate was consistent with that provided by the given stakeholder (i.e., congruent rankings).

| Stakeholder Group | Criteria | Stakeholder self-identified rank | Board rank variation | Staff rank variation |
|--------------------------|---|----------------------------------|----------------------|----------------------|
| Committee members | Safe environment for questions/forum for discussion | E | | M |
| | Organized/complete information packages and follow up | E | M | M |
| | Efficient processes, use of committee time | E | | |
| | Ability to make decisions and have supported | E | M | |
| | Respectful of time/decisions as volunteers | E | | M |
| | Adequate financial support | E | | NM |
| | COTBC is values oriented | E | | |
| | Tools to measure committee goals | E | | |
| Staff | Flexibility in position | E | | |
| | Organization handles crisis | E | | |

| | | | | |
|--|--|----|-----|-----|
| | Balance work culture (social and work) | NM | E | n/a |
| | Fair/timely reward (pay, benefits, etc.) | NM | | |
| | Support to learn/develop | NM | | |
| | Receive regular feedback | NM | | |
| | Learning organization | NM | M | |
| | Support to prioritize workload | NM | | |
| | Adequate human resources | NM | | |
| Board Members | Adequate Information | E | n/a | |
| | Adequate staff support | E | | |
| | Performance of Registrar and staff | E | | |
| | Effective Board meetings | E | | |
| Registrant* (Unable to rank all criteria due to session being stopped abruptly). | Adequate competence evaluation process | E | | M |
| | Quality assurance activities improve registrant knowledge base over time (through feedback and follow up) | NM | | |
| External Participants (Ministry, Association, Educational Institution) | Consultation and advice | E | M | M |
| | Supporting/processing new graduates | E | | |
| | Appropriate competency metric (exam) | NM | | |
| Other Colleges | Good communication – responsiveness, openness, consistency | E | | |
| | Quality Assurance Program | E | | |
| | Respectful, trusting, caring interactions | E | | |
| | Consistent with regulatory practices | E | M | |

Table 5: Comparison of Self-identified COTBC Evaluation Criteria and Rankings to Board and Staff Estimates.

As seen in Table 5, in general, where there is a known discrepancy in actual versus estimated criteria rankings, it is typical that the board or staff have *underestimated* how effective COTBC has been at meeting that criteria (i.e., board and staff estimated a lower rank than provided by the stakeholder). By acknowledging this discrepancy, board and staff can not only celebrate their unknown successes, but also consider if exceeding expectations is their desired goal. If not, the organization can consider re-allocating resources to areas that ranked lower or, alternatively, scale back on these activities in order to address stated workload concerns. It is important to note that there are a few exceptions to the trend of underestimating stakeholder rankings. Specifically, these include staff stakeholder rankings related to having a balanced work culture and being a learning organization. On these criteria, the board provided higher estimates than those given by the actual stakeholder group. This may indicate either organizational ‘blind spots’ or a misalignment of expectations, both warranting further exploration, likely at the operational level.

In addition to the basic stakeholder analysis technique, a Power Versus Interest Grid was completed and is outlined in section 5.3. Moving forward, COTBC can reflect on this grid to help determine when, and to what degree, to engage their stakeholders in order to optimize the strategic planning process and outcomes. Players “have a high potential to affect the strategic planning process and its outcome” (Bryson & Alston, 2011, p. 102). As such, careful consideration should be made as to how to engage not only the board and registrar, but also relevant members of the public, professional and consulting staff, other BC Health Regulators, and COTBC decision-making committees. As context setters, the relevant members of the public and the Health Professions Review Board (HPRB) have significant “power but little direct interest” (Bryson & Alston, 2011, p. 102). COTBC may want to reflect on how to garner the interest of the public in matters where they may be impacted by the organization’s strategic goals. Similarly, COTBC may want to continue to be mindful of HPRB decisions, recognizing their involvement in COTBC strategic planning may not be possible or appropriate given their mandate as a “ independent, quasi-judicial, administrative tribunal” (Province of British Columbia, 2018, para. 5).

Members of COTBC’s crowd include another sub-set of the public as well as OT students, third party funders, and other organizations such as the BC Care Providers. As part of the crowd, they have “little interest or power” (Bryson & Alston, 2011, p. 102) and therefore COTBC may consider scaling their engagement to informing them of the planning process or outcomes where appropriate. The list of COTBC’s subjects, or “those with interest but little power” (Bryson & Alston, 2011, p. 102) is extensive and includes the public, registrants, COTBC non-decision-making committees, administrative staff, the Association of Canadian Occupational Therapy Regulatory Organizations, the provincial professional association, educational institutions, and employers and unions. Where appropriate, it is advised that subjects who may be affected by the planning process or its outcomes be supported to be involved (Bryson & Alston, 2011, p. 102). To some degree, this project has assisted with this. It is important to note, however, that registrant participation was very limited/incomplete and caution should be used in interpreting the findings in this area. COTBC may wish to consider alternate means of engaging this group going forward, such as web-based surveys, in-person town-halls, etc.

Of particular interest is that the public ended up in all four quadrants of COTBC’s Power Versus Interest Grid. This is likely related to the fact that serving and protecting the public is the core mandate of COTBC business. Additionally, it likely reflects that there are a number of different sub-sets of the public, depending on the unique situation or issue. If/when moving forward to strategy formulation, it may be advisable for COTBC to do additional analysis on the various sub-groups of the public to ensure appropriate engagement. While engaging the public can prove challenging, as demonstrated by unsuccessful recruitment for this research project, COTBC may wish to learn from, and collaborate with, other regulators to develop more effective engagement methods. Accordingly, COTBC may wish to review and modify their stakeholder engagement plans (as captured in Tables 3 and 4) over time. For example, given COTBC decision-making committees and other BC Health Regulators are considered players, COTBC may wish to re-consider limiting their involvement to ‘informing’ (as indicated in Tables 3 and 4) if or when they may be impacted by the planning outcomes. Additionally, if registrants are going to be profoundly impacted by a planning outcome, COTBC may wish to increase their engagement as well.

6.4 Strategic Planning Smart Practices: Application for COTBC.

As stated previously, a smart practice is comprised of “the latent potential for creating value ... plus ... the mechanism for extracting and focusing that potential” (Bardach, 2012, p. 115). The project findings identified five major smart practice themes related to strategic planning in the health professional regulatory context. When smart practices are identified, Bardach (2012) advises organizations ask themselves, “Assuming this practice is indeed smart in some contexts, is ours a context in which it can work well enough to warrant trying it?” (p. 121). Reflecting on this advice, and drawing upon the research’s literature review and findings, this section discusses how the identified smart practices could be applied by COTBC.

Smart Practices: Strategic Planning Process Considerations

There are several strategic planning themes that relate specifically to the strategic planning process, including: remember your mandate, plan for and be patient with the process, be realistic and flexible, engage and involve stakeholders, and celebrate successes.

REMEMBER YOUR MANDATE: In the SWOT/C analysis, an identified strength of the organization was that its culture and values reflect its clear public protection mandate. COTBC is well positioned to build upon this strength by ensuring that its mandate is discussed at the beginning of the process and re-visited during the journey, acting as guiding star for planning and decision-making.

PLAN FOR AND BE PATIENT WITH THE PROCESS: There are a number of identified strengths COTBC can seek to capitalize upon, and weaknesses the organization can look to circumnavigate, through careful planning of the process. For example, drawing upon the engaged board and competent registrar and staff, as well as the sound financial position of COTBC, the organization may consider contracting a facilitator to assist with the aspects of strategic planning that are more labour intensive, or will enhance the objectivity and quality of the findings. This approach may help to address an identified weaknesses of the organization: high workload and risk for potential burnout.

Building upon this, COTBC may look to schedule their strategic planning process to occur over multiple shorter strategic planning sessions, spread out over months, versus a multiple day dedicated retreat. This will allow time for reflection and iterative plan development. The work to be done ‘in-between’ these sessions can be efficiently delegated to a sub-group of the board, in conjunction with the CEO and/or facilitator where appropriate. Where possible, these phased planning sessions can be coordinated with existing quarterly in-person board meetings to increase the efficient use of volunteer board’s time. Additionally, they could be pre-emptively timed to align with fiscal planning, so that identified strategic priorities can be mindfully accounted for within the organization’s budget.

BE REALISTIC AND FLEXIBLE: Being realistic and flexible in the planning process is closely tied to the smart practice of planning for and being patient with the process. While a planned approach is suggested by participants, COTBC is cautioned to not develop too rigid a strategic planning schedule or prescribed strategic planning activities, such that participants in the process are limited in their ability to think innovatively or react to new or emerging concerns.

ENGAGE AND INVOLVE STAKEHOLDERS: Given the benefits of engaging stakeholders previously outlined (e.g., building enthusiasm and commitment, adding objectivity, fostering working relationships,

enhancing information exchange, and ensuring adequate data collection), COTBC may wish to continue to build upon the stakeholder engagement strategies as detailed previously in section 6.3.

CELEBRATE SUCCESSES: It is common that an organization's strengths can be seen as one of its weaknesses (Bryson, 2011, p. 173). One of COTBC's identified strengths is its excellent output given the size of the organization and one of its weaknesses is high workload and a risk for potential burnout. By taking the time to celebrate along the planning journey, COTBC may be able to build the energy and resiliency it needs to succeed in the planning process. Examples of potential celebratory activities include acknowledging the identified strengths of the organization following a SWOT activity, recognizing the efforts of those completing follow up activities in between planning sessions, honouring the completion of a 'phase' of a challenging step within process with a fun activity (e.g., after gaining consensus on strategic issues), etc.

Smart Practices: Drafting a strategic plan

There are two smart practice themes that specifically relate to the drafting of the actual strategic plan document, including remembering your mandate and being clear, realistic, and flexible.

REMEMBER YOUR MANDATE: The importance of remembering the organization's mandate also extends to the crafting the actual strategic plan. Bryson's (2011) Strategy Change Cycle places identifying the organization mandate as a foundational second step in the planning process (p. 46). The importance of remembering and articulating the mandate in the strategic plan is enhanced within the regulatory context given the primary findings in section 4.2, which highlight how the professional regulatory organization's legislated mandate may limit its freedom in its strategic priorities, goals, and objectives and subsequently, the content of the plan itself. Interestingly, despite the recognized importance of the mandate, only 36% of participating Colleges explicitly state their mandate in their strategic plan, as highlighted in Figure 4. COTBC may choose to make their mandate explicit in their planning document.

BE CLEAR, REALISTIC, AND FLEXIBLE: Participants reinforced the importance of being clear, realistic, and flexible in both the strategic planning process, as well as in the final strategic plan itself. Reflecting on the findings in section 5.4, COTBC may consider crafting a strategic plan that includes details such as mandate, mission, organizational values and regulatory principles (see section 6.5 below), vision, goals, and objectives. Creating objectives that are 'SMART' and include relevant performance measures will help in designing a plan that is realistic and achievable. This level of detail, however, may be inappropriate or unnecessary for all audiences. Accordingly, COTBC may wish to create a shorter 1 page 'summary' version(s) of their strategic plan that can be used to quickly, concisely, and clearly articulate key information to stakeholders. Regardless of a long or short version, COTBC can use the strength of its capable staff, including staff skilled in communication, to finalize a reader-friendly plan with limited jargon.

6.5 The Strategy Change Cycle: Risk and Regulatory Approaches/Principles

Risk management and strategic planning

A key theme reported in section 4.4 is that risk management is an ongoing process that is an undercurrent to many organizational activities. While the literature highlights that risk management and strategic planning are often considered as distinct activities, when asked, participants identified several steps in the typical strategic planning process where risk assessment

and management can play a role. Specifically, these include when completing environment analysis, when identifying and prioritizing strategic issues, and when selecting strategies or tactics to address identified issues.

Considering these findings, Figure 6 highlights the primary steps where risk assessment and management are evident within Bryson’s (2011) Strategy Change Cycle, as denoted by the pink-orange coloured boxes. Specifically, regulatory organizations can mindfully choose to embed risk management in their strategic planning process where the external environment and internal environment are being assessed, via gathering new information and/or reflect upon existing risk-based data (e.g., enterprise risk management data). At the step where strategic issues are identified, regulators can choose to prioritize addressing issues that pose the greatest risk to the public, considering factors such as probability and impact of harm. Additionally, at this phase, regulators can consider what appetite and tolerance they have for risks. Finally at the step of Strategy Formulation, organizations can reflect on the risk associated with various strategies or tactics they are choosing between in order to address the prioritized strategic issues.

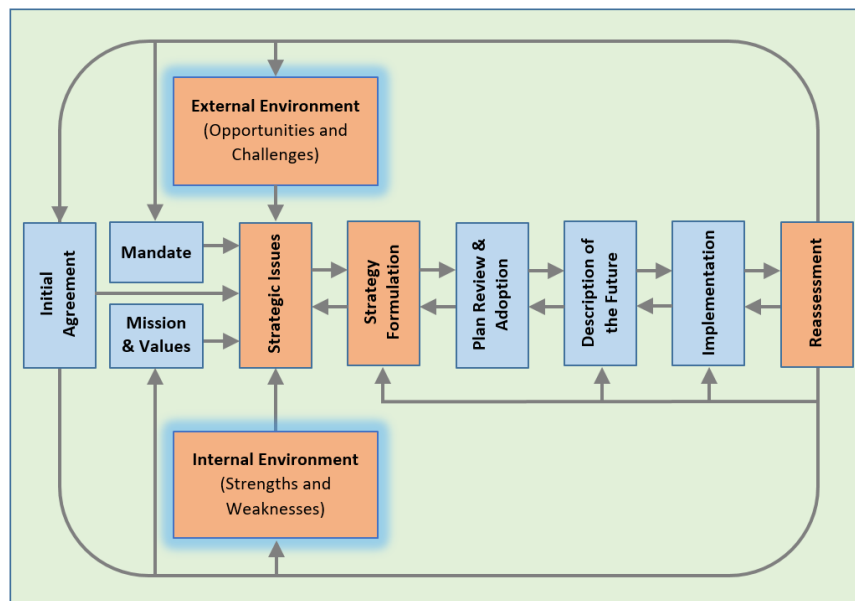


Figure 6: Risk Assessment and Management in Bryson's (2011) Strategy Change Cycle

While the participants did not explicitly state this, the researcher suggests one additional location for the mindful incorporation of risk assessment and management into the strategic planning process - at the re-assessment step. Here, the researcher suggests that organizations can reflect on the progress towards achieving the stated goals and objectives (e.g., through performance metrics) alongside new or emerging risk data to determine if there is a need to re-initiate the Strategy Change Cycle.

Regulatory approaches in the strategy change cycle

A number of emerging regulatory approaches were summarized in section 3.6. When participants reflected on how such approaches tie in to the strategic planning process, a theme emerged that these approaches form part of the “fabric” of an organization and are the foundation upon which issues can later be identified and prioritized. As stated previously, it was suggested that the

principles underlying these approaches may actually replace or augment the traditional concept of values within the strategic planning process.

Values have been defined as “the enduring beliefs that influence the choices we make among available means or ends” (Rokeach as cited in Kernaghan, 2003, p. 711) and principles have been defined as “fundamental norms, rules, or values that represent what is desirable and positive for a person, group, organization, or community, and help it in determining the rightfulness or wrongfulness of its actions” (Business Dictionary, 2018, para. 1).

Given the overlap/interconnectedness of these definitions, the researcher suggests that there is an opportunity for regulatory organizations to make explicit the principles underlying their regulatory approaches as part of traditional strategic planning stage of articulating values. The purple box in Figure 7 demonstrates this suggestion within the image of Bryson’s (2011) Strategy Change Cycle. Given the potential that organizations may have additional or broader organizational values, organizational values are still included. Positioned within this phase of the Strategy Change Cycle, the principles associated with an organization’s regulatory approaches have the opportunity to influence subsequent steps of the strategic planning process.

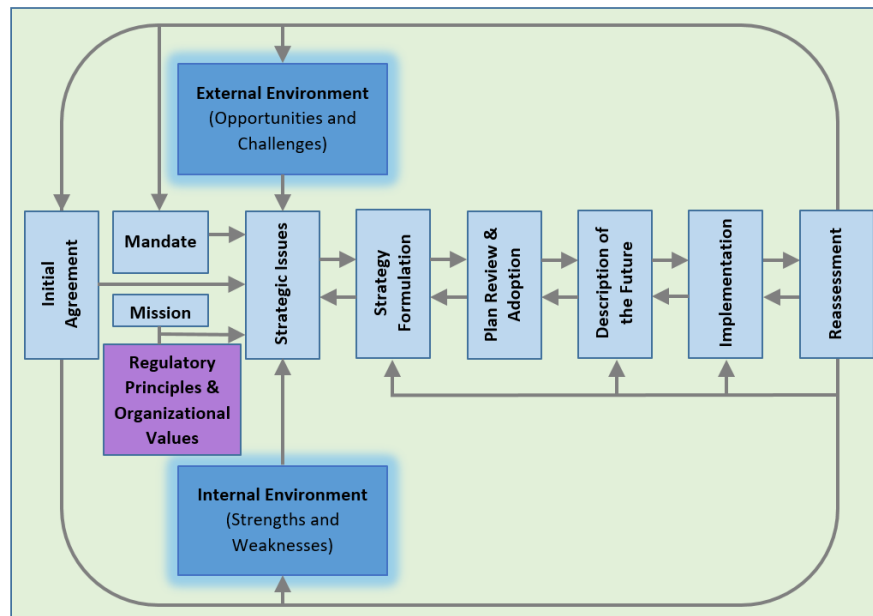


Figure 7: Regulatory Principles within Bryson's (2011) Strategy Change Cycle

6.6 Preliminary Strategic Issues

As requested by the board, the list of their preliminary strategic issues has been reviewed, looking for opportunities to collapse redundancies and clarify meaning. The revised preliminary strategic issues for consideration, include:

- How can COTBC sustain stable leadership with competent, committed staff and volunteers?
- How can COTBC engage with the public to increase their understanding of and confidence in COTBC’s regulatory role?

- How can COTBC capitalize on the benefits of, and mitigate the risks associated with, emerging innovations to advance the delivery of safe, quality, and ethical occupational therapy services?
- How can COTBC use an evidence-informed approach (including the use of available data) to identify and prioritize process improvements and improve the quality of its programs/portfolios?

After reflecting on the key SWOT/C analysis findings, the researcher identified a gap in the strategic issues generated during the board’s focus group, and one additional strategic issue is presented for consideration.

- How can COTBC collaborate with key stakeholders to support excellence in its regulatory activities?

To build off of these preliminary issues, COTBC may wish to complete a Goals Grid activity if/when strategic planning activities resume. Described by Nickols and Ledgerwood (2005), a Goals Grid can guide a “logical progression of thought for goal development” (p. 2). The tool encourages reflection on two basic questions: “(1) Do you want something?” and “(2) Do you have it?”(Nickols & Ledgerwood, 2005, p. 1). Answers are plotted on a corresponding 2X2 matrix that assists in identifying whether a goal is to achieve, preserve, avoid, or eliminate the issue in discussion (Nickols & Ledgerwood, 2005, pp. 1-3). This information can then be used to inform final goal determination (Nickols & Ledgerwood, 2005, p. 1). Figure 8 provides a visual representation of a Goals Grid.

| | | | |
|-------------------------------|-------------------------------|-------------------|-------------------------------|
| | No DO YOU HAVE IT? Yes | | |
| No DO YOU WANT IT? Yes | <i>Achieve:</i> | <i>Preserve:</i> | Yes DO YOU WANT IT? No |
| | <i>Avoid:</i> | <i>Eliminate:</i> | |
| | No DO YOU HAVE IT? Yes | | |

Figure 8: Goals Grid Format (Adapted from Nickols and Ledgerwood, 2005, p. 3)

6.7 Research Limitations and Opportunities for Further Research

As stated previously, the project’s primary research question is:

What is an effective strategic planning framework for COTBC to consider adopting, considering its context as a health professional regulatory organization?

The related research sub-questions include:

- What are the current environmental or 'situational' factors that may influence COTBC's strategic priorities?
- Who are COTBC's primary stakeholders and how might their interests influence COTBC's strategic priorities?
- What smart practices can guide health professional regulatory organizations in designing their strategic planning process?
- What connection is there between the strategic planning process and organizational risk analysis and management? How can this inform COTBC's strategic planning process?

With respect to the project's primary research question, it can be seen that Bryson's (2011) Strategy Change Cycle serves as a strong framework that regulatory organizations such as COTBC can use as a guide their strategic planning processes. The Cycle's flexible and iterative design and logical, fulsome steps provide a solid basis upon which the research's other findings can be anchored, as highlighted previously. Given the history of strategic planning within the public sector, it is possible that there are other models of strategic planning that may serve as guiding frameworks as well. A cross-comparison of the elements of other strategic planning processes, and their ability to integrate this research's findings, is a future research opportunity.

The findings of the situation analysis (i.e., SWOT/C analysis) outlined in section 5.2, coupled with the findings of the literature review on the current trends in health professional regulatory approaches (section 3.6) provide a solid foundation for addressing the research's first sub-question. As indicated previously, there are some elements in the situation analysis findings that may have implications more broadly than to just COTBC. As such, further exploration on this topic may be warranted.

The stakeholder analyses (i.e., basis stakeholder analysis, Power versus Interest Grid, and Participation Planning Matrix) and the smart practice analysis findings outlined in section 4.3 provide a solid footing for answering the project's next two sub-questions. Unfortunately, the researcher was unsuccessful in recruiting members of the public to participate in the study. Additionally, the researcher experienced difficulty in recruiting COTBC registrants to participate, despite modifying the selection and recruitment approach. Participation remained limited, and what was secured, was unfortunately limited due to unanticipated events beyond the researcher's control.

As mentioned previously, COTBC may also want to further explore the 'public' stakeholder category, given that it was represented in all four quadrants of the Power Versus Interest Grid, indicating that there may be different sub-sets of the public, depending on the issue being explored.

The final research sub-question relates to identifying the connection between the strategic planning process and organizational risk analysis and management. This question, as well as how regulatory approaches/principles intersect with the strategic planning process, are discussed in section 6.5. Future research opportunities include 'testing' the proposed Modified Strategy Change Cycle Model presented in section 6.5, and seeking opportunities to refine it as appropriate.

Given the limitations and opportunities outlined above, future research may include, but is not limited to exploring:

- How do different models of strategic planning compare to Bryson's (2011) framework with respect to their ability to guide strategic planning in the public sector. Are they able to offer a platform to integrate this research project's findings?
- What are the shared or common environmental opportunities and threats/challenges that all health professional regulatory organizations face more broadly? Do these impact specific organizations differently and what opportunities exist for these issues to be addressed collectively?
- Who are the different sub-sets of the 'public', as related to health professional regulatory organizations? What are their respective 'power' and 'interests'?
- What are the best methods for health professional regulatory organizations to engage/recruit *members of the public* for their initiatives/consultations? For example, is recruitment more successful when honorariums are offered, in partnership with different organizations, in tandem with other, larger existing research initiatives, etc.?
- What are the best methods for health professional regulatory organizations to engage/recruit *registrants*? For example, is recruitment more successful when the activity is survey-based, when honorariums are provided, when offered outside of typical business hours, etc.?
- How effective is the modified Strategy Change Cycle, proposed in this research, at guiding the organization's strategic planning process?

Should COTBC be able to answer the questions regarding engaging the public and registrants, the organization may wish to engage these stakeholders again to ensure that their perspectives are adequately represented in the project's findings and subsequent strategic plan. If/when re-engaging, COTBC may find it useful to validate and/or build upon the effectiveness criteria established for these groups, as outlined in Appendices M-O. Where possible, consideration should be made to try to recruit samples of a sufficient size to afford confidence in the findings.

7.0 Options to Consider and Recommendation

7.1 Introduction

A primary objective of this research project is to recommend a strategic planning framework that the client/COTBC can use to move forward with a strategic planning process. This chapter presents four options for consideration, anchored upon the conceptual framework offered by Bryson's (2011) Strategy Change Cycle. The benefits and risks associated with each option are outlined, weighing factors such as ease/speed of implementation, resourcing demands, quality of the output of the process, potential for reputational harm, and anticipated stakeholder support.

7.2 Options to Consider

Option 1 - Do Nothing/Status Quo

With this option, COTBC does not proceed with further strategic planning. The major pros and cons of this option include:

Pros:

- Short-term savings related to the time and costs associated with strategic planning. The option can be implemented immediately.
- Minimal human resourcing requirements, limited to updating key internal and external stakeholders regarding the decision to not proceed.

Cons:

- Lack of clarity regarding organizational priorities, goals, and objectives that comes with completing a strategic planning process.
- The long-term efforts of the organization may be misguided, thereby wasting time and resources, and jeopardizing the ability to meet its public protection mandate.
- Potential reputational harm and a continued erosion of public confidence in professional self-regulation.

Option 2 - Strategic Planning Framework A – Full introduction of a Modified Strategy Change Cycle and Smart Practices Identified in the Findings

This option proposes that COTBC proceed with strategic planning by fully introducing all elements of a modified version of Bryson's (2011) Strategy Change Cycle. This modified cycle includes articulating the organization's guiding regulatory approaches/principles and mindfully incorporating risk assessment and management in to the strategic planning process, as discussed in section 6.5. Additionally, the smart practices, as outlined in section 4.3 will be integrated. This modified approach is depicted in Figure 9.

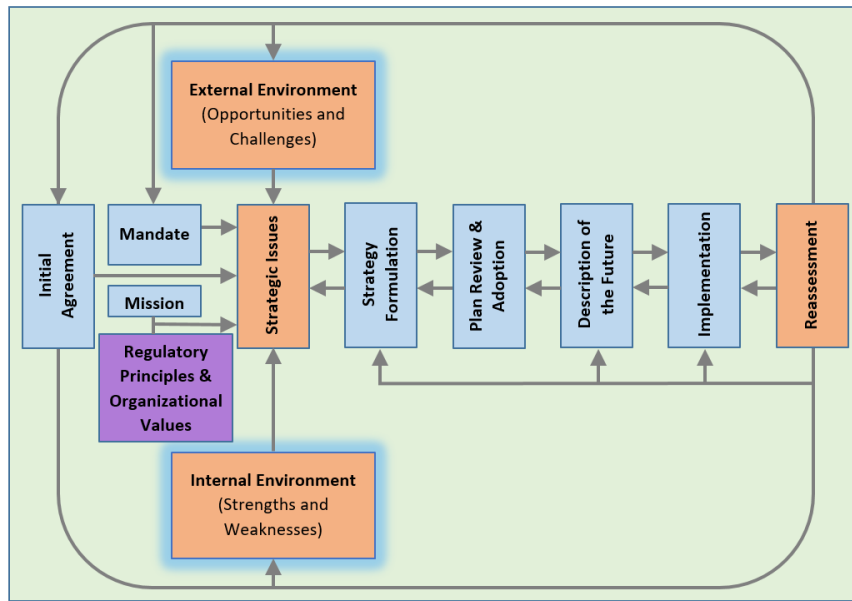


Figure 9: Modified Strategy Change Cycle (Adapted from Bryson, 2011)

Throughout this process, as symbolized by the lighter green background in Figure 9, COTBC will involve/engage relevant stakeholders, considering the discussion outlined in section 6.3. Particular emphasis will be on gathering input and feedback from registrants and the public, two stakeholders who had limited input into the SWOT/C analysis.

Assuming initial agreement, with this option, COTBC will plan for, and be patient with, each step of the modified cycle, ensuring to:

- Remember and re-visit COTBC’s mandate throughout the process and state it in the final plan,
- Clarify COTBC’s mission and articulate its regulatory principles and organizational values,
- Use the key SWOT/C findings to inform the final selection of strategic issues requiring attention, ensuring that risk-based approaches are incorporated (e.g. consider and state appetite and tolerance for risk),
- Formulate strategies to address selected issues, ensuring that the plan includes goals, SMART objectives, strategies, and tactics. The use of a Goals Grid may be beneficial.
- Review and adopt the strategic plan,
- Articulate a vision of COTBC’s future,
- Develop an implementation process, and
- Reassess strategies and planning process, drawing upon risk data as appropriate.

The final strategic plan will include key elements such as outlined in section 6.4. Short, clear, summary versions of the more comprehensive plan will be drafted for communication purposes. These summaries could be tailored for different stakeholder audiences. The organization will take the opportunity to celebrate success throughout the process. Resources available to assist with implementing this option are outlined in Appendix Q. The major pros and cons of this option include:

Pros:

- Confidence that the strategic plan's outputs are based on a thorough understanding of the environment, organizational risks, and core regulatory approaches/principles.
- Potential to generate enthusiasm, add objectivity, build working relationships and trust, and enhance the quality of the data used to make go forward decisions by engaging a variety of stakeholders. This may help to improve/reinforce COTBC's reputation.

Cons:

- Time and cost implications. For example, it takes time and effort to learn about, decide upon, and articulate a regulatory organization's guiding approaches and principles. Additionally, it takes time to develop skills and strategies to appropriately engage stakeholders. Financial costs are associated with these activities (e.g., staffing, travel, training, engagement costs, etc.).
- Human resourcing implications. The ability for existing staff and/or board members to focus on other initiatives and business activities may be impacted, given time demands.
- Given the timing issues outlined above, there will be a further delay in producing a strategic plan to replace the expired 2016 plan, two years past due.

Option 3 - Strategic Planning Framework B – Incrementally introduce select elements of a modified version of Bryson's (2011) Strategy Change Cycle and identified smart practices.

This option proposes that COTBC proceed with strategic planning using a graded, or incremental, introduction of a modified version of Bryson's (2011) Strategy Change Cycle. The major pros and cons of this option include:

Pros:

- Will allow COTBC to target their attention on introducing specific aspects of the process. This allows for focused attention when introducing a new planning skill or approach versus attempting to learn, develop, and apply a number of new approaches concurrently (e.g., focus on engaging with the public and/or registrants this planning cycle instead of both, or prioritizing the articulation of the organization's regulatory approaches). This may increase the quality of how that specific aspect is completed.
- Reduced time, cost, and human resourcing implications, compared to Option 2.
- May act as an energizer for future strategic planning cycles, encouraging further expansion of the strategic planning process, motivated by past successes.

Cons:

- Depending on which components/elements of the Modified Strategy Change Cycle are chosen for initial implementation, there is the potential that some data may be missed impacting the final plan (e.g., if COTBC chose to not to further engage staff or registrants in this strategic planning cycle, COTBC may miss some insights impacting the ability to successfully implement their strategic goals and objectives).
- Potential lost opportunity to build working relationships and trust with stakeholders not engaged in the process.

Option 4 – Consider a different strategic planning framework to anchor future strategic planning efforts. Incorporate research findings as able/appropriate.

This option proposes that COTBC continue to explore other formal and/or informal strategic planning frameworks to act as an anchor for future strategic planning efforts (versus Bryson’s (2011) Strategy Change Cycle). Where possible, research findings from the situation, stakeholder, and smart practice analyses would still be incorporated into the chosen framework’s processes. Additionally, COTBC may seek to mindfully incorporate risk assessment and management and regulatory approaches in their chosen framework. The major pros and cons of this option include:

Pros:

- Will allow COTBC the opportunity to further explore other strategic planning frameworks that are available, potentially identifying one better suited to COTBC’s context.

Cons:

- This additional research would take additional time and resourcing resulting in further delays in producing an organizational strategic plan.
- A different framework may not offer the robust structure or flexibility to adjust to the organization’s unique context, needs, preferences, or research findings.

7.3 Recommendation

Considering the pros and cons of the three options presented, it is recommended that COTBC choose Option 3: Strategic Planning Framework B – Incremental Introduction of a Modified Strategy Change Cycle and Suggested Smart Practices. With this option, COTBC can mitigate the identified time and resourcing concerns outlined in Options 2 and 4, while still producing a strategic plan that will articulate organizational goals and objectives. The flexible nature of the framework will allow the organization to build upon it over time as their knowledge and resources grow and evolve.

As an organization, COTBC will need to decide which elements of the Modified Strategy Change Cycle to initially implement depending on their greatest priorities and concerns. Should COTBC choose this option, the organization is encouraged to still complete the important basic steps of the Strategy Change Cycle, which, in addition to the stakeholder consultations and SWOT/C analysis done as part of this project, include defining COTBC’s mandate, mission, values, goals, and objectives. Additionally, it is recommended that COTBC develop an approach for monitoring progress towards achievement of goals and objectives (e.g., develop associated performance metrics). As outlined in Option 2, COTBC is encouraged to formalize a written plan documenting the details of the strategic plan. Resources available to assist with implementing Option 3 are outlined in Appendix Q.

8.0 Conclusion

The College of Occupational Therapists of British Columbia has the legislated mandate to serve and protect the public. It must achieve this mandate within a complex and changing environment. Since the 1980's, public sector organizations such as COTBC have looked to strategic planning to assist them in meeting such obligations as it provides "a systematic process for gathering information about the big picture and using it to establish long-term direction" (Poister & Streib, 2005, p. 46).

COTBC's most recent strategic plan expired in 2016. Guided by the overarching research question, "*What is an effective strategic planning framework for COTBC to consider adopting, considering its context as a health professional regulatory organization?*" the project's research objectives were to:

- Identify and analyze key internal and external environmental influences on COTBC
- Identify COTBC's key stakeholders and analyze their respective 'power' and 'interests'
- Identify smart practices for strategic planning within the health professional regulatory context
- Summarize any identified connections between strategic planning and risk analysis/management processes
- Recommend a strategic planning framework that the client/COTBC can use to continue forward with their strategic planning process

The findings reinforce that COTBC is not unique in needing to grapple with multiple internal and external environmental influences when striving to meet its mandate and mission. COTBC has a breadth of stakeholders it may wish to engage in order to "assure successful adoption and implementation of initiatives built on the analyses" (Bryson, 2011, p. 407).

It is suggested that a modified version of Bryson's (2011) Strategy Change Cycle (pp. 44-45) is an appropriate strategic planning framework for COTBC's context as a health professional regulatory organization. This framework positions the organization to mindfully incorporate the research's situation analysis findings as well as the organization's ongoing risk assessment and management data. Additionally, it allows for COTBC's regulatory approaches and principles to influence the strategic issues and priorities it identifies. The strategic planning smart practices identified through the research, such as remembering your mandate, engaging stakeholders, being realistic and flexible, and celebrating successes are all possible, and at times, clearly prompted, within the framework itself. A graded or incremental introduction of the Modified Cycle is recommended, balancing the needs for engaging in a process that produces quality results, with timely and effective use of limited resources.

References

- Adams, T. (2016). Professional self-regulation and the public interest in Canada. *Professions and Professionalism*, 6(3). Retrieved from <https://journals.hioa.no/index.php/pp/article/view/1587/1585>
- Allison, M. & Kaye, J. (2005). *Strategic planning for nonprofit organizations: A practical guide and workbook* (2nd ed.). Hoboken, NJ: John Wiley & Sons, Inc.
- Australian Health Practitioner Regulation Agency. (2018). *Who we are*. Retrieved from <http://www.ahpra.gov.au/About-AHPRA/Who-We-Are.aspx>
- Bardach, E. (2012). *A practical guide for policy analysis: The eightfold path to more effective problem solving* (4th ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Bayne, L. (2012, February). *Underlying philosophies and trends affecting professional regulation*. Retrieved from https://www.crnbc.ca/crnbc/Documents/783_framework.pdf
- Black, J. (2010). Risk-based regulation: Choices, practices and lessons being learnt. In *Risk and Regulatory Policy: Improving the Governance of Risk* (pp. 185–224). Paris, FR: OECD Publishing. <http://dx.doi.org.ezproxy.library.uvic.ca/10.1787/9789264082939-11-en>
- Bounds, G. (2010). Challenges to designing regulatory policy frameworks to manage risks. In *Risk and Regulatory Policy: Improving the Governance of Risk* (pp. 15-36). Paris, FR: OECD Publishing. <http://dx.doi.org.ezproxy.library.uvic.ca/10.1787/9789264082939-en>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. Retrieved from <http://www.tandfonline-com.ezproxy.library.uvic.ca/doi/abs/10.1191/1478088706qp063oa>
- British Columbia Health Regulators. (2016a). *About the BC health regulators*. Retrieved from <http://bchealthregulators.ca/index.php/sample-page/about/>
- British Columbia Health Regulators. (2016b). *Here's a list of regulatory colleges*. Retrieved from <http://bchealthregulators.ca/index.php/sample-page/regulators/>
- Bryson, J. M. (2011). *Strategic planning for public and non-profit organizations: A guide to strengthening and sustaining organizational achievement* (4th ed.). San Francisco, CA: Jossey-Bass.
- Bryson, J. M. & Alston, F. K. (2011). *Creating your strategic plan: A workbook for public and nonprofit organizations* (3rd ed.). San Francisco, CA: Jossey-Bass.
- College of Occupational Therapists of British Columbia. (2001). *2000/2001 annual report*. Retrieved from http://cotbc.org/wp-content/uploads/Annual_Report_2001.pdf
- College of Occupational Therapists of British Columbia. (2015a). *About COTBC*. Retrieved from <http://cotbc.org/about-cotbc/>

- College of Occupational Therapists of British Columbia. (2015b). *College board*. Retrieved from <https://cotbc.org/about-cotbc/college-board/>
- College of Occupational Therapists of British Columbia. (2015c). *Strategy*. Retrieved from <http://cotbc.org/about-cotbc/strategy-2016/>
- College of Occupational Therapists of British Columbia. (2017). *2016/2017 annual report*. Retrieved from https://cotbc.org/wp-content/uploads/COTBC_AR_2017_FINAL_FS_Post.pdf
- College of Registered Nurses of British Columbia. (2018). *One nursing regulator*. Retrieved from <https://www.crnbc.ca/crnbc/ONR/Pages/Default.aspx>
- Conference Board of Canada. (2008, May). *Risk, governance, and corporate performance: A board's eye view*. Retrieved from <http://ezproxy.library.uvic.ca/login?url=http://www.conferenceboard.ca/e-library/anonymous.aspx?DID=2536>
- Creelman, J. & Smart, A. (2013). Integrating strategy and risk management. In *Risk-based Performance Management* (pp. 1-22). Retrieved from <https://link-springer.com.ezproxy.library.uvic.ca/book/10.1057%2F9781137367303>
- Eden, C. & Ackerman, F. (1998). *Making strategy: The journey of strategic management*. Thousand Oaks, CA: Sage Publications, Inc.
- Fassin, Y. (2009). The stakeholder model redefined. *Journal of Business Ethics*, 84(1). Retrieved from <http://www.jstor.org.ezproxy.library.uvic.ca/stable/40294649?pg-origsite=summon>
- Fetterman, D. (2008). Key informant. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (pp. 477-478). Thousand Oaks, CA: SAGE Publications Ltd. Retrieved from <http://sk.sagepub.com.ezproxy.library.uvic.ca/reference/research/n243.xml?term=key%20>
- Finkel, A. M., Walters, D., & Corbett, A. (2015). Planning for excellence: Insights from an international review of regulators' strategic plans. *Faculty Scholarship*, Paper 1567. Retrieved from http://scholarship.law.upenn.edu/cgi/viewcontent.cgi?article=2568&context=faculty_scholarship
- Funston, R. & Ruprecht, B. (2007). Risk in the strategic planning process. *Business Performance Management*, 5(2), 4-7. Retrieved from <http://web.a.ebscohost.com.ezproxy.library.uvic.ca/ehost/pdfviewer/pdfviewer?vid=1&sid=6ed2416f-2d38-497a-acbe-baa66e93517f%40sessionmgr4009>
- Gibbs, A. (1997). Focus groups. *Social Research Update*, 19. Retrieved from <http://sru.soc.surrey.ac.uk.ezproxy.library.uvic.ca/SRU19.html>
- Gibbs, G. R. (2007). *Qualitative research kit: Analyzing qualitative data*. London, England: SAGE Publications Ltd. Retrieved from <http://methods.sagepub.com.ezproxy.library.uvic.ca/book/analyzing-qualitative-data>

- Grudens-Schuck, N., Allen, B. L., & Larson, K. (2004). Methodology brief: Focus group fundamentals. *Extension Community and Economic Development Publications*, 12. Retrieved from http://lib.dr.iastate.edu/cgi/viewcontent.cgi?article=1011&context=extension_communities_pubs
- Health Professions Act. (1996, c. 183). Retrieved from BC Laws website: http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96183_01
- Hui, V. (2014, March 7). The link between strategic planning and risk management. *Credit Union Journal*. Retrieved from <https://www.cujournal.com/opinion/the-link-between-strategic-planning-and-risk-management>
- Huising, R. & Silbey, S. S. (2011). Governing the gap: Forging safe science through relational regulation. *Regulation & Governance*, 5(1), 14-42. Retrieved from <http://onlinelibrary.wiley.com.ezproxy.library.uvic.ca/doi/10.1111/j.1748-5991.2010.01100.x/full>
- Institute of Management Accountants. (2014). *Enterprise risk management: Frameworks, elements, and integration*. Retrieved from <https://www.imanet.org/insights-and-trends/risk-management/enterprise-risk-management?ssopc=1>
- Ipsos MORI. (2009). *Understanding your stakeholders: A best practice guide for the public sector*. Retrieved from <http://www.ipsos.com/public-affairs/sites/www.ipsos.com/public-affairs/files/documents/understanding-stakeholders.pdf>
- Kernaghan, K. (2003). Integrating values into public service. The values statement as centerpiece. *Public Administration Review*, 63(6). Retrieved from <http://www.jstor.org.ezproxy.library.uvic.ca/stable/3542466?pg-origsite=summon>
- Lahey, W. & Fierlbeck, K. (2016). Legislating collaborative self-regulation in Canada: A comparative policy analysis. *Journal of Interprofessional Care*, 30(2), 211-216. doi:10.3109/13561820.2015.1109501
- Manheim, J. B., Rich, R. C., Wilnat, L. & Brians, C. L. (2008). *Empirical political analysis: Quantitative and qualitative research methods* (7th ed.). New York, NY: Pearson Longman.
- Mahone, J. F. & Murray, E. A. (1981). Strategic planning for regulated companies. *Strategic Management Journal*, 2(3). 251-262. Retrieved from http://www.jstor.org.ezproxy.library.uvic.ca/stable/2486223?seq=1#page_scan_tab_contents
- Majone, G. (2010). Strategic issues in risk regulation and risk management. In *Risk and Regulatory Policy: Improving the Governance of Risk* (pp. 93-128). Paris, France: OECD Publishing. Retrieved from <http://dx.doi.org.ezproxy.library.uvic.ca/10.1787/9789264082939-en>
- Mikes, A. (2012). The struggle to codify risk management. *Risk & Regulation*, 24. Retrieved from http://www.lse.ac.uk/accounting/Assets/CARR/documents/R-R/2012-Winter.pdf?from_serp=1

- Miles, S. (2012). Stakeholder: Essentially contested or just confused? *Journal of Business Ethics*, 108(3). Retrieved from <http://link.springer.com.ezproxy.library.uvic.ca/article/10.1007%2Fs10551-011-1090-8>
- Mintzberg, H. (1993). The pitfalls of strategic planning. *California Management Review*, 36(1). Retrieved from <http://web.b.ebscohost.com.ezproxy.library.uvic.ca/ehost/detail/detail?vid=0&sid=b03ebaf3-c037-43e7-b6fb-e54d4ddcdcdf%40pdc-v-sessmgr01&bdata=JnNpdGU9ZWhvc3QtbGl2ZSdzY29wZT1zaXRI#AN=9409140906&db=bth>
- Mitchell, R. K., Agle, B. R. & Wood, D. J. (1997). Toward a theory of stakeholder identification and salience: Defining the principle of who and what really counts. *The Academy of Management Review*, 22(4). Retrieved from <http://www.istor.org.ezproxy.library.uvic.ca/stable/259247?seq=1>
- Nickols, F. & Ledgerwood, R. (2005). *The goals grid: A new tool for strategic planning*. Retrieved from http://www.nickols.us/strategic_planning_tool.pdf
- Oetter, H. M. & Johansen, C. (2017). Acting in the public interest: The heart of professional regulation. *HealthcarePapers*, 16(4), 55-59. Retrieved from <https://www.longwoods.com/content/25199>
- Poister, T. H. & Streib, G. (2005). Elements of strategic planning and management in municipal government: Status after two decades. *Public Administration Review*, 65(1). Retrieved from <http://onlinelibrary.wiley.com.ezproxy.library.uvic.ca/doi/10.1111/j.1540-6210.2005.00429.x/abstract>
- Price, J. H. & Murnan, J. (2004). Research limitations and the necessity of reporting them. *American Journal of Health Education*, 35(2). Retrieved from <http://www.tandfonline-com.ezproxy.library.uvic.ca/doi/pdf/10.1080/19325037.2004.10603611>
- Principles. (2018). In *Business Dictionary*. Retrieved from <http://www.businessdictionary.com/definition/principles.html>
- Professional Standards Authority. (n.d.). *What the regulators do*. Retrieved from <https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/about-regulators#>
- Professional Standards Authority. (2015a, October). *The role of risk in regulatory policy*. Retrieved from <https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/risk-in-regulatory-policy-2015>
- Professional Standards Authority. (2015b, October). *Right-touch regulation: Revised*. Retrieved from https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf?sfvrsn=eaf77f20_18
- Professional Standards Authority. (2017, November). *Right-touch reform: A new framework for assurance of professions*. Retrieved from

https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-reform-2017.pdf?sfvrsn=2e517320_5

- Province of British Columbia. (2016a). *Occupational therapy*. Retrieved from <http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation/occupational-therapy>
- Province of British Columbia. (2016, December 9). *Province proposes new College of Diagnostic and Therapeutic Health Professions*. Retrieved from <https://news.gov.bc.ca/releases/2016HLTH0093-002700>
- Province of British Columbia. (2018). *Health Professions Review Board*. Retrieved from <http://www.hprb.gov.bc.ca/about.stm>
- Pulaski, G. (2013). Achieving regulatory goals through strategic planning. *Journal of Nursing Regulation*, 4(2), 251-262. Retrieved from <http://www.sciencedirect.com/science/article/pii/S2155825615301496>
- PwC. (2016). *Enterprise risk management in the public sector: 2015 survey results*. Retrieved from <https://www.pwc.com/us/en/public-sector/publications/assets/pwc-enterprise-risk-management.pdf>
- Schensul, J. J. (2008). Methodology. In L. Givens (ed.). *Sage Encyclopedia of qualitative research methods*. Thousand Oaks, CA: Sage Publications, Inc. Retrieved from <http://sk.sagepub.com.ezproxy.library.uvic.ca/reference/download/research/n267.pdf>
- Sinclair, M. (2007). A guide to understanding theoretical and conceptual frameworks. *Evidence Based Midwifery*, 5(2). Retrieved from <http://www.doctoralmidwiferysociety.org/Portals/c8d3e3f8-9c01-4bf5-abd9-3fd6b4c510ae/marlneeditorialtheoreticlaframework.pdf>
- Sparrow, M. (2000). *The regulatory craft. Controlling risks, solving problems, and managing compliance*. Washington, D.C: Brookings Institution Press.
- Sparrow, M. (2008). *The character of harms: Operational challenges in control*. Cambridge, UK: Cambridge University Press.
- Steinecke, R. (2013). A futurist looks at professional regulation. *Grey Areas*, 180. Retrieved from <http://www.nsrhpn.ca/wp-content/uploads/2014/08/Futurist-Look-at-Regulation.pdf>
- Trochim, W. M. K. & Donnelly, J. P. (2008). *The research methods knowledge base* (3rd ed.). Mason, OH: Atomic Dog.
- University of Victoria (2016a). *Masters' proposal template*. Retrieved from <http://coursespaces.uvic.ca/mod/resource/view.php?id=439222>
- Yeager, S. (2007). Where do research questions come from and how are they developed? In H. Miller and K. Yang (Eds.). *The Handbook of Research Methods in Public Administration* (pp. 893-902). Hoboken, NY: Taylor and Francis. Retrieved from <http://www.uvic.ebib.com.ezproxy.library.uvic.ca/patron/FullRecord.aspx?p=321836&echo>

[=1&userid=IEhRP65Slkges3Wu6B1UVw%3d%3d&tstamp=1470525973&id=C8B58ED65E3C81D44F28EA54BCDA624F0BAC76BB](#)

Zuckerman, A. M. (2012). *Healthcare strategic planning* (3rd ed.). Chicago, IL: Health Administration Press.

Appendices

Appendix A: Draft Interview Guide for COTBC Staff/Consulting Staff

Time: ~ 1 hour

Objectives:

The primary objective of the interview is to inform the stakeholder analysis by:

- Identifying criteria that COTBC staff may use to evaluate/judge COTBC's effectiveness/performance.
- Obtaining participant's perspective on COTBC's success at meeting identified criteria.
- Gather staff thoughts on their role in strategic planning process, any perceived barriers, etc.

Materials required: Interview guide, audio recording device, pen/paper, telephone with speaker phone capability, pens/paper.

Overview:

- Welcome, thanks, and introductions.
- Confirm consent.
- Provide overview interview structure and approximate timing.
- Ask questions.
- Give thanks and outline next steps (e.g. focus group).

| |
|---|
| Draft Questions: |
| As key internal stakeholders in COTBC's strategic planning processes, what criteria would you use to judge or evaluate COTBC's effectiveness at meeting your needs or expectations? |
| Using the scale of not meeting expectations, meeting expectations, or exceeding expectations, in your opinion, how well is COTBC performing on the criteria you just identified (go through one by one). If 'not meeting' identified, probe for more detail. |
| Have you engaged in strategic planning previously? If so, can you describe the circumstances for me? With what organizations? What was your role? How did you contribute in this/these roles? Was there anything you wish could have been done differently? |
| As a COTBC staff member, what do you see as your role in the strategic planning process? (explain strategic planning and use an image of Bryson's Model if needed). |
| When COTBC decides to move forward with the strategic planning process, what hopes do you have for its process and/or outcomes? |
| What barriers can you anticipate for COTBC being able to engage in the strategic planning process? Do you have any ideas as to how these barriers could be addressed? |
| In your mind, how would you judge the effectiveness of a strategic planning process? |
| How would you judge the effectiveness of a strategic plan itself? |
| What type of communication regarding strategic planning would be meaningful to you in your role? |
| |

*** For consulting staff only (i.e. those not attending focus group) ask:

What do you see as COTBC's greatest internal strengths?

What do you think are COTBC's internal weaknesses or potential weaknesses?

From your perspective, what do you see as the greatest challenge or threats facing COTBC, as a health professional regulatory organization? (It may be helpful to reflect on the following categories: physical, economic, social, technological, legal, and environmental.)

What do you think are some of the opportunities COTBC could take advantage of in the future? (consider above categories)

Appendix B: Draft Interview Guide for Board Members

Time: ~ 1 hour

Objectives:

- To explore organizational readiness to engage in a strategic planning process
- To explore desired outcomes of engaging in strategic planning process

Materials required: Interview guide, consent materials, audio recording device, pen/paper, telephone with speaker phone capability, pens/paper.

Overview:

- Welcome, thanks, and introductions.
- Confirm consent.
- Provide overview interview structure and approximate timing.
- Go through questions
- Thanks and next steps (e.g. focus group).

| |
|---|
| Draft Questions: |
| Have you engaged in strategic planning previously? If so, can you describe the circumstances for me? With what organizations? What was your role? |
| As a COTBC Board member, what do you see as your role in the strategic planning process? |
| How do you see your role differing from that of the Registrar/CEO? |
| Who else do you think could or should have a role in the process? |
| Should COTBC decide to complete the strategic planning process, are there any expected practices you would want to see? Expected outcomes or deliverables? |
| Do you feel the COTBC Board has the necessary resources to commit to a strategic planning process? |
| What barriers can you anticipate for being able to engage in the process, personal, organizational, or external to the organization? Do you have any ideas as to how these barriers could be addressed? |
| What criteria should be used to judge the effectiveness of the strategic planning process? |
| What criteria should be used to judge the effectiveness of a strategic planning plan itself? |
| Do you have any thoughts on what communication strategies might be needed to support any strategic planning processes? Can you tell me more about these? |
| Any other final thoughts, worries, or concerns you would want to raise about engaging in the strategic planning process that we haven't discussed today |

Appendix C: Draft Committee Member Interview Guide

Time: ~ 1 hour

Objectives:

- To inform the stakeholder analysis by:
 - Identifying criteria that Committee members may use to evaluate/judge COTBC's effectiveness/performance.
 - Obtaining participant's perspective on COTBC's success at meeting identified criteria.
- To inform situation analysis by getting participant's input regarding strengths, weaknesses, opportunities and challenges facing COTBC.

Materials required: Interview guide, consent materials, audio recording device, pen/paper, telephone with speaker phone capability, pens/paper.

Overview:

- Welcome, thanks, and introductions.
- Confirm consent.
- Provide overview interview structure and approximate timing.
- Ask questions.
- Give thanks. Closing comments/reminders.

| |
|---|
| Draft Questions: |
| As key internal stakeholders in COTBC's strategic planning processes, what criteria would you use to judge or evaluate COTBC's effectiveness at meeting your needs or expectations? |
| Using the scale of not meeting expectations, meeting expectations, or exceeding expectations, in your opinion, how well is COTBC performing on the criteria you just identified (go through one by one). If 'not meeting' identified, probe for more detail. |
| What do you see as COTBC's greatest internal strengths? |
| What do you think are COTBC's internal weaknesses or potential weaknesses |
| From your perspective, what do you see as the greatest challenge or threats facing COTBC, as a health professional regulatory organization? (It may be helpful to reflect on the following categories: physical, economic, social, technological, legal, and environmental. |
| What do you think are some of the opportunities COTBC could take advantage of in the future? (consider above categories) |
| As a committee member, do you have any ideas about what type of communication strategies might be most helpful for COTBC to use when communicating with the Committee regarding the strategic plan? |

Appendix D: Draft Ministry of Health Interview Guide

Time: ~ 1 hour

Objectives:

- To inform the stakeholder analysis by:
 - Identifying criteria that the Ministry of Health uses to evaluate/judge COTBC's effectiveness/performance.
 - Obtaining participant's perspective on COTBC's success at meeting identified criteria.
- To inform SWOT/C analysis by getting participant's input regarding opportunities and challenges facing health professional regulatory organizations such as COTBC.

Materials required: Interview guide, audio recording device, pen/paper, telephone with speaker phone capability, pens/paper.

Overview:

- Welcome, thanks, and introductions.
- Confirm consent.
- Provide overview interview structure and approximate timing.
- Ask questions.
- Give thanks/closing reminders.

| |
|---|
| Draft Questions: |
| How long have you been in your current role within the Ministry of Health Professional Regulation and Oversight Department? |
| <p>Please tell me about your department.</p> <ul style="list-style-type: none"> • How many staff work within the Professional Regulation department? • What are your department's key responsibilities and functions? |
| <p>Thank you for that helpful context. I am interested in learning more about what role, if any, the Ministry has had in supporting the strategic planning processes of BC's health professional regulatory bodies.</p> <ul style="list-style-type: none"> • Are you aware of any times when the Ministry engaged in steps of the strategic planning process with health regulatory organizations? • If so, what did this involvement look like? • Are there any other ways that you think Ministry could contribute meaningfully? |
| <p>In your opinion, has there been any 'smart practices' you have observed some College's using that made their strategic planning processes more successful than others?</p> <p>If yes – Can you please tell me about these practices?</p> |
| <p>The next few questions involve gathering information that can be used to inform COTBC's stakeholder analysis.</p> <p>From your perspective, what criteria does the Ministry of Health use to judge or evaluate COTBC's effectiveness?</p> |
| <p>Using the scale of not meeting expectations, meeting expectations, or exceeding expectations, in your opinion, how well is COTBC performing on the criteria you just identified (go through one by one).</p> <p>If 'not meeting' identified, probe for more detail.</p> |

Thank you. The last two questions today are intended to help inform COTBC's situation (SWOT) analysis.

- In your opinion, please identify 3-4 key external challenges or threats that may impact COTBC in the future. Prompt for political, economic, social, technological, environmental, and legal/regulatory influences, if needed.
- Please identify 3-4 key external opportunities that you see for the organization, or other BC Health Regulators more broadly.

Appendix E: Draft Interview Guide for Registrars/CEOs of other Health Professional Regulatory Organizations

Time: ~ 1 hour, 30 minutes

Objectives:

- To gather information regarding strategic planning ‘smart practices’ from Registrars/CEOs in other related health professional regulatory organizations.
- To inform the stakeholder analysis by:
 - Identifying criteria that the participants use to evaluate/judge COTBC’s effectiveness/performance.
 - Obtaining participant’s perspective on COTBC’s success at meeting identified criteria.
- To inform situation analysis by getting regulator input regarding opportunities and challenges facing healthcare regulatory organizations such as COTBC.

Materials required: Interview guide, audio recording device, pen/paper, telephone with speaker phone capability, pens/paper.

Overview:

- Welcome, thanks, and introductions.
- Confirm consent.
- Provide overview interview structure and approximate timing.
- Ask questions
- Give thanks. Closing comments/reminders

| |
|---|
| Draft Questions/Approach: |
| Organizational context: <ul style="list-style-type: none"> • How long have you been with [insert College]? |
| <ul style="list-style-type: none"> • During that time, how long have you been in your current role as [insert title]? |
| <ul style="list-style-type: none"> • Approximately how many [insert profession] are registered with at [College] at present? |
| <ul style="list-style-type: none"> • Approximately how many staff or full time equivalents work at [College]? |
| The next few questions explore past experience with strategic planning as well as gather information about strategic planning within health professional regulatory organization context. <ul style="list-style-type: none"> • How would you describe your past experiences with strategic planning within the regulatory context? |
| <ul style="list-style-type: none"> • What unique or different challenges do health regulatory organizations face when engaging in strategic planning compared to other public sector organizations? |
| <ul style="list-style-type: none"> • Do you believe that engaging in strategic planning helped to improve your organization’s efficiency or effectiveness? If so, how? If not, why? |
| <ul style="list-style-type: none"> • How did your organization determine its strategic planning process? |
| <ul style="list-style-type: none"> • Can you tell me about who the key players were in [College’s] strategic planning efforts? What were their roles? |
| <ul style="list-style-type: none"> • Can you please provide a high-level description of the general steps taken during [College’s] past strategic planning cycles (from initiating the process through to implementation and evaluation, if applicable). How were these steps chosen? |

| |
|---|
| <ul style="list-style-type: none"> • Can you describe if and how risk assessment can be incorporated into strategic planning processes? |
| <ul style="list-style-type: none"> • Where do you think regulatory concepts and approaches such as ‘right tough regulation’ tie into strategic planning processes? |
| <ul style="list-style-type: none"> • Please describe any “quick wins” or “free lunches’ you discovered during past strategic planning cycles. In other words, describe any opportunities you found to get value out of the strategic planning process at little expense or cost. |
| <ul style="list-style-type: none"> • Were there any typical strategic planning conventions your organization broke or assumptions you challenged that helped make the process more successful? If so, can you describe them? |
| <ul style="list-style-type: none"> • If you could offer another health professional regulatory organization like COTBC three pieces of advice regarding strategic planning, what would they be? Any resources you would recommend? |
| <ul style="list-style-type: none"> • In addition, do you have any specific strategic planning warnings or cautions you can offer? |
| <p>Thank you for your answers so far. Now we will turn our attention to your role as one of COTBC’s external stakeholders.</p> <ul style="list-style-type: none"> • As COTBC’s fellow health [or occupational therapy] regulatory organization, what criteria does [College] use to judge or evaluate COTBC’s effectiveness at meeting your needs or expectations? |
| <ul style="list-style-type: none"> • Using the scale of not meeting expectations, meeting expectations, or exceeding expectations, in your opinion, how well is COTBC performing on the criteria you just identified (go through one by one). <p>If ‘not meeting’ identified, probe for more detail.</p> |
| <p>Thank you. The last two questions today are intended to help inform COTBC’s SWOT/C analysis.</p> <ul style="list-style-type: none"> • In your opinion, please identify 3-4 key external challenges or pressures that may impact COTBC in the future. (You may want to consider political, economic, social, technological, environmental, and legal/regulatory influences). |
| <ul style="list-style-type: none"> • Please identify 3-4 key external opportunities that you see for the organization. |
| <p>Thank you very much for your time. I know how busy you must be so your willingness to participate is much appreciated. [insert reminder regarding confidentiality and anonymity arrangements]. Advise who to speak to with any concerns or questions.</p> |

Appendix F: Draft Interview Guide for Members of the Public

Time: ~ 1 hour

Objectives:

- To inform the stakeholder analysis by:
 - Identifying criteria that the members of the public may use to evaluate/judge COTBC's effectiveness/performance.
 - Obtaining participant's perspective on COTBC's (or health care regulatory organizations success at meeting identified criteria.
- To inform situation analysis by getting participant's input regarding opportunities and challenges facing health professional regulatory organizations such as COTBC.

Materials required: Interview guide, audio recording device, pen/paper, telephone with speaker phone capability, pens/paper.

Overview:

- Welcome, thanks, and introductions.
- Confirm consent.
- Provide overview interview structure and approximate timing.

| |
|---|
| Draft Questions: |
| Are you familiar with the profession of occupational therapy? (If not, provide basic information for context). |
| Are you familiar with professional regulation and professional regulatory organizations? (If not, provide basic information for context). |
| As a member of the public, what do you think are the key purposes of a health professional regulatory organization such as the College of Occupational Therapists of British Columbia? |
| From your perspective, what do you see as the greatest challenges or threats facing health professional regulatory organizations? |
| What do you think are some of the opportunities health professional regulatory organizations could take advantage of in the future? |
| If you had to state what criteria that the public could use to judge or evaluate the effectiveness or performance of a regulatory organization such as COTBC, what would these criteria be? |
| Using the scale of not meeting expectations, meeting expectations, or exceeding expectations, in your opinion, how well does COTBC [and if not familiar with COTBC] health professional regulatory organizations score on the criteria you just identified (go through one by one). If 'not meeting' is reported, probe for more detail. |
| Do you have any thoughts on how regulatory organizations like COTBC can communicate its initiatives/services more effectively with the public? |
| If you could offer an organization like COTBC three pieces of advice or feedback as they enter into strategic planning (including identifying strategic priorities), what would they be? |

Appendix G: Draft Interview Guide for Canadian Association of Occupational Therapists – British Columbia (CAOT-BC) and University of British Columbia Occupational Science and Occupational Therapy (OSOT) Department

Time: ~ 1 hour

Objectives:

- To inform the stakeholder analysis by:
 - Identifying criteria that CAOT-BC and UBC OSOT may use to evaluate/judge COTBC’s effectiveness/performance.
 - Obtaining participant’s perspective on COTBC’s success at meeting identified criteria.
- To inform situation analysis by getting participant’s input regarding opportunities and challenges facing COTBC.

Materials required: Interview guide, consent materials, audio recording device, pen/paper, telephone with speaker phone capability, pens/paper.

Overview:

- Welcome, thanks, and introductions.
- Confirm consent.
- Provide overview interview structure and approximate timing.
- Ask questions.
- Give thanks/closing reminders.

| |
|---|
| Draft Questions: |
| If you had to state what criteria [insert organization] could use to judge or evaluate the effectiveness or performance of COTBC, what would these criteria be? |
| Using the scale of not meeting expectations, meeting expectations, or exceeding expectations, in your opinion, how well does COTBC score on the criteria you just identified (go through one by one). If ‘not meeting’ is reported, probe for more detail. |
| COTBC has the mandate of serving and protecting the public. Do you have any thoughts on how regulatory organizations like can communicate its initiatives/services effectively with the public? |
| From your perspective, what do you see as the greatest challenges or threats facing COTBC, as a health professional regulatory organization? (prompt with PESTLE categories if needed) |
| What do you think are some of the opportunities COTBC could take advantage of in the future? (prompt with PESTLE categories if needed) |
| If you could offer COTBC 3 pieces of advice or feedback or suggestions as they initiate their strategic planning process, what would they be? |

Appendix H: Draft Interview Guide for Client Identified ‘National Experts’ on Health Professional Regulation and Related Strategic Planning ‘Smart Practices’.

Time: ~ 1.5 hours

Objectives:

- To inform SWOT/C analysis by gathering input regarding national level opportunities and challenges facing health professional regulatory organizations such as COTBC.
- To gather information regarding strategic planning ‘smart practices’ relevant to the health professional regulatory context.

Materials required: Interview guide, consent materials, audio recording device, pen/paper, telephone with speaker phone capability, pens/paper.

Overview:

- Welcome, thanks, and introductions.
- Confirm consent.
- Provide overview interview structure and approximate timing.
Example Script: Today’s questions aim to meet three objectives:
 1. Gather your thoughts on what national level opportunities or threats/challenges might be facing a regulatory organization such as COTBC that should be considered in their situation analysis.
 2. Gather your perspective on what practices help improve the success of strategic planning within the health professional regulatory organization context.

| |
|---|
| Draft Questions: |
| <p>I would like to start today’s conversation with learning more about you and your professional background.</p> <ul style="list-style-type: none"> • Can you tell me a bit about yourself and your involvement with health professional regulation? I understand [insert details publically available]. |
| <p>The next few questions explore your past experience with strategic planning as well as gather information about strategic planning within health professional regulatory organization context.</p> <ul style="list-style-type: none"> • How would you describe your experience with strategic planning within the health professional regulatory context? |
| <ul style="list-style-type: none"> • How did you determine your strategic planning process? |
| <ul style="list-style-type: none"> • What do you think are the strengths and limitations of the strategic planning process? If so, how? If not, why? |
| <ul style="list-style-type: none"> • How do you think strategic planning might be done differently in health regulatory organizations compared to other public sector organizations? Why do you think these differences exist? |
| <ul style="list-style-type: none"> • What are your thoughts on using consultant support? If so, for what tasks and any lessons learned you would share from this? |
| <ul style="list-style-type: none"> • Can you tell me about who you think are the key players when undertaking strategic planning within the regulatory context? |
| <ul style="list-style-type: none"> • How do you think stakeholders are best engaged in the process? |

| |
|--|
| <ul style="list-style-type: none"> • Can you please provide a high-level description of the general steps taken during [College's] past strategic planning cycles (from initiating the process through to implementation and evaluation, if applicable). |
| <ul style="list-style-type: none"> • Can you describe if and how risk assessment was incorporated into strategic planning processes? |
| <ul style="list-style-type: none"> • Where do you think regulatory concepts and approaches such as 'right tough regulation' tie into strategic planning processes? (Explain basics of right touch regulation if need be). |
| <ul style="list-style-type: none"> • Please describe any "quick wins" or "free lunches" you discovered during past planning cycles. In other words, describe any opportunities you found to get value out of the strategic planning process with little cost. |
| <ul style="list-style-type: none"> • Were there any typical strategic planning conventions your organization broke or assumptions you challenged that helped make the process more successful? If so, can you describe them? |
| <ul style="list-style-type: none"> • If you could offer another health professional regulatory organization three pieces of advice regarding strategic planning, what would they be? Any specific resources you would recommend? |
| <ul style="list-style-type: none"> • Do you have any specific strategic planning warnings or cautions you can offer? |
| <p>Thank you. The last two questions today are intended to help inform COTBC's SWOT/C analysis.</p> <ul style="list-style-type: none"> • In your opinion, please identify any external challenges or pressures that may impact COTBC in the upcoming years that you think would warrant consideration when identifying strategic priorities. (You may want to consider political, economic, social, technological, environmental, and legal/regulatory influences). |
| <ul style="list-style-type: none"> • Please identify 3-4 key external opportunities that you see for the organization. |

Appendix I: Example of a Consent Form Used in the Research Project

Initiating COTBC's Strategic Planning Process: Exploring the Health Professional Regulatory Context

Andrea Bowden is a graduate student in the department of Public Administration at the University of Victoria. As a graduate student, Ms. Bowden is required to conduct a research project as part of the requirements for achieving a Master of Public Administration degree.

You are invited to participate in Ms. Bowden's research project entitled *Initiating COTBC's Strategic Planning Process: Exploring the Health Professional Regulatory Context*. It is being conducted under the supervision of Dr. Kimberley Speers.

Ms. Bowden needs your informed consent should you wish to participate. To assist with the consent process, this document provides an overview of the research project and provides a spot to indicate your consent. Andrea Bowden is pleased to answer any questions you may have and can be reached at the following email address: abowden@uvic.ca. Alternatively, you may contact Ms. Bowden's academic supervisor, Dr. Speers, at 250-721-8057.

Purpose and Objectives

The purpose of this research is to explore the following:

Primary question: What are the current environmental or 'situational' factors that may influence the College of Occupational Therapists of British Columbia's (COTBC) strategic priorities?

Sub-questions:

1. Who are COTBC's primary stakeholders and how might their interests influence COTBC's strategic priorities?
2. What smart practices can guide health professional regulatory organizations in designing their strategic planning process?
3. What connection is there between the strategic planning process and organizational risk analysis and management? How can this inform COTBC's strategic planning process?

Accordingly, the research objectives are:

- To identify and analyze key internal and external environmental influences on COTBC.
- To identify and analyze COTBC's key stakeholders.
- To identify smart practices for strategic planning within the health profession regulatory context.
- To summarize any identified connections between strategic planning and risk analysis/management processes.
- To recommend a strategic planning framework that the client/COTBC can use to continue forward with the strategic planning process.

Importance of this Research

The research findings are important because they will provide COTBC with evidence-informed data that can inform later steps in their strategic planning processes. Additionally, the findings will expand knowledge regarding strategic planning 'smart practices' within the healthcare regulatory context, an area with limited guiding published literature.

Participant Selection

You are being asked to participate in this research because you are a COTBC staff member. As such, you can provide valuable insights as a COTBC 'internal' stakeholder that can be used to inform research's situation and stakeholder analyses.

What is involved

If you consent to voluntarily participate in this research, your participation will include participating in a 1:1 interview with the researcher as well as a focus group with other current COTBC staff members.

- The primary objective of the interview is to inform the stakeholder analysis by:
 - Identifying criteria that COTBC staff may use to evaluate/judge COTBC's effectiveness/performance.
 - Obtaining participant's perspective on COTBC's success at meeting identified criteria.

The objectives of the focus group are:

- To inform a COTBC stakeholder analysis by:
 - Identifying other COTBC stakeholders and the criteria that they may use to evaluate/judge COTBC's performance/effectiveness.
 - Analyzing the power and interest of the different stakeholders
- To gather data to help inform a situation analysis (SWOT/C) and preliminary identification of potential strategic issues facing COTBC.

The interview will occur at the COTBC Victoria office or via telephone. It will be booked at the participant's convenience between April - May 2017. The focus group will be held on May 29, 2017 between 0900-1600 at the COTBC Victoria office during regularly scheduled work hours. It is anticipated that the session will be 7.5 hours long, including a 1 hour lunch and two 15 minute breaks. To help you prepare for the session as well as to maximize the time spent together, one-month prior to the session you will be sent a pre-group activity package to complete. This activity will require you to identify some of COTBC's internal and external stakeholders and categorize them according to a given set of criteria. Additionally, you will be asked to generate a list of what you think are COTBC's strengths, weaknesses, opportunities, and threats. Detailed instructions will be provided. Approximately 1-2 weeks before the session, this pre-work will be gathered and collated by the researcher to be presented in aggregate form at the session. It is anticipated that this pre-work will take no longer than 2 hours to complete.

Audio-tapes and written notes will be taken during the interview and focus group. A transcription will be made of the interview as well as key highlights from the focus group discussion.

Inconvenience

Participation in this study may cause some inconvenience to you, including loss of time from typical work activities.

Risks

There are some potential risks to you by participating in this research. These include social risks and risks of incidental findings. Social risks arise from engaging in the focus group discussion. You might hear or choose to disclose sensitive information and this may create some interpersonal tension or loss of privacy. The risk of incidental findings relates to the potential that information may be disclosed to the researcher, which due to the researcher's legal or professional obligations, necessitates some form of follow up action (e.g. a participant discloses some form of abuse by another regulated health care provider).

To mitigate and/or manage these risks, the following actions will be taken:

- Collaborating with focus group participants to establish 'ground rules' related to interpersonal behavior and privacy of information shared within the session. These rules will be revisited at the close of the session.
- Using group facilitation skills to manage any emerging interpersonal issues.
- Discussing with participant(s) any identified legal/professional obligations and researcher's next steps to meet these obligations, as appropriate.

Benefits

This research has potential participant, societal, and knowledge benefits. Participant benefits include having the opportunity to experience being part of a research process and having a structured/facilitated opportunity to discuss any issues or concerns that COTBC may wish to consider in future strategic planning phases. Societal benefits include informing COTBC's strategic direction and therefore, its ability to efficiently and effectively meet its mandate of serving and protecting the public. Knowledge benefits include addressing an identified gap in literature related to strategic planning 'smart practices' in the health professional regulatory context.

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any professional or personal consequences or any explanation. Regular salary/wage will not be impacted, assuming you resume typical work activities during scheduled time period. If you withdraw from the study, interview data will be destroyed. Any focus group data you may have contributed up to the point of withdrawal (including any pre-work) will be summarized and included in with the contributions of the other participants.

Researcher's Relationship with Participants

The researcher may have a relationship to potential participants given her current role as COTBC's Practice and Policy Consultant. To help prevent this relationship from influencing your decision to participate, COTBC's Registrar/CEO has recruited your participation on the researcher's behalf.

On-going Consent

It is anticipated that the interview will occur prior to the focus group. To confirm your continued consent to participate in the focus group, the researcher will revisit consent at the beginning of the session and ask that you re-sign this document.

Anonymity

There are limits to the researcher's ability to keep your information anonymous, given the nature of focus groups and the level of familiarity that may exist between participants and the occupational therapy/regulatory community more broadly. To enhance some degree of

anonymity between participants, any pre-work submitted to the researcher prior to the focus group session will be collated by the researcher and presented in summarized/aggregate form during the group session.

Confidentiality

There are limits to the researcher's ability to keep your information confidential, given the nature of focus groups and the level of familiarity between participants and the occupational therapy/regulatory community more broadly. To the extent possible, your confidentiality and the confidentiality of the data will be protected by the researcher by ensuring raw/uncollated data is stored safely and securely in locked cabinets in the researcher's home office and on password protected USB(s) which will also be locked in the secured location. If short term storage of raw data is needed on site at COTBC, it will be kept in the researcher's personal locked box/case, within a locked work cabinet, in the researcher's private office.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways:

- Master's project defense at the University of Victoria,
- The University of Victoria's web-based *UVic Space*, where student research is posted for public access,
- With COTBC's Registrar in the form a final project report, including summarized interview and focus group data.

Disposal of Data

The researcher will destroy the raw data once the final report has been submitted. Any paper materials will be shredded and any electronic data will be permanently erased from the USB.

Contacts

Please feel free to contact either Andrea Bowden (researcher) or Dr. Speers (academic supervisor) if you have any questions or concerns (refer to contact information at top of document). In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

| | | |
|----------------------------|------------------|-------------|
| <i>Name of Participant</i> | <i>Signature</i> | <i>Date</i> |
|----------------------------|------------------|-------------|

Ongoing Consent

I confirm my continued consent to participate in this study: _____ (Participant to provide initials)

Future Use of Data

I consent to be contacted in the event my data is requested for future research:

_____ (Participant to provide initials)

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix J: Focus Group Outline (For Use with Staff and Board)

Total time: 7.5 hours, including a one hour lunch and two 15 minute breaks

Objectives:

- To inform the stakeholder analysis by:
 - Identifying stakeholders and the criteria that they may use to evaluate/judge COTBC's performance/effectiveness.
 - Analyzing the power and interest of different stakeholders
 - Exploring degree of stakeholder's involvement in later strategic planning processes.
- To gather data to help inform situation analysis (SWOT/C) and preliminary identification of potential strategic issues facing COTBC.

Materials required: Consent materials, jugs of water and glasses, kleenex, pens and paper for participants, AV materials (laptop, screen, projector, cables), audio recording device, flip charts and markers, PowerPoint slide deck and handouts of slides.

| Step | PowerPoint Slides And/or Flip Charts | Allocated Time (min) |
|--|---|----------------------------|
| Obtain Consent | | |
| Hand out blank consent forms | | 2 |
| Provide time for review | | 5 |
| Answer related questions | | 5 |
| Retrieve signed forms as able | | 2 |
| Respectfully thank any participants that may choose to leave | | 1 |
| Welcome and Introductions | | |
| Researcher introduces self and explains role as facilitator. | | 5 |
| Discuss an obtain consensus on ground rules (e.g. respecting confidentiality established within the room (and boundaries to this) taking turns speaking, encouraging everyone to participate, staying focused and parking lot for unrelated items that may emerge that Board/staff need captured for later discussions) | <ul style="list-style-type: none"> • Anticipated basic ground rules • Parking Lot Issue | 5 |
| Review Agenda for Session | <ul style="list-style-type: none"> • Agenda | 5 |
| Stakeholder Analysis | | |
| Review purpose of stakeholder analysis | <ul style="list-style-type: none"> • Stakeholder Analysis overview | 10 |
| Present summary of collated list of stakeholders and their claim on or how affected by COTBC (from participant's homework) | <ul style="list-style-type: none"> • Summary of collated list of stakeholders | 10 |

| | | |
|---|---|----|
| Validate completeness of list | | 10 |
| Present summary of collated stakeholder criteria/expectations of COTBC (from participant's pre-session activity and from completed stakeholder interviews as available) | <ul style="list-style-type: none"> Summary of collated stakeholder criteria/expectations | 15 |
| BREAK | | |
| Facilitated exercise to finalize criteria/expectations (paired discussion then report back) | <ul style="list-style-type: none"> Copy of above that can be edited in 'real time' | 20 |
| Discussion regarding participants' perceptions as to how well COTBC is meeting these expectations. | | 20 |
| Present summary of collated Power vs Interest Grid Findings (from participant's pre-session activity). Validate findings. | <ul style="list-style-type: none"> Summary of collated findings | 20 |
| Discuss thoughts on how each stakeholder should be engaged in the strategic planning process, using the following criteria: Ignore, inform, consult, involve, collaborate/partner, decision-making authority. | <ul style="list-style-type: none"> Blank table populated with collated stakeholders. | 30 |
| Situation Analysis | | |
| Review purpose of situation/environmental analysis and SWOT/C assessment, including how it helps inform strategic planning. | <ul style="list-style-type: none"> Situation Analysis/SWOT/C overview | 15 |
| LUNCH | | |
| Present summary of collated SWOT/C findings (from participant's pre-session activity and from completed stakeholder interviews as available). Engage participants by asking to read out sections of findings. | <ul style="list-style-type: none"> Summary of collated SWOT/C findings. | 30 |
| Discuss findings. Example prompting questions: <ul style="list-style-type: none"> - Does there appear to be any missing information? If so, what? - Are any of these findings surprising? If so, why? - What patterns do you see emerging in the findings? | | 30 |
| Facilitated exercise to prioritize SWOT/Cs. (e.g. ask each participant to write up top 5 priorities for each quadrant on flip chart one for each of SWOT/C. If a priority is repeated, place star next to it). Once done, validate findings. | | 30 |
| BREAK | | |
| Discuss what a strategic issue is. | | 60 |

| | | |
|--|--|----|
| <p><i>Preliminary</i> identification of strategic issues. Reinforce issue identification is typically explored in great detail at a different phase of the strategic planning process, following a reflection on the organization’s mandate, and mission. (e.g., At this point are there any issues facing COTBC that are flagged for you? Are there weaknesses or strengths that can be offset by the strengths and opportunities identified?</p> | | |
| <p>Identify if any issues warrant immediate action. (e.g., Is there any urgency to respond to any of these identified issues in advance of further strategic planning work? If so why? How will this impact future choices related to strategic planning?</p> | | 20 |
| <p>Closing</p> | | |
| <p>Thank group for participation</p> | | 2 |
| <p>Reiterate confidentiality and any related ground rules re: talking about issues outside of group membership</p> | | 5 |
| <p>Reminder re: who to contact with concerns/questions/issues re: research.</p> | | 3 |

Appendix K: Draft Pre-Focus Group Activity Package (For Use with Board and Staff)

This package includes three activities to be completed prior to the scheduled focus group session on [insert date and time of focus group session]. Your valuable input will help increase both the richness and efficiency of the discussion at the focus group session. Note that your answers will be collated with other [insert staff or board members] that will be attending the session. A summary and further discussion of the collated findings will occur at the session.

Please email this completed activity package to **Andrea Bowden** at abowden@uvic.ca by **[date due]**. Do **not** put your name on this form if you wish for your results to remain anonymous. Should you have any questions or concerns regarding the context, please do not hesitate to contact Andrea at the email above.

Activity #1: COTBC internal and external stakeholders and criteria they may use to judge/evaluate COTBC's performance/effectiveness.

"If an organization has time to do only one thing when it comes to strategic planning,

that one thing ought to be a stakeholder analysis" (Bryson, 2011, p. 132).

Activity #1 Instructions: Brainstorm COTBC's internal and external stakeholders. Be as specific as possible. Once complete, identify what criteria **each stakeholder** might use to judge/evaluate COTBC's performance/effectiveness. Consider the criteria from the perspective of the stakeholder. There may be more than one criteria per stakeholder. Capture your thoughts in the tables below. Some helpful definitions:

Internal stakeholder – "a person, group, or other entity **inside** the organization that can make claim on the organization's attention, resources, or output or is affected by the organization's output" (Bryson & Alston, 2011, p. 99). Examples: Committee members, administrative staff, board members.

External Stakeholder – "any person, group, or organization **outside** the organization that may make a claim on the organization's attention, resources, or output or is affected by the organization's output" (Bryson & Alston, 2011, p. 96). Examples: other health regulatory organizations, Ministry of Health, members of public.

| COTBC Internal Stakeholders | Claim on or How Affected by COTBC (see definition above) | Criteria stakeholder may use to judge/evaluate COTBC's performance |
|-----------------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| COTBC External Stakeholders | Claim on or How Affected by COTBC (see definition above) | Criteria stakeholder may use to judge/evaluate COTBC's performance |
|-----------------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Activity #2: Power vs Interest Grid

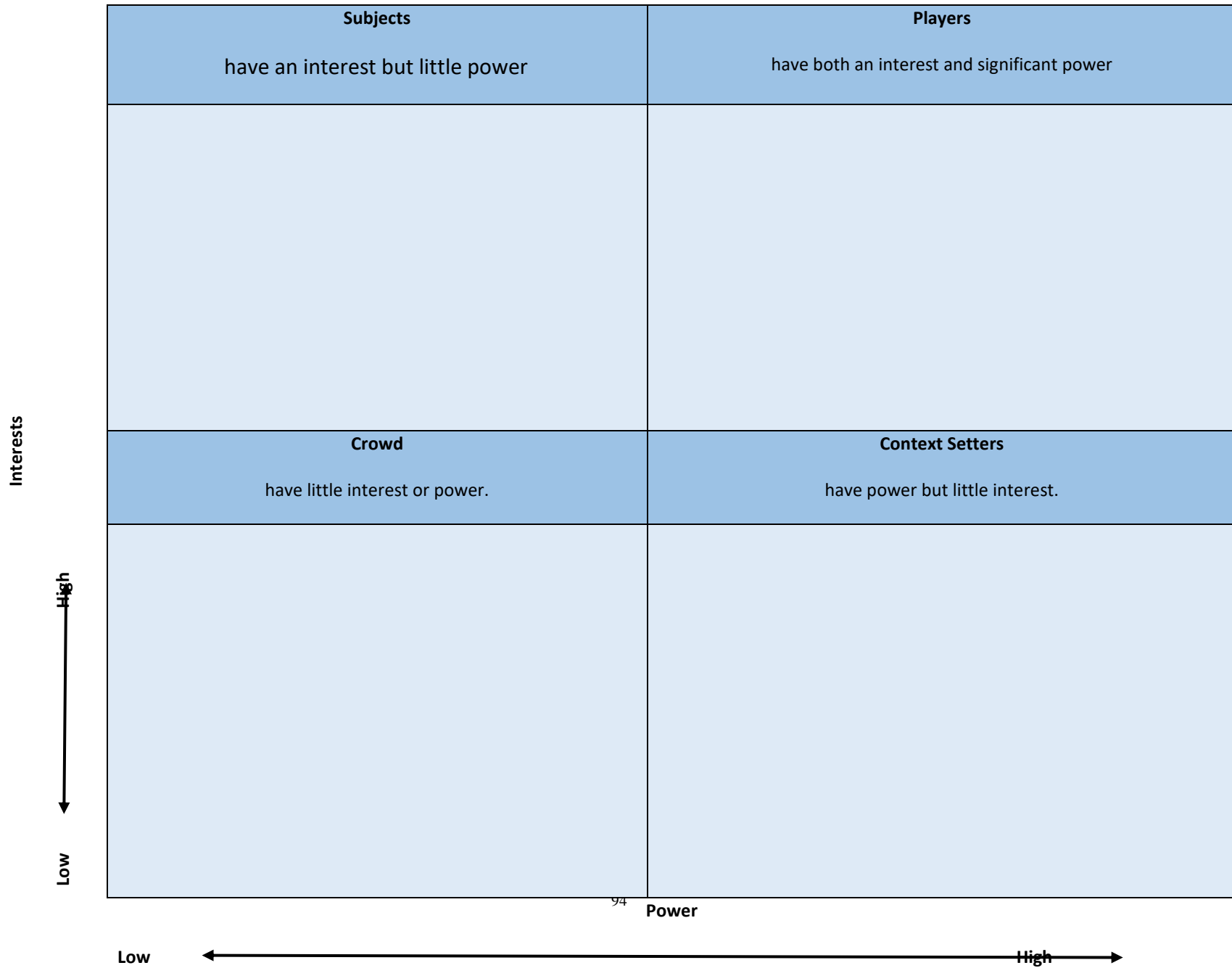
A Power vs Interest Grid categorizes stakeholders in a matrix across two dimensions:

1. Power – the stakeholder’s ability to affect the organization
2. Interest – the stakeholder’s stake in the organization.

The results can provide valuable information regarding whose interests and power must be considered, which coalitions should be attended to, where buy-in is required, and how to best communicate with others in order to affect their perception of the organization (Bryson, 2011, p. 408).

Activity #2 Instructions: Please place each stakeholder you identified in Activity #1 into one of the following quadrants.

Adapted from Bryson & Alston, 2011, pp. 102-103).



Activity #3: SWOT/C Analysis

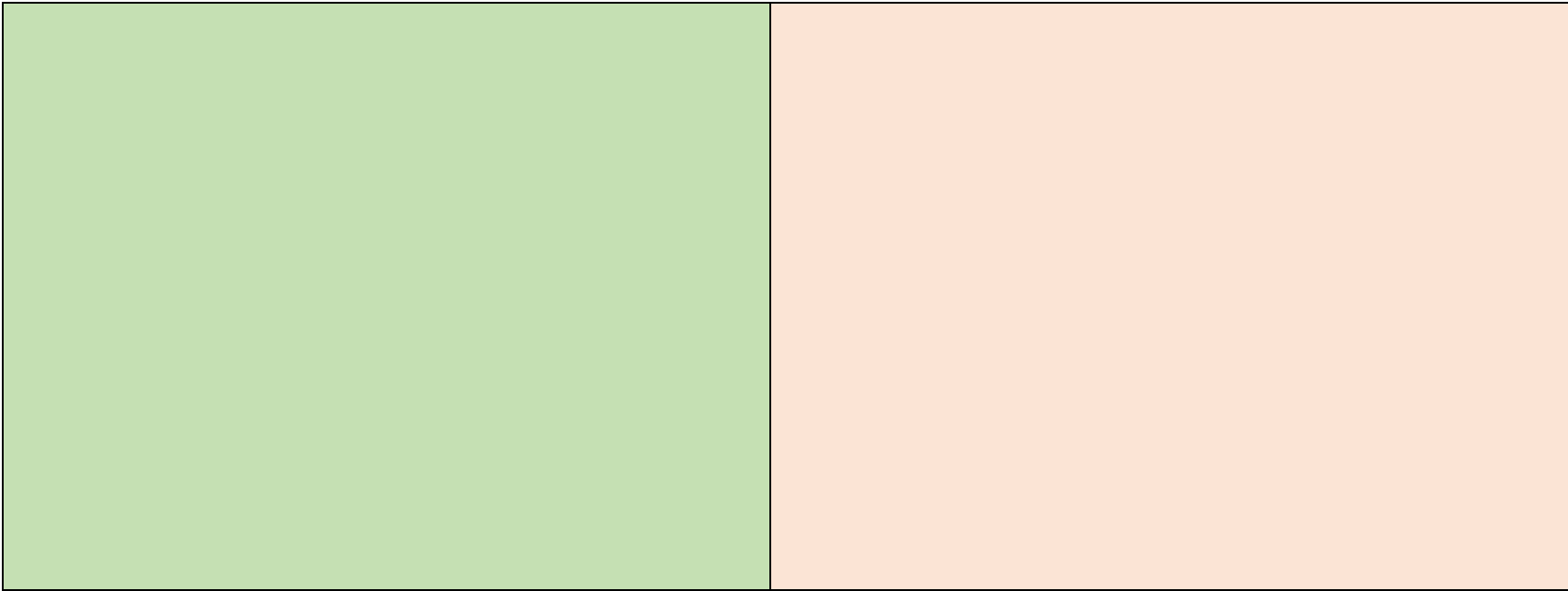
A comprehensive understanding of an organization’s internal and external contexts is foundational for the process of developing effective strategic decisions and interventions (Bryson, 2011, pp. 150-152). A SWOT/C analysis is a structured means of acquiring this contextual information, specifically data regarding an organization’s strengths, weaknesses, opportunities, and challenges or threats (Bryson, 2011, p. 151).

Activity #3 Instructions: Please brainstorm a list of COTBC’s **internal** strengths and weaknesses as well as the opportunities and challenges it faces in its current **external** environment. When considering **internal** strengths and weaknesses, it may be helpful to consider COTBC’s: board governance, planning mechanisms, human resources, leadership, culture, communication, technology, facilities, financial management, programs, reputation, performance, evaluation approaches, etc.

When reflecting on **external** opportunities and challenges/threats, it may be useful to consider the following forces or trends: political, environmental, social, technological, legal/regulatory, and economic.

| Strengths (Internal to COTBC) | Weaknesses (Internal to COTBC) |
|-------------------------------|--------------------------------|
| | |

| | |
|--|---|
| | |
| Opportunities (External to COTBC) | Challenges/Threats (External to COTBC) |
| | |



Thank you very much for your time!

As a reminder, please email this completed activity package to **Andrea Bowden** at abowden@uvic.ca by **[date due]**.

References

Bryson, J. M. (2011). *Strategic planning for public and non-profit organizations: A guide to strengthening and sustaining organizational achievement* (4th ed.). San Francisco, CA: Jossey-Bass.

Bryson, J. M. & Alston, F. K. (2011). *Creating your strategic plan: A workbook for public and nonprofit organizations* (3rd ed.). San Francisco, CA: John Wiley & Sons, Inc.

Appendix L: Focus Group Outline (For Use with Occupational Therapists/Registrants)

Total time: 1.5 hours

Objectives:

- To inform the stakeholder analysis by:
 - Exploring registrant's perception of COTBC's mission/purpose.
 - Identifying criteria that registrant participants use to evaluate/judge COTBC's effectiveness.
 - Obtaining sample perspective on COTBC's success at meeting their criteria.
- To inform SWOT/C analysis by getting registrant input on opportunities and challenges facing COTBC.

Materials required: Consent Forms (received by email previously), laptop, internet access, GoToMeeting (including recording function), PowerPoint slide deck and handouts of slides, paper/pen for researcher.

| Area of Focus | PowerPoint Slides | Allocated Time (min) |
|--|---|----------------------|
| Confirm Consent | | |
| Remind that formal signed consent received prior to session. | | 1 |
| Indicate that by attending, continued consent is implied. | | 1 |
| Invite and answer emerging related questions. | | 3 |
| Respectfully thank any participants that may choose to leave. | | 1 |
| Welcome and Introductions | | |
| Researcher introduces self and explains role as facilitator. | | 2 |
| Obtain consensus on ground rules (e.g. respecting confidentiality established within the meeting (and boundaries to this) taking turns speaking, encouraging everyone to participate, staying focused and parking lot for unrelated items that may emerge that participants need captured for later discussions). | <ul style="list-style-type: none"> • Anticipated basic ground rules • Parking Lot Issue notes | 5 |
| Review Agenda for Session. | <ul style="list-style-type: none"> • Agenda | 3 |
| Stakeholder Analysis | | |
| Review purpose of stakeholder analysis in the context of strategic planning. Highlight why registrant feedback being sought and how this information will be shared with COTBC to potentially inform strategic planning. | <ul style="list-style-type: none"> • Stakeholder Analysis overview | 5 |
| Explore registrant's perception of what is COTBC's mission/purpose. Example questions include: <ul style="list-style-type: none"> • In your opinion, what is the purpose of COTBC? (prompt how it is different from professional organization if needed) • As a registrant, what do you see as being COTBC's most important services or functions? | <ul style="list-style-type: none"> • Blank Slide (for recording purposes) | 15 |

| | | |
|---|--|----|
| <p>Facilitated exercise to identify participants' criteria/expectations used to evaluate or judge COTBC's effectiveness. Example question:</p> <ul style="list-style-type: none"> Reflecting on our earlier conversation, if you, as a registrant, were asked to generate a list of criteria to evaluate or judge COTBC's effectiveness, what criteria would you use? | <ul style="list-style-type: none"> Blank Slide (for recording purposes) | 20 |
| <p>Discussion and ranking regarding participants' perceptions as to how well COTBC is meeting these stated criteria/expectations, using the following ranking system: not meeting, meeting, exceeding.</p> <p>Where a criteria identified as 'not meeting', probe further. Example questions:</p> <ul style="list-style-type: none"> Please tell me more about why you feel COTBC is not meeting this expectation. What in your opinion, would be needed for COTBC to meet it? | <ul style="list-style-type: none"> Blank Slide (for recording purposes) | 15 |
| Situation Analysis | | |
| <p>Explore registrants' perception of opportunities and threats/challenges facing COTBC. Example questions:</p> <ul style="list-style-type: none"> From your perspective, what challenges or pressures are facing COTBC in the future that they should consider when undertaking strategic planning in the future? What opportunities do you see that COTBC could take advantage of or build upon in the future? If you could offer COTBC one piece of advice or feedback, what would it be? | | 15 |
| Closing | | |
| Thank group for participation | | 1 |
| Reiterate confidentiality and any related ground rules re: talking about issues outside of group membership | | 2 |
| Reminder re: who to contact with concerns/questions/issues re: research. | <ul style="list-style-type: none"> Thank you slide | 2 |

Appendix M: Collated Stakeholder Self-Identified Criteria and Rankings

Internal Stakeholder Self-Identified Criteria and Rankings

Rank: Not Meeting (NM), Meeting (M), or Exceeding Expectations (E)

| Stakeholder | Identified Criteria | Ranking |
|--|---|---------|
| Committee Members | <ul style="list-style-type: none"> Comprehensive orientation | M -E |
| | <ul style="list-style-type: none"> Clear roles/responsibilities | M-E |
| | <ul style="list-style-type: none"> Realistic time commitment/participation requirements (workload) | M |
| | <ul style="list-style-type: none"> Clear policy guidelines to help with decisions | M |
| | <ul style="list-style-type: none"> Clear communication (get info and share info) | M-E |
| | <ul style="list-style-type: none"> Safe environment for questions/forum for discussion | E |
| | <ul style="list-style-type: none"> Ongoing staff support/access to resources | M-E |
| | <ul style="list-style-type: none"> Organized/complete information packages and follow up | E |
| | <ul style="list-style-type: none"> Efficient processes, use of committee time | E |
| | <ul style="list-style-type: none"> Ability to make decisions and have supported | E |
| | <ul style="list-style-type: none"> Respectful of time/decisions as volunteers | E |
| | <ul style="list-style-type: none"> Adequate financial support | E |
| | <ul style="list-style-type: none"> Good process to develop team complement | M-E |
| | <ul style="list-style-type: none"> COTBC is values oriented | E |
| | <ul style="list-style-type: none"> Tools to measure committee goals | E |
| <ul style="list-style-type: none"> Ability to get feedback from registrants | M | |
| Staff – includes criteria identified by professional, administrative, and select consulting staff (final results post discussion at staff focus group) | <ul style="list-style-type: none"> Success of initiatives | M |
| | <ul style="list-style-type: none"> How initiatives viewed by others (comparisons and feedback) | M |
| | <ul style="list-style-type: none"> Balance of consistency with new ideas | M |
| | <ul style="list-style-type: none"> Respectful, trusting, safe work environment | M |
| | <ul style="list-style-type: none"> Look forward to coming to work | M |
| | <ul style="list-style-type: none"> Balance work culture (social and work) | NM |
| | <ul style="list-style-type: none"> Clear communication | M |
| | <ul style="list-style-type: none"> Flexibility in position | E |
| | <ul style="list-style-type: none"> Adequate technology | M |
| | <ul style="list-style-type: none"> Work-life balance | M |
| | <ul style="list-style-type: none"> Efficiency of work done | M |
| | <ul style="list-style-type: none"> Fair/timely reward (pay, benefits, etc.) | NM |
| | <ul style="list-style-type: none"> Support to learn/develop | NM |

| | | |
|--|---|--|
| | <ul style="list-style-type: none"> • Regular feedback (informal, formal performance reviews) • Work aligned with interests • Clear deadlines • Clear task requirements/expectations, performance metrics • Feel part of a team • Opportunity to build external relationships with others • Feel pride in work • Learning organization (safe/supported to try new things) • Feel challenged • Support to prioritize workload when overwhelmed • Feel valued, complexity of role understood • Celebrates success • Handles crisis • Responsiveness/nimbleness • Clear priorities/operational plans • Adequate financial resources • Adequate human resources • Opportunities for internal collaboration • Innovative | <p>NM</p> <p>M</p> <p>M</p> <p>M</p> <p>M-E</p> <p>M</p> <p>M-E</p> <p>NM</p> <p>M</p> <p>NM</p> <p>M</p> <p>M</p> <p>E</p> <p>M</p> <p>M</p> <p>M</p> <p>NM</p> <p>M</p> <p>M</p> |
| Board Members (final results post discussion at Board focus group) | <ul style="list-style-type: none"> • Meets mandate/legislative requirements (e.g. registration, QA, registration, complaints) • Operates according to key values • Uses current, evidence based-framework • Effective board decisions/policies guided by mandate and strategic plan • Alignment of board activities with workplan • Adequate Information (e.g. day-to-day operations, what's in media) • Sound fiscal management (resilience, stability, strength, budget) • Adequate resources to operate • Adequate staff support (including staff retention) • Performance of Registrar and staff (i.e. effective operations) • Effective Board meetings (including communication) | <p>M</p> <p>M</p> <p>M</p> <p>M</p> <p>M</p> <p>E</p> <p>M</p> <p>M</p> <p>E</p> <p>E</p> <p>E</p> |

| | | |
|---|---|---|
| | <ul style="list-style-type: none"> • Ability to be heard • Feel input valued • Feel engaged and satisfied with participation • Annual feedback • Sufficient nominations for election • Positive image of college with stakeholders • Publications - annual report, website | M M M M M M M |
| Registrants (Occupational Therapists) | <ul style="list-style-type: none"> • Standards/resources are easily accessible and available • Standards clear and understandable • Adequate competence evaluation process in place to protect the public <ul style="list-style-type: none"> • Quality assurance activities improve registrant knowledge base over time through feedback and follow up (e.g. ACCR results help to identify areas for registrant support and result in improvements) • Timeliness of practice consultations and practice support • Fair, objective, and timely complaint resolution process (e.g., timeliness) – participants unable to respond given lack of experience • Timeliness of response to changes in legislation • Timeliness for support for registration processing (e.g. provisional registration) • Communication regarding COTBC regulatory activities • Partnership/communication with employers/health employers when relevant to OT practice | M M E NM M-E * * * * * |

* Note that the latter 5 registrant criteria were not ranked given an unanticipated interruption in the focus group, necessitating the session be concluded abruptly.

External Stakeholder Self-Identified Criteria and Rankings

| Stakeholder | Identified Criteria | Ranking |
|--|---|----------------|
| External- Government, Educational Institution, Professional Association | • College products align with current practice issues | M |
| | • Clear communication between organizations | M |
| | • Clear communication more generally | M |
| | • Collaborate effectively | M-E |
| | • Responsiveness and helpfulness | M-E |
| | • Consultation and advice | E |

| | | |
|--|---|--|
| (not separated to support anonymity of participant findings) | <ul style="list-style-type: none"> • COTBC’s reputation • Supporting/processing new graduates • Appropriate competency metric (exam specifically) | M E NM |
| Other Colleges (other BC professional regulatory organizations and other provincial OT regulatory organizations) | <ul style="list-style-type: none"> • Plans/activities align with mandate • Good governance • Collaborate effectively (provincial, national); shares resources <ul style="list-style-type: none"> • Good communication – responsiveness, openness, consistency • Foundational regulatory pieces are in place to support work • Registration/complaints/Discipline Management • Quality Assurance Program • Respectful, trusting, caring interactions • Considerate of impact on others • Consistent with regulatory practices | M-E M-E M-E E M-E M E E M E |

Appendix N: Board Estimates of COTBC Internal and External Stakeholder Criteria and Ranking (generated pre-focus group session).

Rank: Not Meeting (NM), Meeting (M), or Exceeding Expectations (E)

Internal Stakeholders

| Stakeholder | Identified Criteria | Ranking |
|--|---|---------|
| Registrar | ● Clear mandate, values, and key result areas | E |
| | ● Meets mandate/legislative requirements | M |
| | ● Decisions made at the Board level | M |
| | ● Responsiveness to decisions and emerging issues | E |
| | ● Clear roles and responsibilities (between internal stakeholders) | E |
| | ● Delegation of responsibilities/work (including Deputy) | M |
| | ● Financial performance | M |
| | ● Management of board meetings | M |
| | ● Capacity to sustain operations (e.g., sufficient resources and supports – including emergency funds) | M |
| | ● Rate of internal stakeholder turnover | E |
| | ● Feedback received from committees | M |
| | ● Number and types of incoming questions | M |
| | ● Workload | NM |
| Staff | ● Reputation (image of College to stakeholders) | E |
| | ● Sufficient resources | NM |
| | ● Rate of staff turnover | E |
| | ● Timely, effective, staff recruitment | M |
| | ● Role clarity/sense of purpose | M |
| | ● Flexibility to provide ideas | M |
| | ● Job satisfaction | E |
| | ● Annual feedback | NM |
| | ● Workload levels | NM |
| | ● Positive work environment | E |
| | ● Stability of Board and Registrar | NM |
| | ● How treated by other stakeholders | M |
| | ● Comparison with past employers | M |
| ● Responsiveness to request for operational action | NM | |
| Registrants | ● Amount of information available related to new and emerging industry trends/practice issues (e.g. MAiD) | E |

| | | |
|---|---|--|
| | <ul style="list-style-type: none"> ● Clarity of requirements (standards, guidelines) ● Responsiveness to new and emerging industry trends/practice issues (e.g. MAiD) ● Availability and quality of practice supports (consult call experience, etc.) ● Treated fairly and justly during inquiries, etc. ● Value for their \$ ● Educational opportunities ● Frequency of communication OTs are being counselled or remediated in not meeting competency requirements. ● Stats showing how COTBC acts in the public interest (i.e. # of complaints etc.) ● Comparison of COTBC standards to those of other professions ● Reputation (image of College to stakeholders, including feedback from registrants) ● Publications - annual report, website | <p>M</p> <p>E</p> <p>E</p> <p>E</p> <p>NM</p> <p>M</p> <p>M</p> <p>M</p> <p>M</p> <p>NM</p> <p>M</p> <p>M</p> |
| Accountant / lawyer, investigators, consultants | <ul style="list-style-type: none"> ● Quality or COTBC products being reviewed ● Sufficient resources ● Effectiveness of policies implemented ● Feedback received ● Publications - annual report, website | <p>E</p> <p>E</p> <p>M</p> <p>NM</p> <p>M</p> |
| Committee Members | <ul style="list-style-type: none"> ● Clear mandate ● Clear board direction and support ● Role clarity ● Clear, timely, and accurate communication to/from COTBC/Board ● Responsiveness to committee requests ● Committee workload (able to complete assigned tasks in a timely/responsive way) ● Sufficient resources to meet workplan (including staff) ● Work completed is applied ● Timely and effective selection of committee members ● Feel engaged and satisfied with committee work ● Reputation (image of College to stakeholders) ● Annual feedback on policy decisions (committee performance) ● Publications - annual report, website | <p>E</p> <p>E</p> <p>M</p> <p>M</p> <p>M</p> <p>NM</p> <p>M</p> <p>E</p> <p>E</p> <p>E</p> <p>M</p> <p>NM</p> <p>M</p> |

External Stakeholders

| Stakeholder | Identified Criteria | Ranking |
|----------------|---|---|
| Government | <ul style="list-style-type: none"> ● Satisfaction and confidence that COTBC meeting public protection mandate. ● Compliance with legislation ● Alignment of bylaws ● Transparent, fair processes (registration, continuing competency, complaints, discipline) ● Clarity/soundness of inquiry decisions ● Review of HPRB decisions (# to HPRB, # decisions overturned) ● Demonstrates self-initiative ● Collaborates with others ● # of public complaints received ● Rate of staff turnover and appointed Board of Directors ● Public relations ● Implementation of changes | <p>E</p> <p>M</p> <p>NM</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>UNSURE</p> <p>E</p> <p>M</p> <p>NM</p> |
| HPRB | <ul style="list-style-type: none"> ● Review of HPRB decisions (# to HPRB, # decisions overturned) ● Soundness/clarity of committee decisions | <p>E</p> <p>E</p> |
| Public | <ul style="list-style-type: none"> ● Reputation ● Publications – annual report, website ● Experience participating in inquiry/discipline ● Staff responsiveness to call, inquiries, complaints ● Satisfaction with COTBC services received ● Interaction with practicing OTs – OTs provide safe, competent and ethical care ● Communications ● Information in media ● Easy to contact ● Easy to navigate website ● Available information regarding OTs (about, if registered, previous complaints, etc.) ● Clear practice requirements (Code of Ethics, continuing competency requirements) ● Clear complaints process | <p>NM</p> <p>M</p> <p>M</p> <p>E</p> <p>M</p> <p>M</p> <p>M</p> <p>NM</p> <p>M</p> <p>NM</p> <p>NM</p> <p>M</p> <p>NM</p> |
| Other Colleges | <ul style="list-style-type: none"> ● Consistency of jurisprudence principles ● COTBC success at implementing programs | <p>M</p> <p>M</p> |

| | | |
|--------------------------------|--|---|
| | <ul style="list-style-type: none"> ● Opportunity to collaborate and share ideas ● Comparison with own operations and governance ● Resolution of incidents ● Reputation ● Confidence in leadership ● Continuous Quality Improvement– moving forward, progressing ● Public safety well managed ● Publications – annual report, website | E M M M M M M |
| ACOTRO | <ul style="list-style-type: none"> ● Reputation ● Sufficient resources to meet workplans ● Publications – annual report, website | E NM NM |
| Employers and Unions | <ul style="list-style-type: none"> ● Reputation ● Experience participating in inquiry or discipline processes ● Responsiveness and follow up to calls/inquiries ● Interaction with practicing OTs – OTs provide safe, competent and ethical care ● Quality of new graduates ● Ongoing competency requirements ● Publications – annual report, website ● Ease of communication/reporting ● Easy to find answers to questions ● Clarity of roles | M M E M M M M M M NM |
| Prof. Associations | <ul style="list-style-type: none"> ● Reputation ● Responsiveness ● Publications – annual report, website ● Gap between what insurers expect and registrant’s ability to meet demands | E M M NM |
| Educational Inst. | <ul style="list-style-type: none"> ● Specificity of competency standards ● Reputation ● Responsiveness to calls/inquiries ● Publications – annual report, website | NM M M M |
| OT students | <ul style="list-style-type: none"> ● None provided | N/A |
| Third Party Funders / Insurers | <ul style="list-style-type: none"> ● None provided | N/A |
| Other organizations | <ul style="list-style-type: none"> ● Partnership and collaboration where there are shared goals/objectives | M |

Appendix O: Staff estimates of COTBC Internal and External Stakeholder Criteria and Ranking (Generated pre-focus group session)

Rank: Not Meeting (NM), Meeting (M), or Exceeding Expectations (E)

Internal Stakeholders

| Stakeholder | Identified Criteria | Ranking |
|---|--|---------|
| Board Members | ● Clarity regarding role | E |
| | ● Meeting HPA requirements/mandate | E |
| | ● Responsive, knowledgeable staff | E |
| | ● Meeting materials timely and facilitate engagement | E |
| | ● User friendly technology | E |
| | ● Timely communication | E |
| | ● Adequate policies and procedures in place | E |
| | ● Adequate education (orientation and ongoing) | E |
| | ● Comprehensive and transparent budget (fiscal responsibility) | E |
| | ● Adequate compensation | E |
| | ● Make progress toward priorities/strategic plan | E |
| | ● Feel values /respected and can contribute skills/expertise (value for time/\$) | E |
| | ● Feel contribute to the health/well-being of British Columbians | E |
| ● Feedback from other Colleges and colleagues | E | |
| Registrar | ● Feedback/comparison from other stakeholders | M |
| | ● Achievements align with strategic plan | M |
| | ● Meeting mandate | M |
| | ● Promoting mandate | E |
| | ● Efficiency of operations | M |
| | ● Good staff morale | M |
| | ● Respectful environment | M |
| Committee Members | ● Availability of education (e.g. orientation) | M |
| | ● Clarity regarding role | M |
| | ● Feel valued/respected and can contribute skills/expertise (value for time/\$) | M |
| | ● Relevant, timely, transparent communication | M |
| | ● User friendly technology | M |
| | ● Responsive, knowledgeable staff | M |

| | | |
|--|--|---|
| | <ul style="list-style-type: none"> ● Investigates scope/title issues | M |
| | <ul style="list-style-type: none"> ● Enhances cross province mobility | M |
| | <ul style="list-style-type: none"> ● Collaborates with others | M |

External Stakeholders

| Stakeholder | Identified Criteria | Ranking |
|--------------------|--|---|
| Government | <ul style="list-style-type: none"> ● Operates within mandate ● Activities completes as outlined in legislation/bylaws ● # of appeals before HPRB and follow up needed ● Collaboration with other College's/stakeholders ● Responsiveness/quality of submissions/request for info ● Quality of annual report ● Quality of information on website ● # of issues raised to MLA/MP ● Bylaws 'solid' ● Meets deadlines ● Knowledgeable staff | M M M E M M M M E M M |
| Public | <ul style="list-style-type: none"> ● Did I get what I wanted? Helpful? (comparison) ● Was I treated respectfully? ● Was I listened to/heard? ● Kept informed where there was follow up ● Processes clear, explained, fair, transparent, objective, impartial ● Is COTBC acting in my best interests? (in mandate) | M E M M M M |
| Other Colleges | <ul style="list-style-type: none"> ● Performance aligns with mandate/legal responsibility ● Collaborates effectively (i.e. BCHR, joint QA programs) ● Responsive and open to dialogue ● Provides advice/support ● Shares useful resources, policies, etc. ● Consistent with other College's where possible ● Quality annual report ● Respects differences ● Regarded with respect | M E E E E E M M M |
| Prof. Associations | <ul style="list-style-type: none"> ● Mutually beneficial interactions ● COTBC enhances quality of OT services ● Impact on associations considered ● Varying mandates clear and respected (role respected) | M M NM M |

| | | |
|------------------------|--|------------------|
| | <ul style="list-style-type: none"> ● Listens when concerns arise ● Collaborates when possible | M M |
| Educational Inst. | <ul style="list-style-type: none"> ● Input into standards ● Recognize scholarly expertise ● Collaborate/partner in joint activities (equal partner where appropriate) | M M M |
| OT students | <ul style="list-style-type: none"> ● Responds to questions ● Provides guidance with registration processes and in following months ● Easy to use website ● Approachable with practice questions and ethical concerns | M M M M |
| Health Authorities | <ul style="list-style-type: none"> ● Meet legislative responsibilities ● Timely and respectful response to concerns ● Collaboration re: promoting quality practice | M M NM |
| ACOTRO | <ul style="list-style-type: none"> ● Meet legislative responsibilities ● Participation in ACOTRO ● Sharing of experiences, resources ● Respect for differences | E E E E |
| Landlords / Neighbours | <ul style="list-style-type: none"> ● Clear communication ● Security of building maintained | M M |
| Media | <ul style="list-style-type: none"> ● Reliable info, quick response | M |

Appendix P: Definitions of Engagement Approaches

| Ignore | Inform | Consult | Involve | Collaborate/Partner | Decision-Making Authority |
|--------|---|---|--|---|--|
| | <p>We will keep you informed of progress and results.</p> | <p>We will keep you informed, listen to you, and provide feedback on how your input influenced the process.</p> | <p>We will work with you to ensure your concerns are considered and reflected in options considered, make sure you get to review and comment on options, and provide feedback on how your input was used in the process.</p> | <p>We will incorporate your advice and suggestions to the greatest extent possible and give you meaningful opportunities to be part of the decision-making process.</p> | <p>This is your strategic planning effort. We will offer options to inform your decisions. You will decide and we will support and facilitate implementing your decisions.</p> |

Appendix Q: Recommended Resources for Implementing a Modified Version of Bryson's (2011) Strategic Planning Cycle.

- Allison, M. & Kaye, J. (2005). *Strategic planning for nonprofit organizations: A practical guide and workbook* (2nd ed.). Hoboken, NJ: John Wiley & Sons, Inc.
- Bryson, J. M. (2011). *Strategic planning for public and non-profit organizations: A guide to strengthening and sustaining organizational achievement* (4th ed.). San Francisco, CA: Jossey-Bass.
- Bryson, J. M. & Alston, F. K. (2011). *Creating your strategic plan: A workbook for public and nonprofit organizations* (3rd ed.). San Francisco, CA: Jossey-Bass.
- Bryson, J. M., Anderson, S. R., & Alston, F. K. (2011). *Implementing and sustaining your strategic plan: A workbook for public and non-profit organizations*. San Francisco, CA: Jossey-Bass.
- Nickols, F. & Ledgerwood, R. (2005). The goals grid: A new tool for strategic planning. Retrieved from http://www.nickols.us/strategic_planning_tool.pdf