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Governance	Board & Committee Member Code of Ethics	POL-G-02
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CSHBC Board	December 2, 2011	June 18, 2021

DEFINITIONS

“Appointed board member” means a person appointed to the board under section 17(3)(b) of the *Health Professions Act*.

“Board” means the Board of Directors of the College.

“Board member” means an appointed Board member or an elected Board member.

“Chair” means the Board Chair in cases where deliberations are being made by the Board, and to committee or working group chairs in cases where deliberations are being made by those bodies.

“College” means the College of Speech and Hearing Health Professionals of British Columbia (“CSHBC”).

“Committee member” means a Full, Non-practising, or Retired registrant, Communication Health Assistant, or public representative appointed by the Board under Part 2 of the College Bylaws.

“Communication Health Assistant” or **“CHA”** means any non-registrant employed by a registrant or a registrant’s employer to support the registrant’s clinical practice of audiology, hearing instrument dispensing, or speech-language pathology.

“Elected board member” means a registrant elected to the Board under section 17(3)(a) of the Act or appointed to the Board under section 10 of the College Bylaws.

“Governance Advisory Committee” means the CSHBC Governance Advisory Committee (the “GAC”) established pursuant to section 28.1 of the College bylaws.

“Working group member” means a Full registrant, other regulated health professional (e.g., an ENT physician), Communication Health Assistant, public representative, advisor, consultant, or staff member appointed by a committee under a committee’s terms of reference as approved by the Board.

PURPOSE

The College Board & Committee Member Code of Ethics (the “Code”) governs members of the Board, committees, and working groups in all their activities on behalf of the College and guides them in

decisions and actions to be taken in situations of perceived or real conflict of interest. In addition to governing general conduct, the Code provides guidelines for identifying conflicts, disclosing conflicts and procedures to be followed to assist the College to manage conflicts of interest and situations that may result in the appearance of a conflict.

It is the duty of all Board members, committee members, working group members, and staff, to be aware of this policy, and to identify inappropriate conduct, biases, or conflicts of interest and situations that may result in the appearance of a bias/conflict, and to disclose them to the Board Chair, committee chair, working group chair, or other designated person(s).

Board, committee, and working group members will, at the beginning of their respective terms, sign the declaration below (section 4) that they have read, and will adhere to, the College Board & Committee Member Code of Ethics.

1. PRINCIPLE ONE | GENERAL CONDUCT

College Board, committee, and working group members shall:

- a. Act with integrity and in an ethical, respectful, and professional manner in their interactions with each other, College staff, consultants, advisors, registrants, colleagues, and the public.
- b. Maintain high ethical and moral character, so that their behaviour will reflect positively on the College.
- c. Undertake their duties and responsibilities with thorough preparation and careful attention to detail.
- d. Exercise independent and unbiased professional judgment in the performance of their duties.
- e. Maintain confidentiality about all matters that are considered in closed/in camera meetings.
- f. Adhere to the terms of any CSHBC confidentiality agreement signed as a requirement of their respective role.
- g. Consult with College staff through proper channels (Board Chair, committee chair, working group chair, and/or Registrar & CEO), and be sensitive about staff workload and priorities when making requests for assistance.
- h. Respect the role of spokesperson(s) and recognize their own limitations in speaking on behalf of the Board/College.
- i. Consider the opinions of others during deliberations, strive for integration of viewpoints and consensus-building, and respect the final decisions of the Board.
- j. Abide by the *Freedom of Information and Privacy Protection Act*.
- k. Exercise due diligence to avoid breaches of duty via negligence, intentional action or omission, or unauthorized communications with individuals for the purposes of receiving personal gains through Board or committee decisions.

2. PRINCIPLE TWO | SERVING & PROTECTING THE PUBLIC

College Board, committee, and working group members shall, at all times, act according to and consistently with section 16 of the *Health Professions Act*, which outlines the College's duties as follows:

16 (1) It is the duty of a college at all times

- (a) to serve and protect the public, and
- (b) to exercise its powers and discharge its responsibilities under all enactments in the public interest.

- a. This requires all Board, committee and working group members to carry out their duties and responsibilities with the purpose of serving and protecting the public and acting in the public interest.
- b. While Board, committee and working group members may bring knowledge and experience from a role as a member of a profession regulated by the College, or another professional group, they must at all times carry out their role with the College with the sole focus of serving and protecting the public.
- c. In undertaking their duties and responsibilities as a Board, committee or working member, individuals must not advocate for, balance, accommodate or protect the interests of their professional group, or any other professional group or entity.

3. PRINCIPLE THREE | CONFLICT OF INTEREST

A. Identifying Conflicts of Interest

Board, committee, and working group members shall be informed about the definition of conflict of interest as adopted by the College.

A conflict of interest is any situation where the Board, committee, or working group member's personal interests; or the interests of a close friend, family member, spouse, business associate, professional association, labour union, corporation, other Not-for-Profit organization or partnership in which they hold a significant interest, or a person to whom they owe an obligation could influence their decisions and impair their ability to:

- act in accordance with the duties and objects of the College as defined under section 16 of the *Health Professions Act*; or
- represent the College fairly and impartially.

This conflict of interest exists whether the decision could be, or could appear to be, influenced. The "appearance of a conflict of interest" occurs when a reasonably well-informed person could have a reasonable perception that the Board, committee, or working group member(s) are making decisions on behalf of the College that promote their personal interest or those of a person or organization as described above.

B. Declaring / Disclosing Conflicts of Interest

Upon recognition of a conflict of interest, Board, committee, or working group members shall immediately disclose it to the Board Chair, committee chair, or other designated person(s).

In instances where a conflict of interest is not known/recognized until after a matter is concluded/decision is made, Board members shall nevertheless disclose their conflict of interest to the Board Chair, committee chair, or other designated person(s).

In instances where Board, committee, or working group members are not certain if they are in conflict of interest, they shall request the advice of the Board Chair, committee chair, or other designated person(s).

C. Managing Conflicts of Interest

For each conflict of interest disclosed, the Board Chair, committee chair, or other designated person(s), will determine whether the affected group should: (a) take no action or (b) disclose the situation more broadly and invite discussion/resolution by the full Board of what action to take, or (c) refrain from taking action and otherwise avoid the conflict.

When the conflict involves a decision-maker, the person with the conflict:

- must fully disclose the conflict to all other decision-makers;
- may not be involved in the decision of what action to take (e.g., may not participate in a vote) but may serve as a resource to provide other decision-makers with information required.

In some cases, the person with the conflict may/will be asked to excuse themselves from discussions about that issue so as not to unduly influence the discussion and decisions.

In all cases, decisions involving a conflict will be made only by those who are not in the conflict.

The fact a conflict was managed, and the outcome of that management will be documented in the minutes of Board/committee/working group meeting and reported to the chair or other designated person(s).

The Registrar & CEO will monitor proposed or ongoing transactions of the organization (e.g., contracts with vendors and collaborations with third parties) for conflicts of interest and disclose them to the Board and staff, as appropriate, whether discovered before or after the transaction has occurred.

4. PRINCIPLE FOUR | COGNITIVE BIAS

A. Identifying Bias

Board, committee, or working group members shall be informed about the definition of cognitive bias as adopted by the College. Cognitive bias is an inclination to make systematic errors based on cognitive factors rather than evidence. The bias(es) may result from information-processing shortcuts (“heuristics”) and include errors in judgment, social attribution, and memory that skew the reliability of anecdotal and legal evidence and lead one to present or hold a partial perspective at the expense of (possibly) equally valid alternatives.

A number of common forms of cognitive bias may distort an individual’s judgement and include, but are not limited to:

- a. **Anchoring or insufficient adjustment** – the tendency to rely too heavily on past reference or initial information so it shapes our view of subsequent information;
- b. **Attribution asymmetry** – the tendency to attribute our success to our abilities and talents, but to attribute our failures to back luck and external factors; or the tendency to attribute others' success to good luck and their failures to their mistakes;
- c. **Choice-supportive bias** – the tendency to distort our memories of chosen and rejected options to make the chosen options seem more attractive;
- d. **Confirmation bias** – the tendency to search for or interpret information in a way that confirms our preconceptions, and to disregard facts that support different conclusions;
- e. **Group think** – the tendency to conform to the opinions of the majority of individuals (with peer pressure sometimes evident), therefore losing independence of thought or expression of thought (related to Bandwagon Effect and Herd Behaviour of doing or believing things because many other people do or are led in that direction);¹
- f. **Incremental decision-making and escalating commitment** – the tendency to look at a decision as a small step in a larger process, perpetuating a series of similar decisions;
- g. **Inertia** – unwillingness to change thought patterns that we have used in the past in the face of new circumstances;
- h. **Premature termination of search for evidence** – the tendency to accept the first alternative that looks like it might work;
- i. **Primacy effect** – the tendency to place more attention on the first set of data or information acquired or presented, and either ignore or forget more recent information;
- j. **Recency effect** – the tendency to place more attention on more recent information, and either ignore or forget more distant information;
- k. **Repetition bias** – willingness to believe what we have been told most often and by the greatest number of sources;
- l. **Role fulfillment or self-fulfilling prophecy** – the tendency to conform to the decision-making expectations that others have of someone in our position;
- m. **Selective perception** – the tendency for expectations to affect perception by actively screening-out information that we do not think is important;
- n. **Source credibility bias** – the tendency to reject statements/data if we have a bias against the source person or their affiliation, or the source organization; or the tendency to be more likely to accept something if we like the source person, affiliation, or organization;
- o. **Underestimating uncertainty and the illusion of control** – the tendency to underestimate future uncertainty because we believe we have more control over events than we really do, such as control over minimizing potential problems in our decisions;
- p. **Wishful thinking or optimism bias** – the tendency to distort our perception and thinking because we want to see things in a positive light.

B. Declaring/Disclosing Cognitive Bias

Bias may affect a single individual, several individuals, or the entire Board. All Board members are responsible for recognizing signs of cognitive bias based on discussions, evidence used to support/refute decisions, and deliberation tactics.

¹ NOTE: Consensus building strategies must be employed in a way that avoids development of this type of decision-making bias.

- a. Upon recognition of a bias, Board, committee, or working group members shall immediately disclose it to the Board Chair, committee chair, or other designated person(s).
- b. In instances where a bias is not known/recognized until after a matter is concluded/decision is made, Board, committee, or working group members shall nevertheless disclose the nature of their bias to the Board Chair, committee chair, or other designated person(s).
- c. In instances where Board, committee, or working group members are not certain if they are affected by a bias, they shall request the advice of the Board Chair, other Board members, committee chair, or other designated person(s).

C. Managing Cognitive Bias

The key to managing cognitive biases is understanding how they arise and how they influence decisions. Board, committee, or working group members will be diligent in looking for patterns in decision making, within themselves, in other members and across the group.

Consensus building strategies will be employed in a way that allows for independent thinking and voting by Board, committee, or working group members and avoids development of group think bias.

Information will be presented in factual, unbiased ways, and care will be taken to ensure that all perspectives of an issue and all relevant evidence for each perspective are included in briefing notes and presentations. Where missing information is identified during discussion, decision should be deferred until that information has been accessed by all decision makers.

5. RECUSAL & REMOVAL FROM POSITION

A. Committee and Working Group Members

If the College considers that a committee or working group member has not complied with their duties under the *Health Professions Act* or is involved in a conflict of interest as set out in this document, they may be asked to recuse themselves from a particular decision.

If the Registrar considers that the conduct of a member is inconsistent with that described at Principle One, above, or there is another conduct issue or apparent conflict that may impact that individual's suitability to continue to participate in the work of the committee or working group, the Registrar (or delegate) will bring the concerns to the GAC. The GAC will recommend next steps, which may include:

1. Making relevant enquiries regarding the matter, which may include interviewing the committee or working group member.
2. In the case of a committee member:
 - a. Recommending that the Board pass a motion to suspend the individual from the committee while further enquiries are made, or for a specified period.
 - b. Recommending that the Board pass a motion to remove the member from that committee.

3. In the case of a working group member:



- a. Suspending the individual from that working group while further enquiries are made, or for a specified period.
 - b. Removing the individual from that working group.
4. If the committee or working group member is a registrant, referring the matter at hand to the Inquiry Committee.

The individual the subject of one of the outcomes outlined at points 2 or 3 above may make submissions to the GAC (in the case of working group members) or Board (in the case of committee members) to request the reversal of their suspension or removal. These requests will be considered on a case-by-case basis.

B. Board Members

If concerns arise regarding the conduct of an elected board member, these will be reviewed and resolved pursuant to section 8 and/or section 9 of the CSHBC Bylaws.

CSHBC RELATED & OTHER DOCUMENTS

Marnet, Oliver. [*Bias in the Boardroom. Effects of Bias on the Quality of Board Decision-making.*](#)

Exeter University Business School, 27 October 2010.

6. DECLARATION

I, _____, hereby declare I have read and fully understand the Board & Committee Member Code of Ethics, and further declare that I will abide by the principles referred to and listed herein as a member of the Board, committee, or working group of the College of Speech and Hearing Health Professionals of British Columbia, this ____ day of _____, 20____.

Signature