**Professional Responsibility Committee (PRC) Meeting**

**Location:** Facility and Unit, Meeting Room

**Date:**

**Time:**

**Program/service:**

**Attendees:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NBA PRC co-chair  |  | Employer PRC co-chair |  |  |
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| **ITEM** | **DISCUSSION** | **Actions agreed upon** | **Timeline and person responsible for implementation** | **Progress to date** **(30 day review)** | **Issue Resolved** |
| **1. INTRODUCTIONS** |
|  | * A round table introduction session
 |  |  |  |  |
| **2. PRC MEETING PREAMBLE** |
|  | * Review the TORs and the Guiding Principles
* Set up ground rules
* Review the agenda
* Clarify the practice issue(s) being presented from the author if required
 |  |  |  |  |
| **3. PR Form(s) REVIEW** |
|  | * Date of incident of each PR Form and unit/service/program
 |  |  |  |  |
| cid:bcnulogo_8faa53c8-ecaf-4680-b662-837d2810cfbd.jpg**S:\Communications\COMMUNIC\Graphics\Logos\HEABC\HEABC_colour.tif4. PR Form(s) RECOMMENDATIONS - DISCUSSION** |
| * List only one of the nurses’ recommendations in each box
 | * Record only key issues: NOT verbatim notes
* Be succinct
 | Any agreement through consensushere:Any employerconcerns here: |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **5. SUMMARY AND RECOMMENDATIONS** |
|  | * List issue discussed
* One per box
 | List actions agreed upon here | Who will do what by when? | When will you review and how? (30 day review) |  |
|  |  |  |  |  |  |

**Summary update at 30 days:**

Submitted by:

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Employer Co-Chair NBA Co-Chair Date