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Modernizing the provincial health profession regulatory framework: A paper for consultation

Steering Committee on Modernization of Health Professional Regulation

November 2019

BRITISH COLUMBIA

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Introduction

The purpose of this consultation paper is to seek feedback from British Columbians and health-sector stakeholders that will assist the Steering Committee on Modernization of Health Professional Regulation to refine their proposal on how to modernize the regulatory framework for health professions in British Columbia.

Regulation of health professionals[1] is part of the foundation of safe health care and ensures that trust in health professionals is maintained. The public must be comfortable seeking care from health professionals and have confidence that these professionals will deliver safe, effective, ethical care. Regulation is one of the key mechanisms that assures patients that the care they receive is provided by qualified, capable and competent professionals.

On March 8, 2018, the Honourable Adrian Dix, Minister of Health appointed Harry Cayton, a leading expert in the field of professional regulation, to undertake an inquiry into the College of Dental Surgeons of British Columbia. The inquiry examined concerns about the College of Dental Surgeons' governance and operations, as well as reviewing the *Health Professions Act* and the model of health profession regulation in B.C.

On April 11, 2019, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* (the Cayton report) was released to the public. The report contains two parts:

- Part One focuses on the inquiry into the College of Dental Surgeons[2]; and,
- Part Two suggests approaches to modernize B.C.'s overall health profession regulatory framework.

In response to the suggestions outlined in Part Two of the Cayton report, the minister established and chairs the Steering Committee on Modernization of Health Professional Regulation. Committee members include Norm Letnick, health critic for the official Opposition, and Sonia Furstenau, health critic and house leader for the BC Green Party caucus. The steering committee was established to provide advice on an approach to modernize the regulatory framework for health professions. The authority to modernize the regulatory framework rests with the cabinet and the Legislative Assembly.

In developing this consultation paper, the steering committee has considered research, expert guidance, evidence from other jurisdictions and feedback gathered from an initial phase of public consultation.

[1] Terms defined in Appendix A first appear in **bold font.**

[2] The recommendations contained in Part One of the Cayton report related to the College of Dental Surgeons were accepted by the Minister of Health in April 2019. The minister directed the college to implement the recommendations. Information on the college's progress toward implementation of the recommendations is available online.

Scope of consultation

To modernize B.C.'s health profession regulatory framework, the steering committee is seeking feedback from stakeholders and the public. This consultation paper proposes wide ranging changes, including to current structures and the creation of new structures to strengthen the province's framework for health profession regulation.

In considering how to modernize health profession regulation, the steering committee is guided by three objectives:

1. Improve patient safety and public protection.
2. Improve efficiency and effectiveness of the regulatory framework.
3. Increase public confidence through transparency and accountability.

The Ministry of Health's most recent service plan explains that "underpinning the work of all ministries are two shared commitments: reconciliation with Indigenous peoples and consideration of how diverse groups of British Columbians may experience our policies, programs and initiatives."[3] In addition to the consultation outlined below, the steering committee supports implementation of the *Declaration on the Rights of Indigenous Peoples Act* and commits to honouring the United Nations Declaration on the Rights of Indigenous Peoples.

The steering committee supports cultural safety, diversity and accessibility of the regulatory system as foundational to increasing public trust and ensuring public protection for all British Columbians. Based on engagement completed to date, improvements to cultural safety have been most frequently linked to changes to the complaints and discipline process, ensuring leadership including board membership reflects the diversity of the people and communities that make up B.C., and creation of standards that promote cultural competence of health professionals and regulatory organizations.

Ways to participate

Members of the public, community groups and health-sector stakeholders are invited to submit feedback on the proposals outlined in this consultation paper.

Feedback is accepted from Nov. 27, 2019 to Jan. 10, 2020 via:

- Online survey here.
- Written submissions may be provided by email to PROREGADMIN@gov.bc.ca using the subject line 'Feedback – Regulating health professionals.' An email confirming receipt of the submission will be sent, but personalised responses will not be provided.

This engagement opportunity is at the level of *consult* on the spectrum of engagement.

[3] Ministry of Health 2019/2020-2021/22 Service Plan, p.1.

Background

In B.C., health profession **regulatory colleges** are responsible for ensuring that regulated health professionals provide services in a safe, competent, and ethical manner. Regulatory colleges hold a register of professionals, set standards of practice, set and maintain standards of education and training, and investigate complaints and discipline **registrants**. Regulatory colleges' role in setting and enforcing standards of competence and conduct for the professions they regulate influences patients' and families' interactions with health professionals. Regulatory colleges also protect certain titles - like doctor, nurse, traditional Chinese medicine practitioner, and dentist - that help the public to recognize qualified professionals who have demonstrated the requirements to practice safely.

There are 20 regulatory colleges established under B.C.'s *Health Professions Act*. This legislation provides a common regulatory framework for 25 health professions.[4] There have been criticisms that the current model of regulation, set out in the *Health Professions Act*:

- has enabled cultures that can sometimes promote the interests of professions over the interests of the public;
- is not keeping up with the changing health service delivery environment, particularly in relation to interprofessional team-based care;
- is not meeting changing patient and family expectations regarding transparency and accountability; and
- is inefficient.

Further to this, there has been growing concern regarding the performance of some regulatory colleges in carrying out their mandate to protect the public from harm.

Cayton report findings

The Cayton report finds that the provincial regulatory framework for health professionals fails to support regulatory colleges in fulfilling their mandate, stating that the *Health Professions Act* "is no longer adequate for modern regulation."[5] Deficiencies with the current regulatory model are highlighted, including issues related to the governance of regulatory colleges, a complex complaints and discipline process, and lack of transparency of regulatory colleges.

There is also concern that the current model of regulation has allowed for promotion of the interests of the profession over the interests of the public. The report identifies a lack of public trust in regulators and a lack of "relentless focus on the safety of patients"[6] as inadequacies of the current model. These themes are closely aligned with previous findings from a 2003 report conducted by the ombudsperson on self-governance in health professions in B.C.[7]

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[4] See Appendix B – *List of regulatory colleges and regulated professions in British Columbia.*
[5] Cayton report, p. 70.
[6] Cayton report, p. 85.
[7] Office of the Ombudsman of British Columbia. *Acting in the public interest? Self Governance in the Health Professions: The Ombudsman's Perspective*. 2003.

The Cayton report makes suggestions for improvements related to regulatory college governance, reduction in the number of regulatory colleges, oversight of regulatory colleges, and transparency of the complaints and discipline process.

Results from initial public consultation

Following the release of the Cayton report and the minister's establishment of the steering committee, one of the committee's first steps was to seek input from the public and stakeholders regarding their views on health profession regulation and the suggestions contained in the report. The initial consultation was held for one month, ending June 14, 2019. Through this consultation, the steering committee heard from British Columbians and health-sector stakeholders about the aspects of health profession regulatory modernization that are important to them.

The steering committee reviewed and considered all submissions and published an overview of themes on the Ministry of Health's Professional Regulation website.[8] Over 300 written submissions were received from a broad cross section of respondents, including: 190 members of the public; 50 health practitioners; 25 professional associations; 18 regulators; and 30 other health-sector stakeholders, including unions.

The submissions were broadly supportive of modernizing health profession regulation in B.C. Improved transparency and accountability throughout the system of health profession regulation were common themes. The need for greater oversight was also frequently expressed.

Members of the public who made complaints to regulatory colleges shared concerns about the current process for complaints and discipline. The importance of profession-specific clinical knowledge in health profession regulation was expressed. Other feedback themes included the need for consistent approaches to regulation across professions, cultural safety within the complaints and discipline process, and performance monitoring of regulators. Members of the public and health-sector stakeholders expressed support for continued engagement and consultation as potential changes progress.

Input from the initial public consultation assisted the steering committee to identify and prioritize the following elements of regulatory modernization that are important to British Columbians and health-sector stakeholders:

- Ensuring regulatory colleges are putting the public interest and patient safety ahead of the professional interest.
- Improving effectiveness of regulatory college boards and ensuring boards are composed of members appointed based on merit and competence.
- Reducing the number of regulatory colleges to improve efficiency and effectiveness.
- Creating a body to oversee regulatory colleges to improve public confidence and patient safety.
- Simplifying and increasing transparency in the complaints and disciplinary process.

[8] Initial consultation themes summary, 2019.

Modernization proposals

The steering committee is seeking input on the proposed changes outlined in the following sections of this consultation paper.

1. Improved governance

In its simplest form, governance is how groups organize themselves to make decisions. It refers to the structures, policies and processes put in place to make decisions. Regulatory colleges are governed by boards of directors that provide strategic leadership, decision making and stewardship, among other responsibilities.

In 2003, the ombudsperson reported on self-governance in health professions in B.C., citing concerns that "the professions do not appear to have fully accepted or understood what it means to act in the public interest."[9] Concerns have persisted and the Cayton report highlights that for many regulatory colleges, "their governance is insufficiently independent, lacking a competency framework, a way of managing skill mix or clear accountability to the public they serve."[10]

Regulatory college boards must provide effective leadership to ensure regulatory colleges fulfill their legally defined mandate. To achieve this, boards need to be composed of individuals with the right balance of skills and experience, who are focused on public safety. Ensuring boards are composed of individuals whose motivation is consistent with legislative requirements is critical to ensuring the protection of public safety.

Competency-based board appointments and balanced board membership

Each regulatory college board is made up of public board members (who are *not* registrants of the college) and health professional board members (who *are* registrants of the college). Public board members make up between one third and one half of each college's board (a legislated requirement). They are appointed by the Minister of Health and ensure that the public's perspective is considered in strategic leadership and decision making. Registrant board members make up the rest. They are elected by registrants within their professions and provide a profession-specific perspective.

The majority of regulatory college board members are elected by health professionals who are registered with the regulatory college overseen by the board. The ombudsperson's 2003 report highlighted concerns that these elections have led to a "strong sense of accountability [among colleges] to the profession,"[11] and ultimately have led to a diminished "sense of direct accountability to the public."[12]

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[9] Office of the Ombudsman of British Columbia. *Acting in the public interest? Self Governance in the Health Professions: The Ombudsman's Perspective*. May 2003, p. 3.
[10] Cayton report, p. 85.
[11] Office of the Ombudsman of British Columbia. *Acting in the public interest? Self Governance in the Health Professions: The Ombudsman's Perspective*. May 2003, p. 10.
[12] Office of the Ombudsman of British Columbia. *Acting in the public interest? Self Governance in the Health Professions: The Ombudsman's Perspective*. May 2003, p. 11.

The election of registrant board members has continued to promote the misconception that these board members are accountable to those who have elected them, rather than accountable to protect British Columbians. To address this issue, the Cayton report proposes the elimination of elected board members in favour of "fully appointed boards combining health professionals and members of the public in equal parts."[13]

Striving for balanced numbers of public and registrant board members will ensure that the perspective of the public is well represented. Ideally, a balanced board will include about half public and half registrant board members.[14] Increased public representation will also ensure that boards are more diverse and reflective of the public they serve. Using a **competency-based process to appoint board members** ensures boards have the right mix of skills and experience to govern effectively.

Feedback from the initial public consultation supported having regulatory college boards with an equal number of professional and public members, as well as the appointment of both public and professional members of boards based on merit, skills and experiences. Stakeholders also noted that ensuring cultural diversity of board members, as well as other leadership positions, is important to fostering cultural safety at all levels of organizations.

It is proposed that regulatory college boards have equal numbers of registrant and public members.

It is proposed that all board members (registrant and public) be recommended for appointment through a competency-based process, which considers diversity, is independently overseen, and is based on clearly specified criteria and competencies. The Minister of Health would appoint all board members based on the recommendations of the competency-based process.

Questions:
Q1a. *Do you support an equal number (50/50) of public and professional board members?*
Q1b. *Are there any possible challenges to the proposed approach, and if so, how can they be addressed?*

Size of boards

The Cayton report suggests regulatory college boards be reduced in size. In the initial public consultation, there was support for smaller boards. Evidence shows the most effective size for a board is between eight and 12 members.[15] Larger boards can lead to communication and co-ordination problems, causing effectiveness and performance to suffer.[16] A reduction in board size will help ensure boards provide effective strategic decision making and oversight.

To improve functioning and effectiveness, it is proposed that regulatory college boards move to a more consistent and smaller size.

Questions:
Q1c. *Do you support reducing the size of boards?*
Q1d. *Are there any possible challenges to reducing board size, and if so, how can they be addressed?*

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[13] Cayton report, p. 74.
[14] It is envisioned registrant members would make up one half of college boards and public members would make up one half of college boards. The number of registrant members or public members could not exceed the number of the other type by more than one.
[15] Professional Standards Authority. *Board size and effectiveness: advice to the Department of Health regarding health profession regulators*, September 2011.
[16] Professional Standards Authority. *Board size and effectiveness: advice to the Department of Health regarding health profession regulators*, September 2011.

Board member compensation

Regulatory colleges rely on fees collected from registrants to fund their operations, including compensation of board members. The amount regulatory colleges currently pay their board members varies significantly from board to board. Registrant board members are sometimes paid at a higher rate than public board members creating inconsistency within the same board.

The Cayton report notes, "if a higher performance is to be expected of board and committee members, they should be adequately rewarded. Board and committee members, both professional and public should be paid for the time they give and the expertise they provide."[17]

It is proposed that board and committee members be fairly and consistently compensated (within and between colleges) and move away from volunteerism.

Questions:
Q1e. *Do you support fair and consistent compensation for board and committee members?*
Q1f. *What are the benefits of this approach?*
Q1g. *What are challenges and how can they be addressed?*

2. Improved efficiency and effectiveness through a reduction in the number of regulatory colleges

To improve performance, efficiency and effectiveness of the regulatory framework, the Cayton report recommends a transition to fewer regulatory colleges. In the initial public consultation, increased efficiency and cost-savings were identified by many respondents as a key reason to support amalgamation. Some submissions from regulatory colleges indicated that smaller regulatory colleges are struggling to meet their mandate due to resource challenges. In some cases, these resource constraints significantly hamper the regulatory college's ability to protect the public from harm.

Of the 20 regulatory colleges under the *Health Professions Act*, there is significant variation in size and financial resources available to fulfil their legislated mandate. The smallest regulatory college, the College of Podiatric Surgeons of B.C., has just over 85 registrants and an annual revenue of about $330,000.[18] The largest regulatory college, the B.C. College of Nursing Professionals, has more than 59,000 registrants and an annual revenue exceeding $25 million.[19]

Amalgamation may also have benefits for registrants in the long term. Registrants of the College of Podiatric Surgeons pay the highest registration fees of regulated health professions, while registrants of the College of Nursing Professionals pay among the lowest.

[17] Cayton report, p.75.
[18] College of Podiatric Surgeons 2018 Annual Report.
[19] BC College of Nursing Professionals 2018 Annual Report.

Larger regulatory colleges are not only more efficient but are likely to be more effective. In clinical practice, experience and repetition of tasks improves performance.[20] The same is true for activities of regulation; writing clear standards, checking registrations, investigating complaints and making decisions on disciplinary matters are all performed more efficiently and effectively by colleges with extensive experience doing them. Adequate financial resources allow regulators to provide registrants with up-to-date clinical standards and guidance, and access to high-quality practice support resources.

B.C. is moving toward interdisciplinary teams of health-care professionals to better meet the health-care needs of patients and families. As health-care delivery shifts from solo professionals to team-based care, the regulatory framework must also evolve. Maintaining a focus on regulating single professions in isolation does not position regulatory colleges to respond to the increasing complexities of modern team-based care. A reduction in the number of regulators will support more consistent standards across professions, enabling integrated care for patients and empowering professionals to better understand the scope of their role within a team.

Fewer regulatory colleges will also make it easier for patients and families to determine who they should contact regarding concerns about the care received by a health professional. For example, as a result of the amalgamation of the three nursing regulatory colleges, there is now a single point of contact for concerns about the professional practice or behaviour of any nurse.

Reduction in the number of regulatory colleges – from 20 to five

To increase public protection, and improve efficiency and effectiveness of regulation, a reduction in the number of regulatory colleges from 20 to five is proposed.

Maintain the College of Physicians and Surgeons of B.C., the College of Pharmacists of B.C. and the B.C. College of Nursing Professionals. The College of Physicians and Surgeons, the College of Pharmacists and the College of Nursing Professionals are of sufficient size and have a sufficient registrant base to continue as standalone regulatory colleges. As a result of previous amalgamations, the College of Nursing Professionals has over 59,000 registrants and is the largest regulatory college in the province.

The College of Physicians and Surgeons, and the College of Pharmacists are large regulatory colleges, and also have unique jurisdiction and responsibilities. The College of Pharmacists has jurisdiction over the Drug Schedules Regulation and the operation of pharmacies in the province. The College of Physicians and Surgeons has jurisdiction over laboratory and diagnostic facilities and non-hospital medical and surgical facilities. These unique program responsibilities add to the need for these regulatory colleges to continue.

[20] Benner, P. (1982) From Novice to expert. American Journal of Nursing, 82(3), p. 402-407.

Creation of an oral health regulatory college. It is proposed that the four oral health regulatory colleges amalgamate to form a single oral health regulatory college. The four oral health regulators include: College of Dental Surgeons of B.C., College of Denturists of B.C., College of Dental Hygienists of B.C., and College of Dental Technicians of B.C. Certified dental assistants would shift from certified non-registrants of the College of Dental Surgeons to registrants of the oral health regulatory college. This would create a large regulatory college with ample resources and expertise in regulation of oral heath professions. This would also simplify system navigation for patients and families with questions or concerns related to oral health professions.

Creation of the College of Health and Care Professions of B.C. A new multi-profession regulatory college, which for the purposes of this paper will be referred to as the College of Health and Care Professions, will be created. The College of Health and Care Professions will be similar to the Health and Care Professions Council in the United Kingdom, which effectively regulates a broad range of professions.[21] The new College of Health and Care Professions will bring together the remaining regulatory colleges. Dissolution of the remaining regulatory colleges will address current resource challenges, improve regulatory effectiveness and create new economies of scale.

Options for remaining regulatory colleges. Regulatory colleges, apart from the oral health colleges, the College of Physicians and Surgeons, the College of Pharmacists and the College of Nursing Professionals will join the College of Health and Care Professions. As an alternative to joining the new College of Health and Care Professions, some regulatory colleges may consider approaching the College of Physicians and Surgeons, the College of Pharmacists, or the College of Nursing Professionals regarding a possible merger.

Mergers between a regulatory college and the College of Physicians and Surgeons, the College of Pharmacists or the College of Nursing Professionals must be supported by rationale for the merger and be approved by the boards of directors of both regulatory colleges. Following approval, board chairs of both regulatory colleges would be required to write to the Minister of Health indicating their mutual support for a merger and outlining rationale for the merger. Cabinet is responsible for making the final decision on whether colleges may merge.

The boards of directors of the College of Nursing Professionals and the College of Midwives have jointly submitted a letter to the minister outlining their support and rationale for an amalgamation. Similarly, the boards of the College of Physicians and Surgeons and the College of Podiatric Surgeons have submitted a letter to the minister outlining their interest in merging. The steering committee is supportive of these proposals.

[21] Health & Care Professions Council.

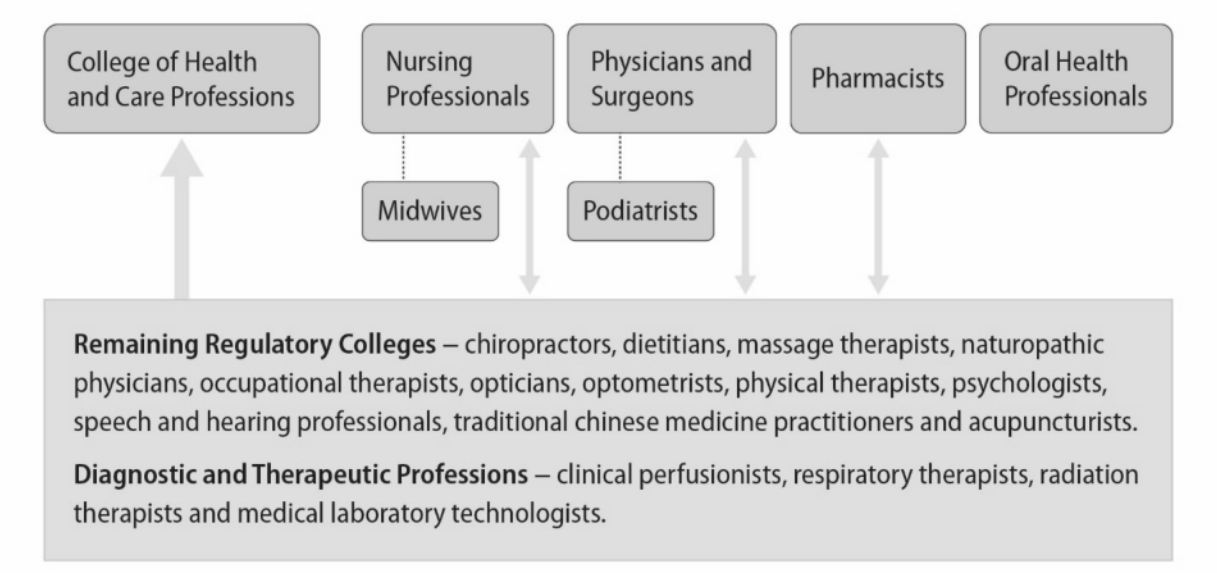
Diagnostic and therapeutic professions. Prior to the release of the Cayton report, cabinet approved creation of a diagnostic and therapeutic professions regulatory college to oversee respiratory therapists, radiation therapists, clinical perfusionists and medical laboratory technologists. If the College of Physicians and Surgeons, the College of Pharmacists, or the College of Nursing Professionals' board has confirmed a willingness to regulate one or more of these professions, the board should write to the minister to confirm its intention. Following receipt of the letter, ministry representatives will work with representatives of the diagnostic and therapeutic professions to determine if there is rationale to support regulation by a regulatory college other than the College of Health and Care Professions.

While a reduction in the number of regulatory colleges is proposed, the intention of this change is not to reduce the number of regulated health professions. All currently regulated health professions will continue to be regulated. A reduction in the number of regulatory colleges does not create a barrier to regulation of new professions. Instead, the process will be streamlined through removal of the costly and time-consuming requirement to set up a new regulatory college each time a new profession is regulated. As set out on page 14, the new oversight body will make recommendations to the minister and cabinet regarding regulation of new professions.

Given the current commitment to a reduction in the number of regulatory colleges, it is proposed that any new health professions be regulated by an existing regulatory college or the new College of Health and Care Professions.

Questions:
Q2a. *Are you supportive of the proposed approach to reduce the number of regulatory colleges from 20 to five?*
Q2b. *Please share your concerns with this approach, as well as your suggestions to address challenges.*
Q2c. *Are you supportive of a moratorium on the creation of new regulatory colleges?*

Figure 1. Proposed arrangement of regulatory colleges



Legislative change to support amalgamations

In November 2017, the *Health Professions Act* was amended to add provisions allowing for the amalgamation of regulatory colleges (Part 2.01). These provisions were used in September 2018 to successfully amalgamate the three former nursing colleges into a single regulatory college.

Submissions from the initial consultation noted that the current legislative provisions may not be suitable in all merger situations due to concerns about the disruption resulting from the amalgamation process. For example, the requirement to dismiss regulatory college boards was cited as an issue in potential mergers of small and large regulatory colleges, where it is intended that the large college continue to function without disruption and absorb the smaller college, leaving its board and bylaws in place.

The creation of broader legislated merger provisions to minimize disruption resulting from future amalgamations is proposed.

Question Q2d: *Do you have suggestions for ways to minimise the disruption caused by a merger of regulatory colleges that can be addressed through broader legislative provisions?*

Subcommittees to ensure clinical expertise

Stakeholders expressed concern that access to profession-specific clinical expertise could be lost in a transition to fewer regulators. For example, profession-specific clinical expertise is needed in the development of clinical standards of professional practice. The continued reliance on profession-specific knowledge and expertise is acknowledged as an important element of any future system. Sub-committees will be created to ensure that regulatory colleges continue to have access to profession-specific expertise and that understanding of professional context is maintained for effective regulation.

There would be a clear separation between professional sub-committees - responsible to establish clinical standards for professions - and the board which is responsible for governance. Regulatory college board members would be unable to serve as members of sub-committees.

It is proposed that sub-committees will be created within multi-profession regulatory colleges to address matters requiring profession-specific clinical expertise.

Question Q2e: *The importance of and continued reliance on profession-specific clinical expertise is acknowledged as an important element of effective regulation; for example, in the development of professional standards. Where is profession-specific experience required to ensure effective regulation?*

3. Strengthening the oversight of regulatory colleges

It is becoming common for governments to establish independent bodies to 'regulate the regulators' as part of a transparent regulatory system. To restore public trust in natural resource decision making, the government passed the *Professional Governance Act* (2018), which establishes the Office of the Superintendent of Professional Governance as an authority on professional governance matters in the natural resource sector.[22] The Cayton report suggests a new independent body be created to oversee health regulatory colleges (the **oversight body**).

In previous public consultation, submissions were broadly supportive of the creation of an oversight body, with particular interest in increasing accountability and consistency of regulatory colleges. At present, it is difficult for the public to find objective information on how health profession regulatory colleges are performing. An oversight body would increase accountability and transparency by defining performance standards for regulatory colleges, measuring performance against those standards, and publicly reporting on regulatory performance and opportunities for improvement. The steering committee supports a process that includes all parties in the appointment of the head of the oversight body.

Creation of a new oversight body with the following responsibilities is proposed:

1. **Routine audits of regulatory colleges based on clear performance standards.**
2. **Public reporting on common performance standards.** All regulatory colleges would be required to provide the oversight body with common performance data. Regular, consistent reporting would allow the public, policymakers and legislators to acknowledge good performance and determine where improvement may be required.
3. **Conducting systemic reviews and investigations.** The oversight body would conduct investigations into regulatory college performance and undertake systemic reviews on its own or at the request of the minister and would have the authority to make recommendations (e.g., the replacement of a regulatory college board with a public administrator). The minister could direct a regulatory college to implement the oversight body's recommendations.
4. **Review of registration and complaint investigation decisions.** The Health Professions Review Board would become an arm of the oversight body and continue to carry out independent reviews of registration and complaint investigation decisions made by regulatory colleges. Its role would not be expanded at this time as the creation of an oversight body would result in significant improvements to accountability and transparency of the overall provincial regulatory environment.
5. **Publishing guidance on regulatory policy and practice.** The oversight body would be responsible for analyzing performance data and publishing guidance in support of improvements across the regulatory system, with the aim of protecting patients from harm and improving overall quality of care.

[22] Government of British Columbia. Qualified professional legislation to restore public trust in natural-resource decision-making. News release. Oct. 22, 2018.

6. **Identify core elements of shared standards of ethics and conduct across professions.** The oversight body would work with regulatory colleges to facilitate a collaborative process to support alignment of common elements of standards of ethics and conduct across professions. Regulatory colleges would continue to have the authority to add to their standards of ethics and conduct; however, there will be an expectation that certain core elements, as established by the oversight body, are present in the standards of all regulatory colleges. Patients could expect increased consistency in standards of conduct, while allowing for some differences based on the care provided by the profession.

7. **Establishing a range of standards of professional practice.** Regulatory colleges would continue to have the authority to create standards of professional practice and responsibility for the content of those standards; however, the oversight body could require regulatory colleges to create or update certain standards of professional practice. This would increase consistency of standards across health professions, while respecting profession-specific clinical expertise. The oversight body would monitor emerging practice issues to keep the range of standards of professional practice up-to-date.

8. **Development of model bylaws and oversight of the process for bylaw amendments.** Working with regulatory colleges, the oversight body would develop a common set of model bylaws to support consistency, particularly in matters related to governance. To simplify the process for bylaw amendments, the posting and filing periods for bylaws that align with the model bylaws would be shortened or removed.

   Responsibility for the review and filing of bylaws would shift from ministry staff to the oversight body. The minister and oversight body would have the authority to disallow certain bylaws.

9. **Overseeing a board member appointment process.** The boards of directors of regulatory colleges would be appointed through a transparent, competency-based appointment process – developed and managed by the oversight body. This process would involve the regulatory colleges in identifying the desired competencies, diversity and experience required. The head of the oversight body would make a recommendation to the minister on board appointments.

   The oversight body would use the same process to facilitate appointments to the discipline panel (discussed starting on page 16 of this paper).

10. **Recommending health occupations that should be regulated under the *Health Professions Act.***

    New professions – The oversight body would recommend to the minister which, if any, unregulated occupations should become regulated. This recommendation would be based on the level of risk the occupation's activities have on public health, considering both the likelihood of harm and its severity should harm occur. The oversight body would also recommend how to address the risk of harm posed by an occupation, including whether another form of oversight might be more appropriate. If the minister accepts a recommendation for regulation under the *Health Professions Act* it would go to cabinet for final decision.

    Existing professions not regulated under the Health Professions Act – Not all regulated health professions fall under the umbrella of the *Health Professions Act*. For example, emergency medical assistants are regulated by a government-appointed licensing board under the *Emergency Health*

Services Act. Some social workers are overseen by a regulatory college under the *Social Workers Act,* while other social workers are overseen by their employer, the Ministry of Children and Family Development. In the future, the oversight body could assess and recommend whether the public interest could be better served if certain existing professions were to be regulated under the *Health Professions Act* and, if so, by which regulator.

The steering committee has noted that there is opportunity to consider improvements to how emergency medical assistants, social workers and counselling therapists are regulated. The oversight body may wish to prioritize review of these groups.

11. **Holding a list (single register) of all regulated health professionals.** The oversight body would be responsible for creating an online list of all regulated health professionals that is publicly-accessible and easy to search. Responsibility for inputting data would rest with regulatory colleges.
12. **Oversight of systemic progress on timeliness of the complaint process.** The oversight body would monitor regulatory colleges' systemic progress on meeting time limits; and provide guidance on complaints' resolution best practices, including guidance related to timeliness. Concerns about timeliness of individual complaints would continue to be reviewed by the Health Professions Review Board.
13. **Collection of fees.** The oversight body would be given the authority to collect fees from regulatory colleges in the future. It is envisioned that initial funding for the oversight body will be provided by government.

Questions:
Q3a. *Do you support the creation of an oversight body?*
Q3b*. Do you agree with the functions listed above*?
Q3c. *Do you have any concerns and if so, what are they?*

Increased accountability to the Legislative Assembly

The *Health Professions Act* requires regulatory colleges submit an annual report to the Minister of Health. To increase transparency and accountability of the regulatory framework to the Legislative Assembly, the minister will be required to table the annual reports of regulatory colleges and the oversight body in the Legislative Assembly.

It is proposed that annual reports of regulatory colleges and the oversight body be provided to the Legislative Assembly by the Minister of Health.

Questions:
Q3d. *Do you support increased accountability by requiring regulatory colleges' annual reports to be filed with the Legislative Assembly?*
Q3e. *Should annual reports of the oversight body also be filed with the Legislative Assembly?*

4. Complaints and adjudication

The Cayton report brings to light challenges with the current complaints investigation and discipline process set out in the *Health Professions Act* and undertaken by regulatory colleges. The report finds this process "needs significant revision to make it more efficient and effective, transparent and fair."[23] In particular, the report notes there is a need to create a clearer separation between the investigation and discipline stages of the complaints process.

The need for transparency and fairness in the complaints and discipline process were common themes from earlier public consultation. Members of the public who made complaints to regulatory colleges reported finding the process to be cumbersome and commented on delays and unsatisfactory resolutions. Health professionals and associations also highlighted the need for a timely and fair process. Regulatory colleges and health-sector stakeholders spoke to the necessity for professional clinical expertise in investigations and discipline.

Simplifying the complaints and discipline process is proposed in order to provide a clear focus on patient safety, public protection and strengthening public trust in regulation.

Proposed changes would include:

- Establishing a new disciplinary process that would create clear separation between the investigation and discipline stages of complaints. Regulatory colleges would continue to investigate complaints; however, disciplinary decisions would be made by a separate independent process.
- Increasing transparency by requiring that actions resulting from accepted complaints be made public.
- Removing the ability of professionals to negotiate agreements late in the process.

New independent discipline process

The Cayton report finds a lack of separation between the investigation of complaints and the disciplinary decision-making stage of the process, noting "separation of investigation from **adjudication** is a common principle of law which currently does not apply under the [*Health Professions Act*]."[24]

The report recommends that a new adjudication body be established, separate from regulatory colleges, to make disciplinary decisions regarding regulated health professionals.[25] Most prior public consultation submissions supported an adjudication body.

A new discipline process would be created, in which disciplinary decisions would be made by discipline panels independent of regulatory colleges. This new process would further separate the investigation stage of complaints (undertaken by regulatory colleges) from the discipline stage and provide consistency across regulated health professions. The use of a panel approach supported by the oversight body would be more efficient than creation of a new body.

[23] Cayton report, p.77.
[24] Cayton report, p.87.
[25] Cayton report, p.86-87.

The oversight body would support establishment of a pool of qualified discipline panel members. The Minister of Health would appoint an executive panel lead who would select a specific panel for each discipline hearing depending on the competencies required to decide the matter. Regulatory college board members and senior-level staff within related health professional associations would be ineligible for panel membership.

A panel for each discipline hearing would include at least one health professional with clinical competence in the same health profession as the registrant facing the complaint and at least one public member (non-health professional). Three-member panels are envisioned; however, panels would be larger in complex complaints. Single-member panels would make decisions on simple matters (e.g., a registrant's failure to respond to a regulatory college in a timely way regarding a complaint).

A new disciplinary process is proposed in which independent discipline panels would make decisions regarding regulated health professionals.

Questions:
Q4a. *Do you support the creation of a new disciplinary process which would be independent from regulatory colleges?*
Q4b. *What are the benefits of such an approach?*
Q4c. *What are possible challenges and ways to address these?*

Regulatory college roles in the complaints process

The Cayton report makes a range of recommendations related to the role of regulatory colleges in complaint matters; especially related to the role of inquiry committees. The report recommends regulatory colleges continue to be responsible for investigation of complaints against registrants.[26] During consultation, stakeholders expressed the need to clearly delineate the functions of regulatory college inquiry committees in relation to adjudicative functions of a potential new external disciplinary body.

To improve public trust in the complaints process and ensure that public safety is at the forefront of complaints investigations, regulatory colleges would need to demonstrate their use of a fair and open process to appoint inquiry committee members. Regulatory colleges would need to ensure that inquiry committee membership considers competence, merit and diversity. Also, inquiry committee members would be required to undertake regular training and appraisal. Regulatory college boards would not be involved in complaints and discipline,[27] and persons in senior positions within related health professional associations would be ineligible for inquiry committee and discipline panel membership.

[26] Cayton report, p.86.
[27] Cayton Report, p.87 and p.75.

Regulatory college inquiry committees would continue to have many of their current functions, including to investigate complaints, dismiss vexatious complaints, send caution or advice letters, and to resolve matters consensually via agreements with registrants. Additionally, inquiry committees would have wider discretion to dispose of complaints, in line with the Cayton report's recommendation. Once inquiry committee investigations are complete, committees would refer matters to a discipline panel, where appropriate.

Regulatory colleges and their inquiry committees would continue to be responsible for the investigation of complaints. This will assure professional expertise in the investigation of complaints.

Questions:
Q4d. *Do you support regulatory colleges continuing to investigate complaints regarding health professionals?*
Q4e. *Do you support improvements to the composition of inquiry committees?*

Transparency

The Cayton report finds that "the *Health Professions Act* builds secrecy into the complaints process" and in doing so, protects registrants' privacy but not the public.[28] It reflects that "it should be recognised as a fundamental right of a patient to know about their healthcare provider's competence and conduct."[29] Of significant concern is that when a registrant resolves a complaint by making an agreement with their regulatory college, in some cases public notification can be negotiated and the matter can be kept private. The report recommends that "all or any **sanctions** imposed in relation to complaints" be accessible to the public (via the single online register of professionals).[30] The need for increased transparency in the complaints and discipline process was a frequent theme of feedback during public consultation, specifically the need to disclose information regarding findings of complaints against professionals.

It is proposed that actions taken to resolve accepted[31] complaints about health professionals be made public.

All actions resulting from agreements between registrants and regulatory colleges would become public (e.g., agreements that registrants complete additional training). These actions would be listed under the health professional's name in the single online register and on the regulatory college's website. Public notification would be limited in some circumstances related to practitioner's ill health.[32]

Questions:
Q4f. *Do you support publishing actions taken to resolve accepted complaints about health professionals?*
Q4g. *Do you support all actions resulting from agreements between registrants and regulatory colleges being public?*

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[28] Cayton report, p. 82.
[29] Cayton report, p. 82-83.
[30] Cayton report, p.86.
[31] Accepted complaints are those that are not dismissed, and where some action is being taken as a result of the complaint.
[32] *Health Professions Act*. Section 39.3 (4) to (6).

Enable regulatory colleges to make public comments about known complaints

At times, a complaint under investigation may become known to the public through the media or other means. However, regulatory colleges may not provide public information due to interpretation of privacy provisions in the *Health Professions Act*. This may be perceived as a lack of transparency or inaction.

To increase transparency and public confidence, it is proposed that regulatory colleges be allowed to provide limited public comment if a complaint becomes known to the public, modeled after similar public notification rules of the Law Society of British Columbia.[33] This would allow regulatory colleges to disclose: the existence of a complaint, subject matter, status and any interim undertakings.[34]

It is proposed that regulatory colleges be able to make limited public comments if a complaint under investigation becomes known to the public.

Questions:
Q4h. *Do you support allowing regulatory colleges to make limited public comments about a complaint under investigation if the complaint becomes known to the public?*
Q4i. *What are the benefits of such an approach?*
Q4j. *What are the challenges, and how can these be addressed?*

Ensuring past conduct is considered

The *Health Professions Act* appears to give regulatory colleges discretion on whether past conduct will be considered when current complaints are reviewed. The Cayton report highlights concerns regarding this discretion. The report notes that "a history of upheld complaints is clearly relevant to sanction, particularly if remediation has previously been prescribed but has failed to improve performance."[35]

In order to better protect patients from harm, it is proposed that complaint and discipline decisions must take into consideration the professional's past history.

Questions:
Q4k. *Do you support requiring that regulatory colleges and disciplinary panels consider a registrant's past history of complaints and discipline when making decisions on a current complaint?*
Q4l. *What are the benefits of such an approach?*
Q4m. *What are the challenges and how can they be addressed?*

Time limits and timeliness

Timely investigations and conclusions of complaint matters are important to ensuring public safety and confidence in the regulation of health professionals. Regulatory colleges, health professionals, health-sector employers, and public safety agencies may influence timeliness.

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[33] Law Society of BC Rules 2015, updated July 2019, 3-3(2).
[34] This is modeled on the Law Society of BC Rules 2015, 3-3(2).
[35] Cayton Report, p.80-81.

The *Health Professions Act* currently sets time limits for how long inquiry committees have to complete complaint investigations (by disposing of complaints), allows the suspension of investigations if they are delayed, and gives certain powers to the Health Professions Review Board to investigate and respond.[36] The Cayton Report notes that "statutory time limits take no account of reality (complexity of cases, actions by the registrant, actions by lawyers, circumstances outside the college's control, resources available) and there are other better ways of improving timelines" and recommends removing the statutory time limit for how long inquiry committees have to complete investigations/dispose of matters.[37]

Time limits would be set for stages of the investigation process to encourage timeliness and transparency, instead of a statutory time limit for the overall length of time that investigations must be completed in. Time limits for stages in the investigation process would strengthen the requirements on registrants to co-operate with investigations. Time limits for points in the investigation process would be specified, and may include:

- A set number of days in which registrants are required to respond to a complaint.
- A set number of days in which regulators must respond to and update the complainant.
- Time limits for negotiations between registrants and inquiry committees, which may include limiting how long registrants have to make proposals to the inquiry committee once a citation has been issued for a disciplinary panel hearing. This would help to resolve complaints more quickly and could reduce costs.

The Health Professions Review Board would continue to be responsible for reviewing concerns of complainants when regulatory colleges do not meet time limits in the investigation process. The oversight body would be responsible for monitoring regulatory colleges' systemic progress on meeting time limits and for encouraging improvements.

It is proposed that time limits be set for stages of the investigation process, instead of a statutory time limit for the length of time that investigations must be completed in.

Responses to sexual abuse and sexual misconduct

The *Health Professions Act* leaves discretion with regulatory colleges in how they address sexual abuse and misconduct. Alberta and Ontario have taken specific measures to address sexual abuse by health professionals, these include mandatory cancellation of practice for sexual abuse, and requiring regulatory colleges to fund counselling for victims. Many other provinces do not have such measures.

The steering committee is seeking feedback to help establish consistency across regulatory colleges in relation to how they address sexual abuse and sexual misconduct.

Question Q4n: *What measures should be considered in relation to establishing consistency across regulatory colleges regarding how they address sexual abuse and sexual misconduct?*

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[36] *Health Professions Act*. Section 50.55.
[37] Cayton Report, p.83.

5. Information sharing to improve patient safety and public trust

In matters of multi-profession complaints (i.e., a complaint regarding care from a team of health professionals) and patient safety matters, information sharing is needed in order to protect the public. Regulatory colleges, along with all parts of the health profession regulatory system, must work together to improve patient safety and secure public trust in health professionals.[38]

During public engagement, regulatory colleges noted that legislative barriers to information sharing made it difficult to work with other health system stakeholders. Information sharing between regulatory colleges, health authorities and other agencies is affected by multiple pieces of legislation. It was suggested that statutory changes are required to allow effective communication among regulatory colleges and with other agencies. It was also suggested that regulatory colleges should be responsible for co-ordinating team-based care complaints, so that patients only have to connect with one regulator.

It is proposed that health profession regulatory colleges be enabled to share information (between each other and with other agencies) where necessary for public safety and protection.

Questions:
Q5a. *What are the benefits of enabling regulatory colleges to more easily share information?*
Q5b*. What are the challenges of this approach and how can they be addressed?*
Q5c*.What organizations should regulatory colleges be able to share information with in order to protect the public from future harm, or address past harms?*

Next steps

Feedback from British Columbians and health-sector stakeholders will assist the steering committee to finalize recommendations for modernization of health profession regulation. Following the public consultation period, a summary of feedback received will be shared.

[38] *Regulation rethought: Proposals for reform*. Professional Standards Authority. October 2016. Page 4.

Appendix A: Glossary of Terms

Adjudication: To make a formal judgement or decision on a disputed matter.

Audit or audits: In the context of this paper, an audit is a routine assessment, conducted by the oversight body, of the performance of regulatory colleges.

Competency-based appointment process: A process by which individuals are assigned to a position of responsibility based on demonstrated competency, experience and skill.

Oversight body: In the context of this paper, a dedicated body responsible for promoting regulatory best practices and holding regulators to account through rigorous reporting and review mechanisms.

Registrant or registrants: Refers to a health professional(s) registered with a regulatory college under the *Health Professions Act.*

Regulation: Regulation is a means to control an activity, process or behaviour, usually by means of rules made by government or other authority.

Regulatory college: In B.C., regulated health professionals are governed under the *Health Professions Act*. The act establishes regulatory colleges that are responsible for ensuring that regulated health professionals provide health services in a safe, professional and ethical manner. A regulatory college's legal obligation is to protect the public through the regulation of their registrants.

They do this by:

- Determining registration requirements;
- Setting standards of practice;
- Recognizing education programs;
- Maintaining a register that everyone can search;
- Protecting certain titles; and,
- Addressing complaints about their registrants.

Review/investigation: In the context of this paper, a review or investigation is an in-depth examination of a regulatory college (or groups of regulatory colleges), conducted by the oversight body for a specific purpose.

Sanction: Penalties or other means of enforcement used to provide incentives for obedience with the law, or with rules and regulations.

Appendix B: List of regulatory colleges and regulated professions in British Columbia

Regulatory College	Reporting Year	Practising Registrants	Total Registrants (all categories, including non-practising)
College of Chiropractors of B.C.	2017/18[39]	1,215	1,252
College of Dental Hygienists of B.C.	2018/19		4,012
College of Dental Surgeons of B.C.	2018/19	Dentists: 3,725 Certified Dental Assistants: 6,138 Dental therapists: 7	**Total:** 10,432 Dentists: 3,851 Certified Dental Assistants: 6,574 Dental therapists: 7
College of Dental Technicians of B.C.	2018/19	Dental Technicians: 386	**Total:** 995 Dental Technicians: 393 Dental Technician Assistants: 559 Student: 43
College of Denturists of B.C.	2018/19	260	268
College of Dietitians of B.C.	2018/19	1,284	1,318
College of Massage Therapists of B.C.	2017/18	4,564	4,759
College of Midwives of B.C.	2018/19	293	379
College of Naturopathic Physicians of B.C.	2018	597	705
B.C. College of Nursing Professionals	2018	Registered nurse: 39,921 Nurse practitioner: 525 Licensed practical nurse: 13,168 Registered psychiatric nurse: 2,913 Graduate & employed students: 688	**Total:** 59,493 Registered nurse: 41,636 Nurse practitioner: 552 Licensed practical nurse: 13,477 Registered psychiatric nurse: 3,139 Graduate & employed students: 689
College of Occupational Therapists of B.C.	2017/18	2,469	2,575
College of Opticians of B.C.	2018/19	981	1011

[39] Annual reporting cycles differ between regulatory colleges (i.e., fiscal year reporting vs. calendar year reporting). Information in this document was obtained from the latest published annual reports from each college.

Regulatory College	Reporting Year	Practising Registrants	Total Registrants (all categories, including non-practising)
College of Optometrists of B.C.	2018	811	815
College of Pharmacists of B.C.	2018/19	Pharmacists: 6,272 Pharmacy technicians: 1,576	**Total:** 8,772 Pharmacists: 6,321 Pharmacy technicians: 1,583 Student: 868
College of Physical Therapists of B.C.	2018	4,192	4,436
College of Physicians and Surgeons of B.C.	2018/19	12,960	13,724
College of Podiatric Surgeons of B.C.	2018	78	85
College of Psychologists of B.C.	2018	1,255	1,331
College of Speech and Hearing Professionals of B.C.	2018		**Total:** 1,864 Audiologists: 43 Hearing instrument practitioners: 265 Speech language pathologists: 1,300 Multi-profession registrants: 256
College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C.	2018/19	2,267	2,361

Key Messages – Association Meetings

Welcome

- Thank you for making time to connect today.
- Engaging with stakeholders is important to the steering committee. They've asked us to meet with key stakeholders, including associations and health regulators to gather feedback on the proposal.
- I hope we can have a frank dialogue today and that your organization will submit a formal written submission in the coming weeks.
- Since you've now had some time to digest the report, we'd welcome the opportunity to learn more about your early perceptions on the proposed changes. Over the next **25-30 minutes**, our primary objective today is to listen. But we'll also do our best to explore any questions you might have.

General

- The primary function of the colleges is to ensure their registrants are qualified, competent and following clearly defined standards of practice and ethics. Colleges have a legal mandate under the *Health Professions Act* to protect the public.
- An association is a member driven organization typically tasked with advocating on behalf of the profession, or acting as the voice for the profession.
- We heard in the Cayton report that the lines between associations and colleges aren't always clear. More specifically, some colleges were too focused on the interests of the profession instead of the public.
- As colleges become more focused on fully delivering on their mandate to protect the public, associations' role as the 'voice of the profession' will become even more important.
- We expect that government and colleges will continue to have productive relationships with associations. However, for colleges and associations in particular, there would be clear separation of the organizations (things like colleges no longer collecting fees on behalf of the organization, leadership of both organizations should be separate).

Profession specific clinical expertise

- The continued reliance on profession-specific knowledge and expertise for effective regulation is an important element of any future system.
- As we move to fewer regulatory colleges, efficiencies would be realised through administrative processes, but in certain areas profession specific, clinical expertise would be required. For example, things like complaint processes and clinical standards.
- Professional perspectives will continue to be valued at all levels of the organization. This doesn't mean that every profession will be guaranteed a seat on the board, as policy will no longer be to seek direct stakeholder representation on the board, instead the focus will shift to appointment of professionals and members of the public that will support the board to make effective decisions in the public interest (registrants will still make up half of the board).

Relationship between professional identity and regulatory colleges

- At times, professional identity and prestige are linked to statutory regulation. This is in (some ways) understandable since, for example, regulatory colleges set out entry to practice standards and hold the register. In reality this is an outdated notion and links back to the guild model.
- Professionals will continue to look to their associations to be the voice of what it means to be a particular type of profession.

Response to MLA Letnick's Question - Reduction in the number of regulatory colleges

The College of Physicians and Surgeons of BC's submission to the Steering Committee suggests that the College of Health and Care Professions could be split into two groups based on philosophy of care (allopathic / alternative).

The option of five regulatory colleges (as proposed in the consultation paper) and six regulatory colleges (as suggested by the College of Physicians and Surgeons) are presented below:

- There are approximately 120,700 registrants across 20 regulatory colleges.
- **FIVE Regulatory Colleges:** Under the model proposed in the consultation paper, each of the five regulatory colleges would have the following number of registrants:
    1. Nursing and Midwifery — 59,900 registrants
    2. Physicians and Surgeons and Podiatric Surgeons — 13,800 registrants
    3. Pharmacists — 8,800 registrants
    4. Oral Health Professionals — 15,700 registrants
    5. **Health and Care Professions*** — **22,600 registrants**

    ***Includes registrants from 11 existing colleges**

- **SIX Regulatory Colleges**: Split the Health and Care Professions College into two groups, allopathic and alternative professions, for a total of six regulatory colleges:
    1. Nursing and Midwifery — 59,900 registrants
    2. Physicians and Surgeons and Podiatric Surgeons — 13,800 registrants
    3. Pharmacists — 8,800 registrants
    4. Oral Health Professionals — 15,700 registrants
    5. **Allopathic Professions** — **13,424 registrants**

        Includes registrants from 7 existing colleges:
        a. Dietitians (1,318)
        b. Occupational Therapists (2,649)
        c. Opticians (1,011)
        d. Optometrists (815)
        e. Physical Therapists (4,436)
        f. Psychologists (1,331)
        g. Speech and Hearing Health Professionals 1,864
    6. **Alternative / Holistic Professions** — **9,147 registrants**

        Includes registrants from 4 existing colleges:
        a. Chiropractors (1,322)
        b. Naturopathic Physicians (705)
        c. Massage Therapists (4,759) – Massage therapists may also be suited to the allopathic group, however, if moved the alternative group has 4,388 registrants.
        d. Traditional Chinese Medicine and Acupuncturists (2,361)

Note: these numbers do not include Diagnostic and Therapeutic Professionals who are not currently regulated by a college.

Source: Data is from the most recent annual reports of each of the health regulatory colleges. This information is outlined in Fact Sheet “Number of Health Professional Registrants by College or Registry” and is available publicly on each college’s website.

FACT SHEET

Regulation of Diagnostic and Therapeutic Health Professions

ISSUE

The professional associations for several diagnostic and therapeutic health professions have been advocating for regulation since the mid 1980's. The Ministry has received direction to regulate clinical perfusionists, medical laboratory technologists, radiation therapists, and respiratory therapists as health professions under the *Health Professions Act*.

KEY FACTS

- Between 1999 and 2002, the former Health Professions Council recommended medical laboratory technologists (MLTs), medical lab assistants (MLAs), medical radiation technologists (MRTs), ultra-sonographers, cardiology technologists (CTs), and respiratory therapists (RTs) be designated as health professions under the *Health Professions Act* (HPA). The Council recommended against designating clinical perfusionists due to their very small number.
- In 2003, the Ministry of Health (the Ministry) pursued the establishment of an 'umbrella' college under the HPA to include all 6 occupations. In March 2004, the six professional associations unanimously rejected the concept, citing its complexity and detrimental effect on their professional identities.
- In 2010, the associations communicated their willingness to reconsider an umbrella college.
- In 2011, associations representing MLTS, MLAs, and MRTs started an advocacy campaign, which has submitted more than 500 letters to the Ministry supporting a college.
- In 2012, five associations (representing MLTs, MRTs, CTs, RTs and ultrasonographers) came together as the 'Coalition for a College of Diagnostic and Therapeutic Health Professionals' and renewed their advocacy for an 'umbrella' college. Coalition representatives met with two previous Ministers of Health in 2013.
- In 2014, the Ministry received direction to proceed with establishing a regulatory framework for an umbrella college.
- In early 2015, a working group of Coalition representatives was formed to act as subject matter experts to the Ministry and to advise the Ministry on matters relating to the professional practice of the health professions.
- June 2015 - January 2016 – the Ministry reviewed the recommendations of the Coalition working group and conducted stakeholder consultations with the BC Health Regulators, the Chief Nursing Officers Council, the Health Employers Association of BC, and 'front line' staff to get a better understanding of their day-to-day activities and experiences with supervisors and employers.
- December 9, 2016 – the Ministry published a news release proposing to establish a new college for diagnostic and therapeutic health professions. The Ministry announced the new college would oversee the following four health professions: respiratory therapists, radiation therapists, clinical perfusionists and medical laboratory technologists.
- The news release noted that once the new college has been substantially implemented, the Ministry would further examine the remaining seven diagnostic and therapeutic occupations to determine if regulation by a college is appropriate, or if an alternative oversight solution (e.g. registry) would be sufficient to ensure public safety.
- As required by the HPA, the proposed regulation designating the four health professions was posted for public feedback until March 9, 2017. The regulatory amendments designating the four professions came into force on April 3, 2017.

FACT SHEET

- Ministry staff developed regulations for the four designated professions. These would, among other things, outline the regulated professions' scopes of practice and restricted activities. This work is not complete.
- Ministry staff have met with Coalition working group members to gather information about their professional practice.
- Ministry staff worked closely with health sector partners for clinical validation of the regulations and to verify the proposals are in line with HPA requirements and regulatory leading practices.
- On April 11, 2019, the Minister released the report: *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* (the Cayton Report). The Cayton Report recommends the Ministry "place a moratorium on creating any new colleges and … consult on how any occupations [now] under consideration for regulation could be registered with an existing College."[1] (see fact sheet: Cayton Report – Modernizing the Health Profession Regulatory Framework (Part 2)).
- In 2019 the Minister established a steering committee to consider options and draft a proposal on how to modernize the regulatory framework for health professions in BC. The proposal was released for public consultation between November 27, 2019 and January 10, 2020. Included was a proposal that the four health professions be regulated through either the proposed multi-profession regulator, the College of Health and Care Professions, or one of the other proposed existing colleges.
- Any changes related to the regulation of diagnostic and therapeutic professions would need Cabinet approval.
- Further work respecting the four professions is paused, pending the outcome of the steering committee's work.

FINANCIAL IMPLICATIONS

- The regulation of the four health professions would be entirely funded by the registrants of the college. There would be no costs to government.

Approved by:
Mark MacKinnon, Professional Regulation and Oversight Branch; February 4, 2020
Mark Armitage, Health Human Resources and Labour Relations Division; February 4, 2020

[1] https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf p.76

Modernizing the provincial health profession regulatory framework: Results of phase 2 of consultation

CONFIDENTIAL

Prepared for: Steering Committee on Modernization of Health Professional Regulation

March 2020

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Introduction

Background

On March 8, 2019 the Honourable Adrian Dix, Minister of Health, appointed Harry Cayton of the Professional Standards Authority for Health and Social Care (United Kingdom) to undertake an inquiry into the College of Dental Surgeons of British Columbia (CDSBC) following concerns about its governance and operations, and to make recommendations respecting changes to the Health Professions Act (HPA) and regulations made under the HPA.

On April 11, 2019, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* (the Cayton Report) was released to the public. Part One of the Cayton Report includes recommendations to improve the operations and functioning of CDSBC. Part Two outlines possible approaches to modernizing British Columbia's health profession regulatory framework.

In response Part Two of the Cayton Report, Minister Dix established the cross-party Steering Committee on Modernization of Health Professional Regulation to provide advice on an approach to modernize the regulatory framework for health professions in B.C.

An initial public consultation was held between May 9 and June 14, 2019. Over 300 written submissions were received from a broad cross section of respondents including approximately: 190 members of the public; 50 health practitioners; 25 professional associations; 18 regulators; and 30 other health sector stakeholders. This resulted in *Modernizing the provincial health profession regulatory framework: A paper for consultation* (the policy paper).

Members of the public, community groups and health-sector stakeholders were invited to submit feedback on the proposals in the policy paper. Feedback was accepted from November 27, 2019 to January 10, 2020 via written submission and an online survey.

Submissions Received

259 written submissions were received from:

- Colleges/regulators (BC): 15 responses
- Oral health stakeholders*: 25 responses
- Diagnostic and therapeutic stakeholders: 6 responses
- Emergency Medical Assistant (EMA) stakeholders: 4 responses
- Health Authorities: 11 responses
- Provincial bodies: 4 responses
- Indigenous groups: 2 responses
- Professional associations: 40 responses
- Unions (excluding EMAs): 2 responses
- Experts: 8 responses
- Educational institutions: 2 responses
- Additional stakeholders: 12 responses
- Out of province regulators: 7 responses
- Members of the public: 27 responses

Commented [DWH1]: Ensure consistent phrasing (i.e. 'HPA' vs 'the Act')

Commented [DWH2]: Ensure we are using a consistent phrase for this document throughout

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- Professionals: 94 responses

**Responses from oral health stakeholders have been broken out separately due to their specific context regarding the Cayton report and are not included in the numbers above for colleges/regulators or professional associations. They are reported separately from other respondents in the main body of this report unless otherwise stated.*

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Writing Campaigns

In addition, 1,225 submissions were received in the form of writing campaigns, organized by the following groups:

- Oral health professionals: 595 responses
- Chiropractors: 397 responses
- Traditional Chinese Medicine (TCM) and acupuncture practitioners: 133 responses
- Psychologists: 86 responses
- Counselling therapists: 14 responses

Commented [DWH4]: Updated to include responses received after the initial count

Association Meetings

An initial teleconference with between Ministry of Health Staff and representatives from 17 professional association was held on November 27, 2019. In addition, in-person meetings were held with representatives from approximately 20 professional associations and representatives from several provincial governments, the Federation of Associations for Counselling Therapists in British Columbia (FACT BC), and health authority representatives between December 16-18th 2019. A meeting was also held with BC Health Regulators, attended by registrars from most regulatory colleges. Overall, the tone of meetings was positive and there was general support for modernization. Key themes discussed included: profession specific clinical expertise; board composition and competency-based appointments; the number of regulatory colleges; liability insurance; and college assets upon amalgamation.

Commented [DWH5]: It may be best to create a some bullets regarding the meeting themes rather than listing them here.

Methodology

These submissions have been analyzed and synthesized by Ministry of Health staff into the following report. A separate report on the survey results is being prepared by a contractor. The report has been arranged around the five main sections of the policy paper, namely:

1. Improved governance
2. Improved efficiency and effectiveness through a reduction in the number of regulatory colleges
3. Strengthening the oversight of regulatory colleges
4. Complaints and adjudication
5. Information sharing to improve patient safety and public trust

Emerging themes identified include:

Commented [DWH6]: Populate once themes are identified

The following notable trends were identified:

Commented [DWH7]: Populate with key areas of opposition/support once identified

Next Steps

Terminology

Commented [DWH8]: Analyze bullets for terms to include.

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1. Improved Governance

Competency-based board appointments and balanced board membership

Size of boards

Board member compensation

2. Improved efficiency and effectiveness through a reduction in the number of regulatory colleges

Reduction in the number of regulatory colleges – from 20 to five

Overview

- There was overall low level of support for the proposed approach to amalgamation as described in the consultation paper among regulatory colleges, associations, and health authority representatives.
- In total, 19 colleges provided feedback on the proposed approach to reducing the number of regulatory colleges from 20 to 5.
    - All 4 oral health colleges supported the proposed approach. However, feedback was largely centred on the proposed Oral Health College.
    - Of the remaining 15 colleges, 11 colleges indicated support for reducing the number of regulatory colleges, but not the configuration proposed. Three colleges[1] were supportive of the proposed structure of the College of Health and Care Professions of BC.
    - The majority of concerns regarding the proposed approach centred around the creation/structure of the proposed College of Health and Care Professions of BC. There was low level of support for the configuration of this college as outlined in the consultation paper.
    - The College of Psychologists of BC and the College of Optometrists of BC were strongly opposed to the proposed approach to amalgamation.
- 15/34 associations and 6/10 submissions from health authority representatives providing feedback on the proposed approach to amalgamation indicated support for reducing the number of colleges, but not the configuration proposed.
- Only one Indigenous Partner (First Nations Health Authority [FNHA]) provided feedback on amalgamation. FNHA indicated support for reducing the number of regulatory colleges, but not the configuration proposed, citing concerns with the proposed College of Health and Care Professions.

[1] College of Chiropractors of BC, BC College of Nursing Professionals, and the College of Midwives of BC

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- Of the three health profession unions providing feedback, the BC Nurses Union was supportive of the proposed approach to amalgamation, while the Health Sciences Association took no position. Ambulance Paramedics of BC (CUPE local 873) expressed support to join the umbrella college, but only as a secondary alternative to forming a unique College of Paramedics.

Key concerns/risks

- **A frequent concern among regulatory colleges in opposition to the proposed approach to amalgamation was the criteria/rationale used for amalgamation** (expressed by 10/15 colleges[2]). Key concerns included lack of alignment in scopes of practice amongst amalgamated colleges, and inconsistent criteria/rationale applied to different colleges.
- Four regulatory colleges[3] expressed concerns related to the costs of amalgamation. This concern was also expressed by the Physiotherapy Association of BC and two unions in the context of amalgamation costs increasing registrant fees.
- An emerging theme expressed by 3/10 submissions from health authority representatives was increased difficulty for patients to discern which profession falls under which regulatory college. Additionally, 2/10 health authority representatives expressed concern that some colleges remain vulnerable to a "protectionist/advocate approach"[4] due to mono-professional alignment (e.g., physicians and surgeons, nurses, and pharmacists).
- Concern that carrying out a significant reduction too rapidly could create challenges (e.g., for the amalgamation process generally, for the delivery of patient care) was expressed by two regulatory colleges and 1 additional stakeholder.
- 17 associations and the Working Group of the Diagnostic and Therapeutic Health Professions expressed concerns that professional expertise and integrity would be overwhelmed in a multi-profession regulator consisting of professions with differing standards of education, values, and scopes of practice. Further to this, three associations expressed concern around the effect of cross-jurisdictional collaborations and labour mobility.

Creation of an oral health regulatory college

- The four oral health colleges expressed support for the reduction in the number of regulators, including the proposed single oral health college. The college registrars issued a joint statement of support.
- Three of the colleges indicated they would be open to alternative groupings, including amalgamations based on shared scope of practice5, a single health regulator6, a regulatory hub of the colleges currently at 200 Granville Street, Vancouver7, becoming part of the College of Health

[2] Note: The 4 oral health regulatory colleges are not included in this count, as feedback provided was largely in the context of the oral health college. Concerns were expressed by: The College of Pharmacists of BC, the College of Optometrists of BC, the College of Occupational Therapists of BC, the College of Physical Therapists of BC, the College of Psychologists of BC, the College of Dietitians of BC, College of Opticians of BC, the College of Speech and Hearing Health Professionals of BC, College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC, and the College of Naturopathic Physicians of BC

[3] College of Dietitians of BC, College of Denturists of BC, College of Naturopathic Physicians of BC, College of Speech and Hearing Health Professionals of BC.

[4] Vancouver Costal Health RN and Allied Health, p. 4

[5] College of Dental Surgeons of BC

[6] College of Denturists of BC

[7] College of Denturists of BC

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and Care Professionals8, amalgamating with any other proposed college9, or allowing other professions to join the oral health regulator10.

- Of the eight oral health professional associations that provided responses11, four expressed support for both the reduction of colleges and the amalgamated oral health regulator. The Canadian Dental Hygienists' Association requires more information on logistics and board composition to make a recommendation. The BC Dental Association recommends a more incremental approach to preserve the principle of self-regulation. The Denturist Association of Canada does not believe different professions should determine each others' future. The Denturist Association of BC believes that creating an oversight body would be sufficient.
- Three professional associations12 recommended scope of practice as an area where profession-specific experience is required to ensure effective regulation. Two13 recommended standards of practice. The BC Dental Hygienists' Association also recommended entry-level requirements, educational program oversights and the management of QA Programs. The Canadian Dental Hygienists' Association recommended new technologies and advances in treatment options. The BC Dental Association recommends that profession-specific expertise will be required on each of the six sub-committees. The Denturist Association of Canada states that profession-specific expedience is required in everything a regulator does.
- Three colleges14 expressed concern regarding professional equity. The College of Dental Hygienists and the College of Dental Technicians are concerned about amalgamating with the College of Dental Surgeons due to potential power imbalances and the history outlined in the Cayton report. The potential for imbalances of power between dentists and other professions was a concern for four of the processional associations.15 Potential conflict of interest between employer and employee professions was a concern of three16 professional associations.
- The College of Denturists and six professional associations17 recommend equal board representation, however the BC Dental Association recommended most professional board members be dentists as their issues would require disproportional time and funding.
- The College of Denturists expressed concern regarding the potential impact of amalgamation on pan-Canadian activities such as national competency profiles, national accreditation programs and national examinations.
- Two colleges18 expressed concern regarding the management and transfer of assets, noting that inequities in the size of colleges could deplete resources of smaller organizations. The Denturist

[8] College of Denturists of BC
[9] College of Dental Technicians of BC
[10] College of Dental Technicians of BC
[11] BC Dental Hygienists' Association, Canadian Dental Hygienists Association, Dental Technicians Association of BC, BC Dental Association, Certified Dental Assistants of BC, Canadian Dental Assistants' Association, Denturist Association of BC, Denturist Association of Canada
[12] BC Dental Hygienists' Association, Canadian Dental Hygienists Association, Certified Dental Assistants of BC,
[13] Canadian Dental Hygienists Association, Certified Dental Assistants of BC
[14] College of Dental Hygienists of BC, College of Dental Technicians of BC, College of Denturists of BC
[15] BC Dental Hygienists' Association, Canadian Dental Hygienists Association, Certified Dental Assistants of BC, Denturist Association of Canada
[16] BC Dental Hygienists' Association, BC Dental Association, Certificate Dental Assistants of BC
[17] BC Dental Hygienists' Association, Canadian Dental Hygienists Association, Certified Dental Assistants of BC, Canadian Dental Assistants' Association, Denturist Association of BC, Denturist Association of Canada
[18] [18] College of Dental Hygienists of BC, College of Denturists of BC

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Association of Canada and the Canadian Dental Hygienists' Association are concerned about the equitable distribution of pooled revenue especially if professions with low current fees are amalgamated with professions with more complaints and litigation. The BC Dental Hygienists' Association and the BC Dental Association both expressed concerns regarding the fee increases that resulted from the amalgamation of the BC nursing colleges.

- The Certified Dental Assistants of BC and the Canadian Dental Assistants'' Association both insist that dental assistants should be considered equal registrants in any regulator they join. The Denturist Association of BC also supports CDAs becoming a regulated profession.
- The BC Dental Association emphasized the need to recognize the role of the courts in the regulatory process, stating that the HPA allows colleges to regulate with legally binding outcomes, subject to administrative fairness, and that if this jurisprudence is not recognized in the new framework there is a risk of delayed regulatory action, regulation uncertainty and increased regulatory costs with court challenges. Five professional associations19 expressed concern regarding the possible loss of association-provided liability insurance, as association-provided insurance ensures that each professional is covered when a patient sues all health professionals in a dental office (Canadian Dental Assistants' Association), and the public has recourse for malpractice after a professional leaves a practice (BC Dental Hygienists' Association).
- The College of Dental Hygienists states that it is important that the legislative framework facilitating amalgamation be as broad and permissive as possible to allow for multiple scenarios.
- The College of Dental Hygienists proposed that the existing colleges should be dissolved, and an entirely new entity created in such a way as to ensure there is not a perception that one discipline is being regulated by another.
- The College of Dental Surgeons supports giving the Minister of Health and Cabinet authority to determine new regulated professions based on oversight body recommendation. They requested further targeted consultation with the affected colleges.
- The College of Dental Technicians and the Denturist Association of Canada recommend a transition period, with the new college board and staffing in place alongside the current colleges.
- The BC Dental Association recommends a three-stage approach: establish process to ensure commonality of standards, appointment processes and adjudication panels; monitor the success of these changes while allowing regulatory bodies to voluntarily amalgamate; implement any further changes determined by the Minister of Health.
- The Certified Dental Assistants of BC insists that the College of Dental Surgeons not lead the amalgamation due to the history outlined in the Cayton report. The Denturist Association of BC also urges government to '*consider the long history and perceived hierarchies that exist within the dental professions.*'
- The College of Dental Surgeons of BC, the College of Denturists of BC, the College of Dental Hygienists and the College of Dental Technicians recommended using a term of the than 'college' for regulators.
- The BC Dental Hygienists' Association expressed confusion regarding how subcommittees will interact with the board, inquiry/discipline process ad the oversight body, as well as how conflicts within and between subcommittees will be managed.

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[19] BC Dental Hygienists' Association, BC Dental Association, Canadian Dental Assistants' Association, Canadian Dental Hygienists' Association, Certified Dental Assistants of BC

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- The BC Dental Association requested clearing regarding the relationship between subcommittees and the board as well as between regulators, the oversight body, and the Ministry of Health.
- The BC Dental Association asked where the final decision would rest on expansions in scope of practice involving more than one amalgamated college.
- The Denturist Association of Canada requested clarity regarding who will set and assess fees; how will the board be structured; where does the monies that each regulatory college has currently go; and eligibility and appointment processes for subcommittees.

Creation of College of Health and Care Professions of BC

Overview

- There was overall low level of support for the proposed structure of the College of Health and Care Professions of B.C. (the umbrella college) among regulatory colleges, associations, and health authority representatives.
- 3/15 colleges that provided feedback on the proposed structure of the umbrella college were supportive[20]. Of note, only one of the regulatory colleges in support of the proposed structure of the umbrella college will be impacted by the change (College of Chiropractors of BC).
- 8/34[21] associations that provided feedback were supportive of the proposed structure of the umbrella college. Of note, four of these eight viewed creation of the umbrella college as a pathway to regulation[22].
- Only 2/10 submissions from health authority representatives that provided feedback were supportive of the proposed configuration of regulatory colleges, including the configuration of the umbrella college[23].
- Regulatory colleges and associations who voiced high levels of opposition to the creation of the umbrella college include: College of Optometrists of BC, College of Psychologists of BC, Canadian Association of Occupational Therapists - BC Chapter, BC Doctors of Optometry, and Home of Canadian TCM (Traditional Chinese Medicine) Society[24].
- A frequent concern among colleges and health authority representatives in opposition to the structure of the umbrella college was the broad diversity of professions to be included and associated lack of alignment in scopes of practice/models of care. This concern was frequently expressed by associations, as were concerns regarding lack of professional representation on the umbrella college board.
- The BC Patient Safety and Quality Council was supportive of reducing the number of colleges in principle, but not supportive of reducing the number of colleges to a pre-determined number. They suggest a tailored approach to amalgamation on a case by case basis to "support successful

[20] College of Chiropractors of BC, BC College of Nursing Professionals, and the College of Midwives of BC were supportive of the umbrella college. Note: The 4 oral health regulatory colleges are not included in this count, as feedback provided was largely in the context of the oral health college.
[21] Licensed Practical Nurses Association of BC, Nurses and Nurse Practitioners of BC, BC Association of Kinesiologists, BC Society of Anesthesia Assistants, BC Osteopathic/Canadian Osteopathic Association, College of Pedorthics of Canada, Pedorthics Association of Canada, Orthotics Prosthetics Canada.
[22] BC Osteopathic/Canadian Osteopathic Association, College of Pedorthics of Canada, Pedorthics Association of Canada, Orthotics Prosthetics Canada.
[23] Island Health, Professional Practice; Provincial Health Services Authority, Clinical and operations leadership.
[24] Moderately-high levels of opposition were also voiced by: College of Naturopathic Physicians of BC, Physiotherapy Association of BC, BC Therapeutic Recreation Association.

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transition and minimize potential disruptions that may result from merging"[25]. First Nations Health Authority also voiced support for reducing the number of colleges but noted concerns with the proposed umbrella college.

- 4/6 organizations representing Diagnostic and Therapeutic (D&T) Professionals indicated support for the umbrella college, in the context that this would provide a pathway to regulation for these professions.
- There was overall low level of support for the umbrella college expressed by organizations representing Emergency Medical Assistants (EMAs). However, these organizations provided feedback largely in the context of EMA regulation, rather than providing comprehensive feedback on the amalgamation proposals. Only 1/4 organizations representing EMAs expressed support to join the umbrella college, but only as a secondary alternative to forming a unique College of Paramedics[26].

Key concerns/risks

- **A frequent concern among colleges in opposition to the proposed approach to amalgamation was the criteria/rationale used for amalgamation** (expressed by 10/15 colleges[27]). Specifically, this included the following:
  - **Lack of alignment in scopes of practice amongst amalgamated colleges.** Five colleges[28] expressed concern that the proposed groupings of colleges – notably the umbrella college – do not reflect groupings of professions with shared scopes of practice. Concerns were also raised that the groupings do not support team-based care, as they do not reflect compositions of interprofessional teams.
  - **Inconsistent criteria/rationale applied to different colleges.** Three colleges[29] expressed concern that the consultation paper suggested different sets of amalgamation criteria. For example, bringing together oral health regulators based on aligning scopes of practice versus creating the umbrella college based on economies of scale.
  - **Size of a college/size of registrant base is insufficient rationale for mergers.** Three colleges[30] disagreed with the notion that larger colleges are more effective than smaller colleges and noted size should not be the determining factor related to amalgamation.
- Similar concerns regarding the diversity of professions to be included in the umbrella college and lack of alignment in scopes of practice/models of care were expressed by 11/34 professional associations, 7/10 submissions from health authority representatives, as well as the BC Allied Health Network.
- **A frequent concern among associations and colleges was lack of professional representation on the umbrella college Board** (expressed by 12/34 associations and 6/15 regulatory colleges[31]). Combining multiple professions into one regulatory body - in tandem with a proposed reduction in

[25] BC Patient Safety and Quality Council submission, p. 2
[26] Ambulance Paramedics of BC CUPE Local 873
[27] Note: The 4 oral health regulatory colleges are not included in this count, as feedback provided was largely in the context of the oral health college.
[28] College of Pharmacists of BC, College of Optometrists of BC, College of Occupational Therapists of BC, College of Physical Therapists of BC, College of Psychologists of BC.
[29] College of Dietitians of BC, College of Opticians of BC, and the College of Speech and Hearing Health Professionals of BC.
[30] College of Optometrists of BC, College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC, College of Naturopathic Physicians of BC.
[31] College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC, College of Dietitians of BC, College of Naturopathic Physicians of BC, College of Occupational Therapists of BC, College of Optometrists of BC, and College of Psychologists of BC.

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board size and equal numbers of registrant and public members - was seen as a barrier to professional representation at the Board level. Some submissions perceived this as a structural inequity, noting that some colleges will continue to have representation of the professions they regulate on the board (for example, nurses), while professions overseen by the umbrella college may not have the same level of representation. These concerns were echoed by the Health Sciences Association of BC, First Nations Health Authority, and the BC Allied Health Network.

- **Concerns with regulating allopathic and complimentary/alternative medicine within the same regulatory body** were expressed by the College of Physicians and Surgeons of BC, the College of Naturopathic Physicians of BC, First Nations Health Authority, and 7 associations. The College of Naturopathic Physicians expressed concern that conflicts may arise among professions with different ideological frameworks of health and illness which may "stymie fair, transparent, and effective regulatory decision-making…"[32]. Further to this, 3/7 associations representing Traditional Chinese Medicine Practitioners noted a loss of unique identity related to this theme.
- **Concerns regarding impacts on national alliances/relationships** caused by the creation of the umbrella college (e.g., losing established relationships across Canadian regulators and impacts on accreditation of internationally trained providers) were expressed by 7 colleges and 4 associations.
- **Concern regarding increased complexity in complaints processes** resulting from the creation of the umbrella college was expressed by 2 associations as well as Vancouver Coastal Health and Providence Health Care Psychologists, who noted "creating colleges that are larger and more diverse in professional composition will result in an increase in the number and complexity of complaints"[33].

Alternatives to the proposed approach

- Suggestions to amalgamate colleges based on more compatible groupings (e.g., based on alignment in scopes of practice, similar post-graduate education and entry to practice requirements, and/or philosophies of care) were expressed by 5 regulatory colleges[34]; 11 associations; 8 health authority representatives; and 3 additional stakeholders, including the BC Allied Health Network.
- Conversely, recommendations to create a single regulatory body for all health professions were expressed by 5 regulatory colleges[35] and 1 professional association.
- The Health Sciences Association of BC recommended professions be cycled on to the umbrella college Board to ensure equal/equitable representation across professions at the Board level.
- Two regulatory colleges and the Working group of the Diagnostic and Therapeutic Health Professions recommend the umbrella college Board have more than 12 members to account for perceived increases in workload and complexity[36]. Further to this, Interior Health recommended the umbrella college Board be permitted to appoint special advisors when needed for content expertise.

[32] College of naturopathic Physicians of BC submission, p. 5-6
[33] Vancouver Coastal Health and Providence Health Care Psychologists submission, p. 2
[34] College of Pharmacists of BC, College of Naturopathic Physicians of BC, College of Optometrists of BC, College of Physicians & Surgeons of BC, College of Speech and Hearing Health Professionals of BC.
[35] College of Dietitians of BC, College of Speech and Hearing Health Professionals of BC, College of Occupational Therapists of BC, College of Opticians of BC, College of Physical Therapists of BC.
[36] The College of Speech and Hearing Professionals of BC and the Working group of the Diagnostic and Therapeutic Health Professions suggested increasing the number of board members initially during the implementation stages of the umbrella college only, with a goal of reducing the board size over time. The College of Psychologists of BC suggested the Board of the umbrella college be expanded, with no additional qualifying comments.

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- Three stakeholders – including two regulatory colleges - recommended the title of amalgamated colleges be representative of the professions overseen by the college. These groups encouraged revision of the title *College of Health and Care Professions of BC*, as this was considered too broad.
- Two regulatory colleges and one professional association encourage the use of voluntary amalgamations, rather than "forced" amalgamations.

Moratorium

- Eight colleges provided feedback on the proposed moratorium on the creation of new colleges. Four colleges were supportive of a moratorium. One college was supportive with the caveat that Diagnostic and Therapeutic (D&T) professions be excluded from a moratorium[37].
- 3/8 colleges were opposed to a moratorium on the creation of new colleges[38], noting regulation of new professions and creation of new colleges should be based on evidence and risk to the public, "and not on a blanket policy"[39].
- A similar level of support for the proposed moratorium on the creation of new colleges was observed among health authority representatives. 5/9 submissions from health authority representatives who provided feedback supported a moratorium. Of these five, two were supportive with the caveat that D&T professions be excluded from a moratorium.
- 16/20 associations providing feedback expressed support for a moratorium on new colleges[40]. 4/20 associations do not support a moratorium, along with the Working Group of the Diagnostic and Therapeutic Health Professions.

FNHA was not supportive of a moratorium, stating concerns it would limit the opportunity to create a new Mental Health Professional/Counselling college.

Subcommittees to ensure clinical expertise

- The most commonly cited area where regulators felt profession-specific expertise is required for effective regulation was in complaints/investigation (expressed by 10/15 regulatory colleges who provided feedback). Registration and quality assurance were the next most commonly cited areas (noted by 8/15 colleges), followed by the development of professional practice standards (7/15), discipline (3/15), and continuing education (2/15).
- With regard to the College of Health and Care Professions of BC (the umbrella college), the College of Dietitians of BC noted the importance of having a subcommittee for each regulated profession overseen by the umbrella college.
- With regard to the Oral Health College, the College of Dental Surgeons does not believe that subcommittees are necessary, stating "*an expanded oral health professions college could easily adopt this model to include expertise from all six oral health professions at a staff support level as well as informing statutory committee membership.*"
- Additionally, the BC College of Nursing Professionals provided feedback regarding terminology, noting the term "subcommittee" may be seen as confusing and suggesting it be replaced with profession-specific "regulatory councils".

[37] Colleges supportive of a moratorium include: College of Physicians and Surgeons of BC; College of Pharmacists of BC; College of Dental Surgeons of BC; and College of Dental Technicians of BC. The College of Speech and Hearing Health Professionals was supportive with the caveat that D&T professions be excluded from a moratorium.
[38] College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC, College of Opticians of BC, College of Physical Therapists of BC
[39] College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC submission, p. 3
[40] Includes associations representing regulated and unregulated health professionals.

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- Similar to regulatory colleges, the most commonly cited area where health authority representatives felt profession-specific expertise is required for effective regulation was in complaints/investigation (expressed by 6/7 who provided feedback). Registration and development of professional practice standards were the next most commonly cited areas (5/7), followed by quality assurance (4/7), practice support/advisory (3/7), and discipline (2/7). Like health authority representatives, the BC Allied Health Network also indicated the following areas require profession-specific expertise for effective regulation: Inquiry/complaints, registration, quality assurance programs, and practice advisory.
- Among professional associations, unions, and D&T professions, the most commonly cited areas requiring profession-specific expertise were: Development of professional and clinical standards (expressed by 16 associations, the Working Group of the Diagnostic and Therapeutic Health Professions, the BC Nurses' Union, and the Health Sciences Association of BC), in inquiry and discipline (noted by 8 associations and the BC Nurses Union), in scope of practice (expressed by 8 associations, the Health Sciences Association of BC, and the Working Group of the Diagnostic and Therapeutic Health Professions), and in entry-to-practice and educational requirements (expressed by 5 associations and the BC Nurses' Union). The importance of profession-specific expertise in regulation was expressed by the Denturist Association of Canada, in their statement that clinical expertise is required "in everything that the regulatory college does[41]".
- **Policy Question**: Will the proposed sub-committees be advisory in nature or have delegated decision-making authority?

Legislative changes to support amalgamation

- 4 colleges suggested the legislation be amended to allow greater flexibility to facilitate different types of amalgamations. Related to this, the BC College of Nursing Professionals suggests additional provisions could be added to the *Health Professions Act* to allow for the transfer of assets and liabilities, and regulatory responsibility, from one college to another.
- A phased approach to amalgamation was recommended by 7 colleges[42], 3/10 submissions from health authority representatives, and 2 other stakeholders including the Neighbourhood Pharmacy Association of Canada. Conversely, 4 colleges[43] noted the importance of a quick timeline for change, expressing that the longer the amalgamation period extends, the greater is the risk of losing key staff and disrupting operations. A phased approach was also recommended by five professional associations.
- Two regulatory colleges suggested board appointments be made well in advance of amalgamation dates. The BC College of Nursing Professionals suggests appointments of board members be made 9-12 months in advance. This was echoed by the College of Chiropractors of BC, who suggested the umbrella college board be appointed no less than 9 months prior to the amalgamation date.

Term "College"

- In addition to the suggestions captured above in *Legislative change to support amalgamations*, a common recurring theme emerging from written feedback was a request to replace the term

[41] Denturist Association of Canada submission, p. 4
[42] College of Psychologists, College of Dieticians, College of Massage Therapists, College of Occupational Therapists, College of Pharmacists, College of Speech and Hearing Professionals, and BC College of Nursing Professionals
[43] The College of Physicians and Surgeons of BC, the College of Chiropractors of BC, the College of Physical Therapists, College of Opticians of BC

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"College" in the *Health Professions Act* with an alternative, such as "Regulator" or "Council". This was expressed by 11/19 regulatory colleges.

Corporations

Accreditation

Commented [MCH9]: TBD: Best placement of Corporations and Accreditation

3. Strengthening the oversight of regulatory colleges

Proposed roles and responsibilities

Health occupations and existing professions not regulated under the *Health Profession Act*

Increased accountability to the Legislative Assembly

~~4.~~ Complaints and adjudication

~~5.~~4.

New independent discipline process

- **There is a high level of support for a new discipline process** among regulatory colleges (16/18), professional associations (19/26), and health authority representatives (4/6).[44]
- Regulatory colleges state a discipline process separate from colleges can help build public trust, prevent actual or perceived bias in discipline matters, and provide consistency across colleges.
- Colleges request clarity on funding for the new process, on division of costs between colleges, and reinforce the importance of professional expertise on discipline panels.
- Three of the supportive regulatory colleges are concerned about the placement of the new discipline process in the oversight body related to ensuring independence and objectivity.[45]
- The College of Physicians and Surgeons of BC states it would like colleges to retain the ability to hold summary hearings for certain simple matters (like a registrant's failure to respond to a college during a complaint investigation) to support efficiency. Doctors of BC and the Canadian Medical Protective Association request colleges have jurisdiction in less serious discipline cases.

[44] Of the two colleges that did not clearly express support for a new discipline process: The College of Speech and Hearing Health Professionals of BC asks if a new process will be required if five colleges remain and the College of Occupational Therapists of BC notes it is "not opposed." Professional associations that are not supportive include the BC Psychological Association, BC Association of Social Workers, and the Diagnostic and Therapeutic Working Group.

[45] The College of Chiropractors, College of Massage Therapists, and the College of Physical Therapists express this concern. The College of Massage Therapists states it only supports a new discipline process that is also independent of the oversight body, the College of Physical Therapists appears to also have this conditional support.

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- Most professional associations that did not clearly express support for a new discipline process requested more information on panel appointments/competencies, operations, and fairness.
- The First Nations Health Authority supports a new discipline process however is concerned that the process may not incorporate Indigenous justice and seeks further engagement on this.
- The BC Nurses' Union expresses its support for a new discipline process. The Health Sciences Association of BC states it has no position as long as the process is procedurally fair.

Regulatory college roles in complaints process

- **There is a high level of support for regulatory colleges continuing to investigate complaints** among colleges (12/12), professional associations (20/21), and regional health authority representatives (6/7).
- **There is a high level of support for improving inquiry committee composition** among regulatory colleges (12/12) and professional associations (14/14), including for ensuring competence, merit and diversity are considered and requiring member training and appraisal.

Transparency – Publishing all actions

- **There is a low level of support among regulatory colleges (3/19), professional associations (10/25) and unions (0/2) for publishing all actions taken to resolve accepted complaints**, including actions resulting from agreements between registrants and colleges. **Health authority representatives voice a higher level of support for this form of increased transparency (5/8).**
- Regulatory colleges' central concern is that publishing all actions would significantly impede their ability to negotiate consensual agreements with registrants (where publication is often contested). Colleges state this will likely lead to more discipline hearings (including for minor matters) and higher costs, lengthen the complaints process, and hinder rehabilitation goals.
- The College of Physicians and Surgeons of BC supports increased transparency beyond the current state of mainly publishing serious matters however explains publishing all actions will be a "major barrier to regulation" if colleges are unable to impose remediation.
- Colleges suggest publication should focus on matters where there is a risk to the public (low risk matters should not be published, and note there is a difference between publishing sanctions (like practice limitations) and less serious actions (like requirements to complete education).
- Professional associations are concerned publishing all actions would breach registrant privacy, harm registrant reputation, and disincentivize consensual resolutions. Several recommend publication only occur after a finding amounting to discipline or when a matter is sent to discipline panel and/or that only higher risk matters should be published.
- The BC Nurses' Union and Health Sciences Association of BC oppose publishing all actions resulting from complaints, the latter states this is an "unnecessary form of public shaming."
- The BC Patient Safety and Quality Council supports publishing all actions, as does the First Nations Health Authority which notes that publishing complaint actions and keeping the authority informed are important to maintaining safe care for First Nations people.
- The College of Nursing Professionals of BC and College of Midwives of BC encourage further dialogue with regulators regarding this proposed change.

Transparency - Limited public comment by colleges

- **There is a high level of support for allowing colleges to make limited public comments about complaints under investigation.** Regulatory colleges voiced a high level of support for allowing

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colleges to make limited public comments (14/15). Two thirds of professional associations that gave feedback on this recommendation are in support (14/21). Five of eight health authority representative submissions are supportive, while two request an amendment that colleges only confirm the existence of an investigation, and one submission is opposed.

- The College of Dental Surgeons of BC states that "The ability to confirm that a complaint has been received and/or an investigation is underway would enhance public trust and credibility."
- Professional associations and regulatory colleges commented that unsubstantiated or illegitimate complaints can impact registrants' reputations and that privacy, confidentiality, and procedural fairness are considerations.
- The BC Nurses Union is opposed to colleges being able to provide limited public comment.

Ensuring past conduct is considered

- **There is a mixed level of support for requiring regulatory colleges and discipline panels to consider a registrant's past history when deciding on a current complaint**. Just under half of regulatory colleges (7/15) and professional associations (10/23) which commented on past conduct history support requiring it to be considered. Most health authority representative submissions request amendments to this recommendation (5/8).[46]
- Supportive regulatory colleges note requiring past history to be considered would help recognize patterns of ongoing behaviour.
- Regulatory colleges that are opposed suggest past conduct history should only be considered at the sanction or discipline stage of a complaint and should not to be used to determine if a current complaint is valid/confirmed (as they believe this would breach legal principles).
- Professional associations and health authority representatives that are opposed or seek amendments to this recommendation suggest that only relevant, accepted, substantiated, or high risk complaint history be considered, and/or that past conduct only be considered at the discipline stage.
- The BC Nurses Union requests past history be considered only at the discipline decision stage. The Health Sciences Association of BC is opposed to the paper's recommendation.
- The BC Patient Safety and Quality Council is supportive of requiring regulatory colleges and disciplinary panels to consider a registrant's past history of complaints and discipline.

Time limits and timeliness

- **There is a high level of support among regulatory colleges (7/7), professional associations (4/4) and health authority representatives (4/4) for removing the statutory time limit for the completion of complaint investigations, however there is mixed support for replacing this time limit with time limits for stages within the complaints process.**
- Three regulatory colleges and the Health Professions Review Board/HPRB caution against establishing time limits for stages in the complaints process. The HPRB states this may become "more unwieldy" and recommends colleges be given tools to investigate faster: the authority to

[46] Supportive regulatory colleges include: The College of Physicians and Surgeons of BC, the College of Pharmacists of BC, the College of Dental Hygienists of BC, the College of Denturists of BC, the College of Dental Technicians of BC, the College of Opticians of BC, the College of Speech and Hearing Health Professionals of BC.

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access/compel information from health authorities, the ability to impose a duty on registrants to cooperate, and ability to penalize registrants for non-compliance with information requests.

- The HPRB's suggestion to give more tools to colleges to improve investigation timeliness is in line with recommendations in the consultation paper to strengthen requirements on registrants to cooperate with investigations (i.e introduce a set number of days to respond to a college).
- **There is a low level of support among regulatory colleges for introducing time limits for negotiations between registrants and colleges (1/4)**, as colleges note this may lead to unnecessary discipline hearings when registrants willing to sign agreements late in the process will be unable to do so.[47] The BC Nurses' Union believes the opportunity to settle a complaint should be available to registrants at any stage of the complaints process.

Responses to sexual abuse and sexual misconduct

- Regulatory colleges, professional associations and other stakeholders recommended a range of measures to address sexual abuse and misconduct by regulated health professionals including:
  - **Common standards/policies** among regulators for prevention, investigation and discipline.
  - **A unique or independent complaints/investigation process** with specialized investigations was recommended by several colleges and professional associations, and was a main recommendation of West Coast LEAF.
  - **Defining** sexual abuse and sexual misconduct in legislation as opposed to college bylaws.
  - **Colleges funding counselling** for complainants and being enabled to recover costs from registrants who have caused harm.[48]
  - **Mandatory cancellation**: Regulatory colleges expressed low levels of support/some mixed support for mandatory cancellation of practice for sexual abuse or misconduct.[49] Several colleges request BC consult with Alberta and Ontario who have expertise in this area. Professional associations had a higher level of support for mandatory cancellation. West Coast LEAF supports mandatory cancellation of practice after findings of sexual abuse.
  - **Other recommendations**: training in trauma-informed care for investigators and decision makers, the use of outside legal counsel by colleges, a support program for complainants, and direction for colleges on essential elements of patient relations programs.

Additional

- **Powers of registrars and inquiry committees to dispose of complaints:** Registrars have authority to dispose of non-serious complaints without referring them to inquiry committees; a written report to the inquiry committee is required. Due to the high volume of complaints it receives, the College of Physicians and Surgeons seeks further legislative clarity about this authority, and possibly an expanded authority for registrars to dispose of complaints, and that written reports to the committee be replaced with a requirement for the registrar to inform the complainant in writing. The Health Professions Review Board instead requests decreasing the current power of registrars to dispose of complaints. The Cayton Report recommends clarifying

[47] The College of Psychologists, the BC College of Nursing Professionals and the College of Midwives of BC would like late stage negotiations to continue to be permitted, the College of Physicians and Surgeons of BC is supportive of introducing time limits on negotiations.
[48] Regulatory colleges (2/3) and professional associations (3/4) were supportive.
[49] Colleges opposed to mandatory cancellation include the College of Physicians and Surgeons of BC, BC College of Nursing Professionals, College of Midwives of BC, and College of Pharmacists of BC.

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the powers of the registrar to dispose, but does not note this power should be expanded. Rework.

- **Inquiry committees imposing remediation:** The College of Physicians and Surgeons and the Health Professions Review Board would like college inquiry committees to have the authority to impose or mandate a remediation program or education, the College believes this power should extend to registrars. At present, inquiry committees can only request remediation like education for a registrant. The Health Sciences Association of BC does not support inquiry committees having the ability to impose consequences on registrants without an adjudication hearing.

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6.5. Information Sharing to improve patient safety and public trust

Overview

Generally, there is a high level of support across stakeholders for regulatory colleges to be more easily able to share information, with some caveats around only sharing information when necessary for public safety. However, unions, emergency medical assistant stakeholders and educational institutions indicated more concern than support for increased information sharing.

- **There is a high level of support** among regulatory colleges (15/16), professional associations (20/25) provincial bodies (3/3), health authorities (9/10), and diagnostic/therapeutic group stakeholders. Stakeholders note information sharing should focus on public protection/safety.
- Public safety and enhancement of interprofessional practice were cited as reasons for supporting increased information sharing, along with more timely complaint resolution, interprofessional collaboration, and increased awareness of processes and procedures.
- **There is a low level of support for increased information sharing** among unions including the BC Nurses' Union and Health Sciences Association of BC and emergency medical assistant stakeholders including the BC Professional Firefighters Association, the Fire Chiefs Association of BC, and the Emergency Medical Assistants Licensing Board. The BC Nurses' Union states that colleges are already enabled to share information when required by law and does not support a "when necessary" ability. The Health Sciences Association of BC seeks examples of challenges with information sharing that additional powers would address, and believes information should only be shared for public safety.
- Three professional associations support increased information sharing only in certain situations: when it is in the best interests of public protection and when a complaint refers to multiple professionals.
- The BC Patient Safety and Quality Council supports increased information sharing for purpose of promoting public safety, protection and accountability to patients and the public.

Key concerns/risks

Primary concerns relate to privacy and confidentiality rights and how to balance these with the need to share information. A need for consistency in criteria, policies and guidelines on when and what to share was indicated, along with the need to ensure legislation is not prohibitive/constraining.

Privacy/Confidentiality

- The most common concerns expressed by colleges,[50] professional associations,[51] health authority representatives,[52] and additional stakeholders[53] relate to ensuring privacy rights of registrants are protected while balancing the need to share relevant information to protect the public and patient safety. The need for strong policies and consistent approaches to determine when and what to share was emphasized.
- The College of Opticians states that increased information sharing increases risk of leaks to the media and may increase risk of conflict between colleges. They also highlighted the need to be aware of registrants' rights and the impacts of stigmatization on rehabilitation.
- The BC Pharmacy Association noted that the substance of allegations in complaints should not be shared with third parties except where sharing is necessary to protect an individual or the public.

Legislative Issues

- Two colleges commented that HPA sections 51 and 53 need to be broadened to improve information sharing. One college noted Part 3 of FOIPPA may be too restrictive.

Technology

- Two professional associations raised concerns regarding IT and the ability to share information across different systems/platforms, and indicated a need for common data collection methods, especially among professions who work in the private sector versus the public sector. They also highlighted ransomware and hacking risks.

Communication nationally

- Two out-of-province regulators emphasized the need for effective information sharing between colleges across the country.

Organizations with which to share information

The most common organizations mentioned were other regulatory colleges, law enforcement and health authorities.

- 13 colleges, 10 professional associations, and 5 health authority representative submissions indicated that information should be shared with other colleges and regulatory bodies, several noted this include colleges outside of BC.
- 6 colleges, 2 professional associations, and 2 health authority submissions stated information should be shared with law enforcement and/or other public protection agencies.
- 6 colleges, 3 associations, and 3 health authority submissions stated information should be shared with health authorities. Island Health Professional Practice indicated this should only

[50] College of Dental Technicians, College of Chiropractors, College of Naturopaths, College of Opticians, College of Massage Therapists
[51] Certified Dental Assistant Articulation Committee, Certified Dental Assistants of BC, BC Association of Homeopaths, BC Chiropractic Association, BC Dental Hygienist Association, The Denturist Association of Canada
[52] Island Health Nursing and Allied Advisory Council, Providence Nursing and Allied, VPs of Medicine and Medical Affairs
[53] BC Allied Health Network, The Canadian Medical Protective Association

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happen upon request of the health authority or employer, and only for substantiated matters, sanctions that have levied, or public notifications that have been archived.

- The Health Professions Review Board would like colleges to have the authority to compel information from health authorities and registrants in a timely manner.
- Canadian Medical Protective Association noted that disclosure to hospitals or health authorities should be confined to only state an investigation is underway.
- The College of Pharmacists and College of Naturopaths would like information sharing with Health Canada.
- Orthotics Prosthetics Canada, the Pedorthic Association of Canada and the Canadian Life and Health Insurance Corporation stated that information should be shared with insurance companies. The College of Massage Therapists commented that third party payers (insurers) request practitioner information from colleges.
- ICBC indicated information should be shared with government agencies, crown corporations, private sector industries who employ registrants or refer to or pay directly for services obtained by customers.
- Providence Nursing and Allied Health notes information should be shared with child protection (when appropriate), employers and educational institutions.

Cultural safety and Humility

Writing Campaigns

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Appendix X: Desired arrangement of regulatory colleges

Table 1. Desired arrangement of regulatory colleges – Preference of regulatory colleges

Preamble: There was overall low level of support for the proposed approach to amalgamation among regulatory colleges. Most concerns centred around the creation/configuration of the proposed College of Health and Care Professions of BC. 12/19 colleges[54] provided written feedback on their desired number and grouping of colleges, as shown below.

Regulator Preferences			
Name of Regulator	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
College of Physicians and Surgeons of BC	6*	Recommends the College of Health and Care Professions of BC be split into 2 separate regulators: • One regulatory college to oversee allopathic medicine, and • One regulatory college to oversee complimentary/alternative medicine	*The College of Physicians and Surgeons of BC (CPSBC) takes no position on the "right" number of colleges, but notes concern with regulating allopathic vs. alternative/complementary medicine practitioners within the same body. CPSBC suggests separating the College of Health and Care Professions of BC into two regulators based on these parameters.
College of Pharmacists of BC	6 or more*	Suggests amalgamation should be based on alignment in models of care. Specific groupings of professions not provided.	*The College of Pharmacists of BC does not provide a specific number of desired colleges but notes that "five regulatory colleges may be too few".

[54] The BC College of Nursing Professionals, College of Midwives of BC, and College of Chiropractors of BC were supportive of the proposed approach to amalgamation and structure of colleges. Feedback on desired number/grouping of colleges was not provided.
The College of Massage Therapists of BC and College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC were opposed to the proposed approach to amalgamation, but did not provide feedback on their desired number/groupings of colleges.
Feedback from the oral health regulators was primarily centred on the proposed Oral Health College. Suggestions for alternative groupings of professions, when provided, are captured in Table 1.

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Regulator Preferences			
Name of Regulator	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
College of Naturopathic Physicians of BC	6 or more*	Suggests there may be more natural alignments among professions currently proposed for regulation by the College of Health and Care professions according to criteria such as: Risks of practice; reserved titles (e.g., doctor, therapist, or technician), similar scopes of practice, publicly or privately provided care, and/or allopathic vs. complimentary/alternative medicine. Suggests that naturopathic physicians be grouped with other prescribers, dispensers, and/or primary care providers.	*College of Naturopathic Physicians of BC does not provide a specific number of desired colleges but notes that "five may be too few".
College of Optometrists of BC	6	Preference is to continue as an independent regulator. If this is not possible, recommends the creation of a 6th vision college based on scopes of practice that would amalgamate optometrists, opticians, and optometric assistants.	
College of Psychologists of BC	6	Preference is to continue as an independent regulator. If this is not possible, preference is to amalgamate with the College of Physicians and Surgeons of BC.	
College of Speech and Hearing Health Professionals of BC	1 or 6	Recommends either a single regulator for all health professions, or a revised number of regulators based on a consistent set of amalgamation criteria, such as scopes of practice or clinical contexts. As an example of the latter: Recommends the College of Health and Care Professions be split into 2 separate regulators, based on clinical health care and public/community health care: **Regulator A (9 professions)** • Audiologists	

Regulator Preferences			
Name of Regulator	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
		• Clinical Perfusionists • Dietitians • Hearing Instrument Practitioners • Opticians • Optometrists • Psychologists • Respiratory Therapists • Speech-Language Pathologists **Regulator B (8 professions)** • Chiropractors • Massage Therapists • Medical Lab Technologists • Occupational Therapists • Physical Therapists • Naturopathic Physicians • Radiation Therapists • Traditional Chinese Medicine & Acupuncturists	
College of Dietitians of BC	1	One multi-profession regulatory college to oversee all professions	Suggests one regulator will better achieve economies of scale while supporting a team-based approach to regulation.
College of Occupational Therapists of BC	1	One multi-profession regulatory college to oversee all professions.	States economies of scale may be more effectively achieved by one regulator.
College of Opticians of BC	1	One multi-profession regulatory college to oversee all professions.	
College of Physical Therapists of BC	1	One multi-profession regulatory college to oversee all professions.	

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Regulator Preferences			
Name of Regulator	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
Oral Health Regulators			
College of Dental Surgeons of BC	N/A	Supports creation of an oral health college but suggests that additional amalgamation options are possible (e.g. shared clinical/treatment approaches).	
College of Dental Hygienists of BC	N/A	N/A	Expressed support for the reduction in the number of regulators, including the proposed single oral health college.
College of Denturists of BC	N/A	Supports creation of an oral health college but notes some registrants have expressed support for: a single health regulator, a multi-profession regulator consisting of the colleges currently residing at the Regulatory Hub in Vancouver (200 Granville Street) or becoming part of the College of Health and Care Professions of BC.	
College of Dental Technicians of BC	N/A	N/A	Expressed support for the reduction in the number of regulators, including the proposed single oral health college.

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Table 2. Desired arrangement of regulatory colleges – Preference of professional associations, Emergency Medical Assistant (EMA) leadership and Diagnostic and Therapeutic (D&T) leadership[55]

Association Preferences			
Name of association	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
BC Doctors of Optometry	9	Suggests separating out the Health and Care Professionals into five separate colleges which takes into account commonalities in our education, styles of practice, place of practice, referral networks, pre-existing interprofessional care teams, and services provided. Suggests the following groupings: **College of Manipulative Therapy and Rehabilitation** Physical Therapists Occupational Therapists Massage Therapists **College of Holistic Medicine** Chiropractors Naturopaths Traditional Chinese Medicine and Acupuncturists **College of Vision and Psychology** Psychologists Optometrists Opticians **College of Speech and Hearing Professionals** Speech Pathologists	Some interest in a single health regulator also expressed.

[55] This is not a comprehensive list of all professional associations/EMA and D&T leadership that provided feedback on the proposed approach to amalgamation. Groups that indicated general support or opposition with no further qualifying comments on number/grouping of colleges are not included in Table 2.

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Association Preferences			
Name of association	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
		Audiologists Hearing Instrument Professionals **College of Diagnostic and Therapeutic Professionals** Respiratory Therapists Clinical Perfusionists Radiation Therapists Medical Laboratory Technicians Dieticians	
BC Chiropractic Association	6	Suggests creation of an additional college of physical rehabilitation professionals to include the following professions: physiotherapists, occupational therapists, registered massage therapists, chiropractors, and possibly respiratory therapists.	
BC Association of Clinical Counsellors	6	Recommends the creation of a College of Mental Health Professionals. Requests counselling therapists be regulated within this new college.	
BC Association of Homeopaths	6	Would prefer 6 colleges, with a separate complementary medicine regulator.	
BC Association for Marriage and Family Therapy	6 or more	Recommends the creation of a College of Mental Health Professionals	
BC Therapeutic Recreation Association	6 or 7	Strongly recommends the College of Health and Care Professions be divided into 2 or 3 new colleges. Feedback specific to groupings not provided.	
BC Psychological Association	6 or more	Recommends retaining the College of Psychologists	

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Association Preferences			
Name of association	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
Canadian Psychological Association	6 or more	Recommends retaining the College of Psychologists	If retaining the College of Psychologists is not possible, recommends psychology be regulated by the College of Physicians and Surgeons.
BC Association of Social Workers	6 or more*	Recommends more colleges with fewer - more compatible - professions in each. Feedback on specific groupings not provided.	
Federation of Associations for Counselling Therapists in BC	6 or more*	Recommends consideration be given to grouping health professions by function. Suggests groupings such as: • Speech and hearing professionals • Diagnostic and therapeutic professions • Professions providing physical therapies (chiropractors, dieticians, massage therapists, occupational therapists, opticians, optometrists, naturopathic physicians, traditional Chinese medicine practitioners and acupuncture) • Mental health professionals (mental health professionals might include social workers, counselling therapists, and psychologists)	
Canadian Association of Occupational Therapists - BC	6 or more*	Recommends that amalgamations group professions that reflect the team-based practice environments in BC. Suggests alternative groupings of professions with similarities and interprofessional education experiences • For example, grouping occupational therapists, dietitians, physiotherapists, psychologists, and speech and hearing professionals together	

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Association Preferences			
Name of association	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
Canadian Association of Occupational Therapists	6 or more*	Endorses the recommendations of the Canadian Association of Occupational Therapists – BC (see above)	
Saskatchewan Society of Occupational Therapists	6 or more*	Endorses the recommendations of the Canadian Association of Occupational Therapists – BC (see above). Recommends retaining the College of Occupational Therapists of BC	
Physiotherapy Association of BC	6 or more*	Supports splitting the umbrella college into sub groups that reflect principles such as: • Evidence-based practice, education, national and international regulatory partnerships, and team-based care.	
Manitoba Association of Optometrists	6 or more*	Recommends increasing the number of remining colleges, potentially grouping similar professions together. Feedback on specific groupings not provided.	
Speech and Hearing BC	6	Suggests separating the College of Health and Care professionals of BC into a college of allied health disciplines. • College of allied health disciplines could include: Speech language Pathologists, Audiologists, Physical Therapists, Occupational Therapists, Dietitians, Social Workers, Psychologists, and Respiratory Therapists.	
Speech-Language and Audiology Canada	6 or more*	Notes "Any actions taken to reduce the number of regulatory colleges in British Columbia must take into account the unique identity and scope of practice of each member profession"	* Speech-Language and Audiology Canada does not provide a specific number of desired colleges but expresses concern that the umbrella

Association Preferences			
Name of association	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
			college would be too large and diverse
TCM Practitioners and Acupuncturists Society	6 or more*	Recommends retaining the BC College of Traditional Chinese Medicine and Acupuncture as a standalone regulator.	
Home of Canadian Traditional Chinese Medicine Society	6 or more*	Recommends retaining the BC College of Traditional Chinese Medicine and Acupuncture as a standalone regulator.	
Other – Diagnostic and Therapeutic			
Canadian Society for Medical Laboratory Science	5 or 6	Recommends a college of allied health disciplines. If this is not possible, would request Medical Laboratory Technologists be regulated under the umbrella college.	
Other - EMAs			
Ambulance Paramedics of BC CUPE Local 873	6 or more	Recommends a stand-alone college for Emergency Medical Assistants.	

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Modernizing the provincial health profession regulatory framework: Summary of phase two of consultation

Prepared for: Steering Committee on Modernization of Health Professional Regulation

March 2020

This document contains confidential information collected under the authority of section 26 (e) of the Freedom of Information and Protection of Privacy Act

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Introduction

On March 8, 2018, the Honourable Adrian Dix, Minister of Health, appointed Harry Cayton, a leading expert in the field of professional regulation, to undertake an inquiry into the College of Dental Surgeons of British Columbia (CDSBC) following concerns about its governance and operations, and to make recommendations respecting changes to the *Health Professions Act* (HPA).

On April 11, 2019, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* (the Cayton Report) was released to the public. Part One of the Cayton Report includes recommendations to improve the operations and functioning of CDSBC. Part Two outlines possible approaches to modernizing British Columbia's (B.C.) health profession regulatory framework.

In response to Part Two of the Cayton Report, Minister Dix established and chairs the Steering Committee on Modernization of Health Professional Regulation (the steering committee) to provide advice on an approach to modernize the regulatory framework for health professions in B.C. Mr. Norm Letnick, health critic for the official opposition, and Ms. Sonia Furstenau, health critic and house leader for the BC Green Party caucus are committee members.

Following the release of the Cayton report and the minister's establishment of the steering committee, an initial public consultation was held between May 9 and June 14, 2019 to seek input from the public and stakeholders regarding their views on health professional regulation and the suggestions contained in the report. Over 300 written submissions were received from a broad cross section of respondents including approximately: 190 members of the public; 50 health practitioners; 25 professional associations; 18 regulators; and 30 other health sector stakeholders.

The steering committee considered research, expert guidance, evidence from other jurisdictions and feedback gathered from the initial public engagement to develop *Modernizing the provincial health profession regulatory framework: A paper for consultation* (the consultation paper).

Members of the public, community groups, health-sector stakeholders and Indigenous partners were invited to submit feedback on the proposals outlined in the consultation paper. Feedback was accepted from November 27, 2019, to January 10, 2020, via written submission and an online survey.

Purpose

The purpose of this report is to summarize the responses to the consultation paper, including significant areas of support or opposition to the proposals outlined in the consultation paper. This report will assist the steering committee to consider whether changes to the proposed reforms set out in the consultation paper may be needed.

Ministry staff have synthesized and analyzed the 259 written submissions and 1,225 writing campaign submissions in this report. Survey results are compiled in a separate report prepared by R.A. Malatest and Associates Ltd.

This report has been structured to mirror the five main sections of the consultation paper, namely:

1. Improved governance;
2. Improved efficiency and effectiveness through a reduction in the number of regulatory colleges;

3. Strengthening the oversight of regulatory colleges;
4. Complaints and adjudication; and,
5. Information sharing to improve patient safety and public trust.

Outreach strategy

As part of the public release of the consultation paper, communication was sent directly to a broad cross section of health sector organizations including health authorities, Indigenous partners, unions and federal, provincial, and territorial governments. Organizations that participated in the first public consultation were also advised by email of the opportunity to participate in the second consultation.

The release of the consultation paper resulted in significant media attention. Over 40 articles were written in November and December 2019 regarding the proposed changes. Some health authorities, regulatory colleges, and professional associations shared information via their websites and newsletters.

Between November 25 – 29, 2020, Ministry staff met with board chairs and registrars of regulatory colleges, health authority chief executive officers and chief nursing officers, diagnostic and therapeutic profession leadership, the Health Professions Review Board, the Emergency Medical Assistants Licensing Board, and the Crown Agency and Board Resourcing Office.

In addition, in December 2019, Ministry staff met with over 20 health profession associations, as well as representatives from several provincial governments, the Federation of Associations for Counselling Therapists in B.C. (FACT B.C.), and health authority representatives. Meetings were also held with BC Health Regulators.

Submissions received

259 written submissions were received from:

- Provincial regulatory colleges: 20 submissions
- Diagnostic and therapeutic stakeholders: 6 submissions
- Emergency Medical Assistant (EMA) stakeholders: 4 submissions
- Health authority representatives: 11 submissions
- Provincial bodies: 4 submissions
- Indigenous partners: 2 submissions
- Professional associations: 48 submissions
- Unions (excluding EMAs): 2 submissions
- Regulatory experts: 12 submissions
- Educational institutions: 6 submissions
- Additional stakeholders:[1] 12 submissions
- Out of province regulators: 7 submissions
- Members of the public: 27 submissions
- Health professionals: 94 submissions

[1] Additional stakeholders included organizations such as the Architectural Institute of B.C., B.C. Allied Health Network, B.C. Humanist Association, Canadian Centre for Elder Law, Canadian Medical Protective Association, and West Coast Legal Education and Action Fund.

Writing campaigns

In addition, 1,225 submissions were received in the form of writing campaigns, organized into the following five groups:

- Oral health professionals (primarily dentists): 595 submissions
- Chiropractors: 397 submissions
- Traditional Chinese Medicine (TCM) and acupuncture practitioners: 133 submissions
- Psychologists: 86 submissions
- Counselling therapists: 14 submissions

1. Improved governance

Competency-based board appointments

Modernization Proposal: It is proposed that all board members (registrant and public) be recommended for appointment through a competency-based process, which considers diversity, is independently overseen, and is based on clearly specified criteria and competencies. The Minister of Health would appoint all board members based on the recommendations of the competency-based process.

- **A majority of submissions indicated support for competency-based appointments,** including 16/16 regulatory colleges who provided feedback on competency-based appointments, 16/25 professional associations, 5/8 health authority representatives, the B.C. Nurses' Union, the First Nations Health Authority and 9 additional submissions.[2] Four colleges commented specifically on their support for ending election of registrant members.
- The primary concern among respondents was that board appointments could be politicized. Respondents also indicated a strong preference for a highly transparent appointment process and an opportunity to provide input on the competency-based appointment criteria.
- While the intention of the proposal was to create a governance structure that was focused on regulation in the public interest, many of the concerns identified in the submissions reflect a continued focus on representation of professional interests at the board level. Such concerns included potential loss of professional autonomy based on a misperception that professions should have equal 'representation' on boards, and the view that registrants should not bear the costs of regulation if the profession is not involved in governance (e.g. via elections or assured representation on boards).
- Suggestions for improvement include staggering the appointment process to ensure new members can learn from existing members; ensuring that diversity (cultural, geographic, practice setting) is reflected in the appointment process; creation of a mechanism to remove ineffective board members; and use of a competency-based process to create a pool of candidates for election.

Equal number of public and registrant board members

Modernization Proposal: It is proposed that regulatory college boards have equal numbers of registrant and public members.

- **A majority of submissions supported an increase in public members on the board** to include 50 percent public members and 50 percent professional members. 14/16 regulatory colleges who provided feedback on board composition indicated their support, in addition to 19/28 professional associations, 7/8 health authority representatives, 2/2 unions, the First Nations Health Authority and 16/25 other stakeholders.[3]

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[2] College of Dental Technicians/Denturists board member, legal/medical professional regulation expert (refer to Pink and Faulkner submission), B.C. Patient Safety Quality Council, Architectural Institute of B.C., B.C. Allied Health Network, Canadian Life and Health Insurance Association, Neighbourhood Pharmacy Association, Alberta College of Optometrists, College of Kinesiologists of Ontario.

[3] Former Registrar of the College of Dental Surgeons of B.C., College of Dental Technicians/Denturists board member, professional regulation lawyer (refer to Cavouras submission), former Chair of the B.C. College of Social Workers, Diagnostic and Therapeutic Working Group, EMA Licensing Board, Fire Chiefs' Association, B.C. Patient Safety Quality Council, ICBC, BCRSPA, Canadian Centre for Elder Law, Canadian Life and Health Insurance Association, Shoppers Drug Mart, College of Kinesiologists of Ontario, College of Occupational Therapists of Ontario, College of Occupational Therapists of Manitoba.

- A large majority of regulatory colleges expressed support for increasing public membership on boards, including three colleges that suggest public membership should be *more than* 50 percent (including up to 100 percent).
- Reasons for opposition to equal membership from the two opposed colleges include a preference for professional members having a majority, and a suggestion that so long as appointments are competency-based there is no need to prescribe a ratio.
- Health authority representatives who commented on this matter were highly supportive.
- The primary concern associated with this change was that it would result in some professions not being 'represented' on boards, particularly in the College of Health and Care Professions.

Size of boards

Modernization Proposal: To improve functioning and effectiveness, it is proposed that regulatory college boards move to a more consistent and smaller size.

- **A majority of submissions supported smaller board sizes**, including 10/10 regulatory colleges who provided feedback on smaller boards, 21/24 professional associations, 4/9 health authority representatives, the B.C. Nurses' Union, the Heiltsuk Tribal Council and 12/19 other stakeholders.[4]
- Concerns were raised that smaller board size could make it more difficult to ensure professions have a seat at the board, and that smaller boards may be challenged to meet workload demands. It was also noted that a smaller board size may reduce opportunities for cultural diversity (e.g. Indigenous representation). It was suggested this could be addressed by determining board size based on the number of professions regulated by a college; however, this would likely result in boards with more than 12 members.

Board member compensation

Modernization Proposal: It is proposed that board and committee members be fairly and consistently compensated (within and between colleges) and move away from volunteerism.

- **A majority of submissions supported fair and consistent board and committee compensation**, including 12/12 regulatory colleges who provided feedback on board compensation, 18/25 professional associations, 8/9 health authority representatives, the B.C. Nurses' Union, and 14/16 other stakeholders.[5]
- Some supporters noted that the work and responsibility required of board members to guide colleges through regulatory modernization will exceed what can be reasonably expected for volunteer activity.
- The primary concern was that registrant fees would increase to fund board compensation. Some submissions also noted that volunteerism may be a better motivator than compensation.

[4] Former Registrar of the College of Dental Surgeons of B.C., Certified Dental Assistant Articulation Committee, Dental Assistant Faculty at Vancouver Island University, Fire Chief's Association of B.C., B.C. Children's and Women's Hospital Scope of Practice and Regulation Review Committee, B.C. Patient Safety Quality Council, ICBC, Architectural Institute of B.C., BCRSPA, Alberta College of Optometrists, College of Kinesiologists of Ontario.

[5] College of Dental Technicians/Denturists board member, professional regulation lawyer (refer to Cavouras submission), Certified Dental Assistant Articulation Committee, Diagnostic and Therapeutic Working Group, Fire Chief's Association of B.C., B.C. Children's & Women's Hospital Scope of Practice and Regulation Review Committee, BCPSQC, ICBC, FNHA, B.C. Allied Health Network, Shoppers Drug Mart, Alberta College of Optometrists, College of Kinesiologists of Ontario, College of Occupational Therapists of Ontario.

- Some suggested changes include: government paying for board compensation instead of regulatory colleges; tying compensation to performance; using compensation guidelines that are consistent with other government appointed boards; and screening out financially motivated individuals.

2. Improved efficiency and effectiveness through a reduction in the number of regulatory colleges

Reduction in the number of regulatory colleges – from 20 to five

Modernization Proposal: To increase public protection, and improve efficiency and effectiveness of regulation, a reduction in the number of regulatory colleges from 20 to five is proposed. This would include: Maintaining the College of Physicians and Surgeons of B.C., the College of Pharmacists of B.C. and the B.C. College of Nursing Professionals. A new Oral Health College and a new College of Health and Care Professions of B.C. would be created.

- **There was general support for a reduction in the number of regulatory colleges; however, there was little support for the specific approach proposed in the consultation paper among regulatory colleges, professional associations, and health authority representatives.**
- Creation of a College of Health and Care Professions was the most controversial suggestion contained in the consultation paper across all stakeholder groups. The creation of an oral health college was controversial, but the controversy was mainly limited to the oral health sector.

Creation of College of Health and Care Professions

- While many regulatory colleges (11/15[6]), professional associations (15/34), and health authority representatives (6/10) that provided feedback indicated support for reducing the number of colleges, support for the creation of the College of Health and Care Professions was much lower.
- Only 3/15[7] regulatory colleges, 8/34 professional associations, and 2/10[8] health authority representatives supported the proposed structure of the College of Health and Care Professions.
- Of note, the College of Chiropractors was the only regulatory college slated to become part of the College of Health and Care Professions that was supportive of its creation.
- Furthermore, 4/8 supportive professional associations represent unregulated occupations and viewed creation of the College of Health and Care Professions as a pathway to regulation for currently unregulated occupations.[9] Similarly, 4/6 submissions from organizations representing Diagnostic and Therapeutic (D&T) Professionals indicated support for the College of Health and Care Professions[10], in the context that this would provide a pathway to regulation for these professions.
- Regulatory colleges and professional associations who voiced significant opposition to the creation of the College of Health and Care Professions include: College of Optometrists of B.C.,

[6] Note: The four oral health regulatory colleges are not included in this count, as feedback provided was largely in the context of the oral health college.
[7] College of Chiropractors of B.C., B.C. College of Nursing Professionals, and the College of Midwives of B.C.
[8] Island Health, Professional Practice; Provincial Health Services Authority, Clinical and operations leadership.
[9] BC Osteopathic/Canadian Osteopathic Association, College of Pedorthics of Canada, Pedorthics Association of Canada, Orthotics Prosthetics Canada.
[10] The Diagnostic and Therapeutic organizations supporting the College of Health Care Professionals are the Diagnostic and Therapeutic Working Group, the College of Medical Radiation and Imaging Technologists of Ontario, the Alliance of Medical Radiation and Imaging Technologists Regulators of Canada, and the BC Ultrasonographers' Society. The Canadian Society for Medical Laboratory Science recommend a college of allied health disciplines (including Medical Laboratory Technologists), and the Lower Mainland Medical Imaging did not indicate a desired number of colleges and expressed desire for technologists, sonographers and echocardiographers to be regulated.

College of Psychologists of B.C., Canadian Association of Occupational Therapists – B.C. Chapter, B.C. Doctors of Optometry, and Home of Canadian TCM (Traditional Chinese Medicine) Society.[11]

- The B.C. Patient Safety and Quality Council was supportive of reducing the number of colleges in principle, but not supportive of reducing the number of colleges to a pre-determined number. They suggest a tailored approach to amalgamation on a case by case basis to "support successful transition and minimize potential disruptions that may result from merging."[12]
- Only one Indigenous partner (the First Nations Health Authority [FNHA]) provided feedback on amalgamation. FNHA indicated support for reducing the number of regulatory colleges, but not the configuration proposed, indicating a preference for a college focused on mental health.
- Of the three health profession unions providing feedback, the B.C. Nurses' Union was supportive of the proposed approach to amalgamation, while the Health Sciences Association took no position. Ambulance Paramedics of B.C. (CUPE local 873) expressed a willingness to join the College of Health and Care Professions, but only as a secondary alternative to forming a unique College of Paramedics.
- There was low support for the College of Health and Care Professions expressed by organizations representing Emergency Medical Assistants (EMAs). However, these organizations provided feedback largely in the context of EMA regulation, rather than providing comprehensive feedback on the amalgamation proposals.

Key concerns related to the College of Health and Care Professions

- **A frequent concern among regulatory colleges opposed to the proposed approach to amalgamation was the criteria/rationale used to determine amalgamation of colleges** (expressed by 10/15 colleges).[13] These concerns included:
  - **Inconsistent criteria/rationale applied to different colleges.** Three colleges[14] expressed concern that the consultation paper relied on different amalgamation criteria for different colleges. For example, bringing together oral health colleges based on aligning scopes of practice in comparison to creation of the College of Health and Care Professions based on economies of scale.
  - **Lack of alignment in scopes of practice.** Five colleges[15] expressed concern that the proposed groupings of colleges – notably within the College of Health and Care Professions – do not reflect groupings of professions with shared scopes of practice.
  - **Lack of alignment with team-based care.** Concerns were also raised that the groupings of professions across the five proposed colleges do not support team-based care, as they do not reflect composition of interprofessional teams.

[11] Moderately-high levels of opposition were also voiced by: College of Naturopathic Physicians of B.C., Physiotherapy Association of B.C., B.C. Therapeutic Recreation Association.

[12] B.C. Patient Safety and Quality Council submission, p. 2

[13] Note: The 4 oral health regulatory colleges are not included in this count, as feedback provided was largely in the context of the oral health college.

[14] College of Dietitians of B.C., College of Opticians of B.C., and the College of Speech and Hearing Health Professionals of B.C.

[15] College of Pharmacists of B.C., College of Optometrists of B.C., College of Occupational Therapists of B.C., College of Physical Therapists of B.C., College of Psychologists of B.C.

    - **Size of a college/size of registrant base is insufficient rationale for mergers.** Three colleges[16] disagreed with the notion that larger colleges are more effective than smaller colleges and noted size should not be the determining factor related to amalgamation.
- Similar concerns regarding the diversity of professions to be included in the College of Health and Care Professions and lack of alignment in scopes of practice and models of care were expressed by 11/34 professional associations, 7/10 submissions from health authority representatives, as well as the B.C. Allied Health Network. Additionally, 3/10 submissions from health authority representatives suggested that the proposed configuration would make it more difficult for patients to discern which profession falls under which regulatory college.
- **A frequent concern among associations and colleges was lack of professional representation on the College of Health and Care Professions board** (expressed by 12/34 associations and 6/15 regulatory colleges).[17] Combining multiple professions into one college - in tandem with a proposed reduction in board size and equal numbers of registrant and public members - was seen as a barrier to professional representation at the board level. Some submissions perceived this as a structural inequity, noting that some colleges will continue to have representation of the professions they regulate on the board (for example, nurses), while professions overseen by the College of Health and Care Professions will not. These concerns were echoed by the Health Sciences Association of B.C., FNHA, and the B.C. Allied Health Network. Several submissions suggested every college board should be composed of multiple types of health professionals.
- Additionally, 2/10 health authority representatives expressed concern that some colleges remain vulnerable to a "protectionist or advocate approach"[18] due to dominance of a single profession on the board (for example pharmacists). The Health Sciences Association of B.C. recommended professions be rotated through seats on the board of the College of Health and Care Professions.
- Two regulatory colleges and the Working Group of the Diagnostic and Therapeutic Health Professions recommended the College of Health and Care Professions board have more than 12 members to account for perceived increases in workload and complexity. Further to this, Interior Health recommended that the board be permitted to appoint special advisors when needed for content expertise.
- **Concerns with regulating allopathic and complementary/alternative medicine within the same regulatory body** were expressed by the College of Physicians and Surgeons, the College of Naturopathic Physicians, FNHA, and 7/34 professional associations. The College of Naturopathic Physicians expressed concern that conflicts may arise among professions with different ideological frameworks of health and illness which may "stymie fair, transparent, and effective regulatory decision-making…"[19]. Further to this, 3/7 professional associations representing Traditional Chinese Medicine Practitioners noted a loss of unique identity related to this theme.
- **Concerns regarding impacts on national alliances/relationships** caused by the creation of the College of Health and Care Professions (e.g., losing established relationships across Canadian

[16] College of Optometrists of B.C., College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C., College of Naturopathic Physicians of B.C.
[17] College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C., College of Dietitians of B.C., College of Naturopathic Physicians of B.C., College of Occupational Therapists of B.C., College of Optometrists of B.C., and College of Psychologists of B.C.
[18] Vancouver Costal Health RN and Allied Health, p. 4
[19] College of naturopathic Physicians of B.C. submission, p. 5-6

regulators and impacts on accreditation of internationally trained providers) were expressed by 6/15 colleges and 4/34 professional associations.

- **Concerns related to the costs of amalgamation were expressed by 4/19 regulatory colleges**[20]. This concern was also expressed by the Physiotherapy Association of B.C. and two unions in the context of potential for amalgamation costs to increase registrant fees.

Suggested alternatives to the creation of College of Health and Care Professions

- Appendix A provides a summary of alternative groupings for regulatory colleges suggested by regulatory colleges and professional associations.
- Suggestions to amalgamate colleges based on more compatible groupings (e.g., alignment in scopes of practice, similar post-graduate education and entry to practice requirements, and/or philosophies of care) were expressed by 5/15 regulatory colleges[21]; 11/34 associations; 8/10 health authority representatives; and 3 additional stakeholders, including the B.C. Allied Health Network.
- Conversely, recommendations to create a single regulatory body for all health professions were expressed by 5/15 regulatory colleges[22] and 1/34 professional associations.
- Two regulatory colleges and one professional association encouraged the use of voluntary amalgamations, rather than "forced" amalgamations.

Creation of an Oral Health College

- **Registrars of all four oral health colleges expressed support for a reduction in the number of regulators and for the creation of a new Oral Health College. However, a writing campaign organized by the B.C. Dental Association (595 responses) indicated significant opposition among dentists.** Please see page 26 for more information on this writing campaign.
- While the four oral health colleges expressed support for the proposed single Oral Health College, three of these colleges indicated they would be open to alternative groupings (see Appendix A for more details).
- Of the eight oral health professional associations that made submissions,[23] four expressed support for both the reduction of colleges and a single oral health regulator due to the potential to increase efficiencies and professional collaboration.[24] Concerns regarding amalgamation include:
    - The Canadian Dental Hygienists' Association suggested it requires more information on logistics and board composition before it takes a position on the proposed college.
    - The Denturist Association of Canada states that "the College of Dental Surgeons and the College of Denturists … should not be determining the future of each others profession."

[20] The four oral health colleges were included in this count, as this feedback related to amalgamation in general, and not specifically the creation of the College of Health and Care Professions. Colleges indicating concerns with the cost of amalgamation include: College of Dietitians of B.C., College of Denturists of B.C., College of Naturopathic Physicians of B.C., College of Speech and Hearing Health Professionals of B.C.
[21] College of Pharmacists of B.C., College of Naturopathic Physicians of B.C., College of Optometrists of B.C., College of Physicians and Surgeons of B.C., College of Speech and Hearing Health Professionals of B.C..
[22] College of Dietitians of B.C., College of Speech and Hearing Health Professionals of B.C., College of Occupational Therapists of B.C., College of Opticians of B.C., College of Physical Therapists of B.C.
[23] B.C. Dental Hygienists' Association, Canadian Dental Hygienists Association, Dental Technicians Association of B.C., B.C. Dental Association, Certified Dental Assistants of B.C., Canadian Dental Assistants' Association, Denturist Association of B.C., Denturist Association of Canada
[24] BC Dental Hygienists' Association, the Dental Technicians' Association of BC, the Certified Dental Assistants of BC, and The Canadian Dental Assistants' Association

- The Denturist Association of B.C. suggested that creating an oversight body would be sufficient.

Key concerns related to creation of an oral health college

- Three of the oral health colleges[25] expressed concern regarding professional equity, especially in regard to the history outlined in Part 1 of the Cayton report and the potential for conflict of interest between employer and employee professions (with some oral health professions being employed by dentists).
- The potential for imbalances of power between dentists and other professions was also a concern for four oral health professional associations.[26] The Certified Dental Assistants of B.C. asserts that the College of Dental Surgeons cannot lead the amalgamation. The Denturist Association of BC also urges government to "consider the long history and perceived hierarchies that exist within the dental professions." The College of Dental Hygienists proposed that the existing oral health colleges should be dissolved, and an entirely new entity created in such a way as to ensure there is not a perception that one profession is being regulated by another.
- Equal board representation was identified as important by several oral health professional associations. However, the B.C. Dental Association recommends the majority of professional members be dentists as their issues would dominate the board agenda due to the higher risk associated with dentists' practice and given dentists' professional specializations.
- Two colleges[27] expressed concern regarding the management and transfer of assets and noted that small colleges could be challenged to access resources to maintain their routine operations and prepare for amalgamation.
- The College of Denturists expressed concern regarding the potential impact of amalgamation on pan-Canadian activities such as national competency profiles, national accreditation programs and national examinations.
- A desire for further clarity was noted in several submissions regarding how registrant fees would be set.
- Five oral health professional associations[28] expressed concern regarding the possible loss of association-provided liability insurance which is currently a source of important revenue.

[25] College of Dental Hygienists of B.C., College of Dental Technicians of B.C., College of Denturists of B.C.
[26] B.C. Dental Hygienists' Association, Canadian Dental Hygienists Association, Certified Dental Assistants of B.C., Denturist Association of Canada
[27] College of Dental Hygienists of B.C., College of Denturists of B.C.
[28] B.C. Dental Hygienists' Association, B.C. Dental Association, Canadian Dental Assistants' Association, Canadian Dental Hygienists' Association, Certified Dental Assistants of B.C.

Moratorium

Modernization Proposal: Given the current commitment to a reduction in the number of regulatory colleges, it is proposed that any new health professions be regulated by an existing regulatory college or the new College of Health and Care Professions.

- Eight colleges commented on the proposed moratorium. Four colleges were supportive of a moratorium. One college was supportive with the caveat that Diagnostic and Therapeutic (D&T) professions be excluded from a moratorium.[29]
- 3/8 colleges were opposed to a moratorium on the creation of new colleges,[30] noting regulation of new professions and creation of new colleges should be based on evidence and risk to the public, "and not on a blanket policy."[31]
- Similarly, 5/9 submissions from health authority representatives who provided feedback supported a moratorium. Of these five, two were supportive with the caveat that D&T professions be excluded from a moratorium.
- 16/20 associations providing feedback expressed support for a moratorium on new colleges.[32] 4/20 associations do not support a moratorium, along with the Working Group of the Diagnostic and Therapeutic Health Professions.
- FNHA was not supportive of a moratorium, stating concerns it would limit the opportunity to create a new mental health professional/counselling college.

Subcommittees to ensure clinical expertise

Modernization Proposal: It is proposed that sub-committees will be created within multi-profession regulatory colleges to address matters requiring profession-specific clinical expertise.

- Regulators most commonly indicated profession-specific expertise is required for effective regulation in relation to complaints and investigation (expressed by 10/15 regulatory colleges who provided feedback). Registration and quality assurance were the next most commonly cited areas (noted by 8/15 colleges), followed by the development of professional practice standards (7/15), discipline (3/15), and continuing education (2/15).
- With regard to the College of Health and Care Professions, the College of Dietitians noted the importance of having a subcommittee for each regulated profession overseen by this college.
- With regard to the Oral Health College, the College of Dental Surgeons does not believe that subcommittees are necessary, stating "an expanded oral health professions college could easily adopt this model to include expertise from all six oral health professions at a staff support level as well as informing statutory committee membership."

[29] Colleges supportive of a moratorium include: College of Physicians and Surgeons of B.C.; College of Pharmacists of B.C.; College of Dental Surgeons of B.C.; and College of Dental Technicians of B.C. The College of Speech and Hearing Health Professionals of B.C. was supportive with the caveat that D&T professions be excluded from a moratorium.

[30] College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C., College of Opticians of B.C., College of Physical Therapists of B.C.

[31] College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C. submission, p. 3

[32] Includes associations representing regulated and unregulated health professionals.

- Additionally, the B.C. College of Nursing Professionals provided feedback regarding terminology, noting the term "subcommittee" may be seen as confusing and suggesting it be replaced with profession-specific "regulatory councils."
- Similar to regulatory colleges, the most commonly cited area where health authority representatives suggested profession-specific expertise is required was complaints/investigation (expressed by 6/7 who provided feedback). Registration and development of professional practice standards were the next most commonly cited areas (5/7), followed by quality assurance (4/7), practice support/advisory (3/7), and discipline (2/7).
- Among professional associations, unions, and D&T professions, the most commonly cited areas requiring profession-specific expertise were: Development of professional and clinical standards (expressed by 16 associations, the Working Group of the Diagnostic and Therapeutic Health Professions, the B.C. Nurses' Union, and the Health Sciences Association of B.C.), in inquiry and discipline (noted by 8 associations and the B.C. Nurses Union), in scope of practice (expressed by eight associations, the Health Sciences Association of B.C., and the Working Group of the Diagnostic and Therapeutic Health Professions), and in determining entry-to-practice and educational requirements (expressed by 5 associations and the B.C. Nurses' Union).

Legislative changes to support amalgamation

Modernization Proposal: The creation of broader legislated merger provisions to minimize disruption resulting from future amalgamations is proposed.

- A phased approach to amalgamation was recommended by 7/19 colleges,[33] 3/10 submissions from health authority representatives, 5/34 professional associations, and 2 other stakeholders including the Neighbourhood Pharmacy Association of Canada. Conversely, 4/19 colleges[34] noted the importance of a quick timeline for change, expressing that the longer the amalgamation period extends, the greater is the risk of losing key staff and disrupting operations.
- 4/19 colleges[35] suggested the legislation be amended to allow greater flexibility to facilitate different types of amalgamations. Related to this, the B.C. College of Nursing Professionals suggests additional provisions could be added to the *Health Professions Act* to allow for the transfer of assets and liabilities, and regulatory responsibility, from one college to another.
- Two regulatory colleges suggested board appointments be made well in advance of amalgamation dates. The B.C. College of Nursing Professionals suggests appointments of board members be made 9-12 months in advance. This was echoed by the College of Chiropractors, who suggested the College of Health and Care Professions board be appointed no less than 9 months prior to the amalgamation date.
- Additionally, the College of Dieticians suggested that a single regulatory college could first be established as a "shadow organization working in the background," and then eventually take

[33] College of Psychologists of B.C., College of Dieticians of B.C., College of Massage Therapists of B.C., College of Occupational Therapists of B.C., College of Pharmacists of B.C., College of Speech and Hearing Professionals of B.C., and B.C. College of Nursing Professionals

[34] The College of Physicians and Surgeons of B.C., the College of Chiropractors of B.C., the College of Physical Therapists of B.C., College of Opticians of B.C.

[35] College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C., College of Speech and Hearing Health Professionals of B.C., College of Dental Hygienists of B.C., and College of Pharmacists of B.C.

over all regulatory functions. It states this was the approach taken by the UK when creating a similar umbrella college in 2001. This approach was also supported by the College of Massage Therapists for the developing the Health and Care Professions College.

Use of the term "College" and naming conventions

- In addition to the suggestions captured above in *Legislative change to support amalgamations*, a common recurring theme was a request to replace the term "College" in the *Health Professions Act* with an alternative, such as "Regulator," "Regulatory College," or "Council." This was expressed by 11/19 regulatory colleges and one regulatory expert.[36]
- Similarly, three stakeholders – including two regulatory colleges - recommended the name of amalgamated colleges be representative of the professions overseen by the college. These groups also suggested that the proposed name of the College of Health and Care Professions is too broad making it challenging for the public to understand which professions it regulated.

[36] Board member of the College of Dental Technicians and College of Denturists of B.C.

3. Strengthening the oversight of regulatory colleges

Modernization Proposal: To increase accountability and transparency among regulatory colleges, the creation of a new oversight body is proposed.

- **There was general support for the oversight body across submissions**. Most stakeholders support the principle that an oversight body would improve consistency, transparency and accountability of the regulatory framework.
- There was a high level of support for the creation of an oversight body across regulatory colleges. 20/20 regulatory colleges that commented on creation of an oversight body expressed support in principle. However, there was mixed support for the proposed functions of the oversight body across colleges. Three colleges[37] indicated support for some functions of the oversight body but questioned whether establishing a new oversight body is the best way to administer such functions.
- Professional associations (13/21) were generally supportive of the concept of the oversight body but noted concerns about increased bureaucracy and cost. 6/21 associations were not supportive, 2/21 said they could not comment without additional information.
- 8/9 health authority representatives that provided feedback on this topic supported the creation of an oversight body in principle. Of the eight who were supportive, one was supportive with the caveat that board training be an additional function of the oversight body.[38]
- The B.C. Patient Safety and Quality Council also expressed general support, stating the creation of an oversight body would "strengthen accountability and public trust, as well as increase cohesion among health professions and alignment between colleges."[39] Similarly, 3/3 unions indicated support for the oversight body in principle.
- The Health Professions Review Board (HPRB) stated its operations "could be effectively administered within the institutional structure of the proposed new oversight body" so long as the foundations of the legislated structure for independence and impartiality of the HPRB are maintained.[40]

Key concerns

- Frequently expressed concerns among submissions included:
  - The costs of the oversight body may result in increased fees for registrants.
  - The oversight body's freedom from perceived bias and financial independence may be compromised if regulatory colleges are to provide ongoing operational funding.
  - The oversight body would result in additional and unnecessary bureaucracy. Submissions noted the proposed transition to five regulators may potentially reduce the need for this level of oversight and formal standardization given fewer regulators.
  - There may be duplication/overlap of services between the oversight body, government and colleges. Concerns about role clarity were also noted.

[37] College of Physical Therapists of B.C., College of Psychologists of B.C., and College of Opticians of B.C.
[38] Interior Health Board Chair submission
[39] B.C. Patient Safety and Quality Council submission, p. 3
[40] The HPRB is established under HPA s. 4.2, which gives it independence and impartiality as an administrative tribunal; HPRB Submission, p.4.

- A 'one-size-fits-all' approach to common code of ethics, guidelines and professional standards may not be suitable for all professions and may impact alignment with national standards.
- There is a desire for further clarity regarding the leadership and organizational structure of the oversight body.

Proposed roles and responsibilities

Although many submissions included broad comments related to the oversight body, specific feedback on each of the proposed roles was limited. Regulatory colleges were the most likely of all stakeholders to provide specific comments regarding proposed oversight body roles, potentially due to their regulatory expertise. Appendix B provides an overview of the specific comments provided in relation to each oversight body role proposed in the consultation paper. Feedback from regulatory colleges related to the proposed roles of the oversight body includes:

- **Strong opposition to the oversight body having the authority to collect fees from regulatory colleges in the future**.
- **Strong support for the development of model bylaws and oversight of bylaw amendment process**.
- **Strong support for the oversight body overseeing the board member appointment process**.
- Support for routine audits and publishing guidance on regulatory policy and practice.
- Mixed support for the oversight body having a role in standards of professional practice; however, unsupportive comments appear to be based on a misunderstanding that the oversight body would be responsible for establishing the content of the standards.
- Mixed support for the oversight body holding a single register; some colleges query if a single register is necessary if there are fewer regulatory colleges in the new framework.

Additional functions of the oversight body

- A suggested additional function of the oversight body is responsibility for the training and orientation of new board members.[41] It was proposed this orientation could include training in what governing *in the public interest* means and how it applies to the work of a college board member. The desire for board training was echoed in feedback from the College of Pharmacists, the College of Denturists,[42] the B.C. Patient Safety and Quality Council, and two First Nations partners including FNHA.
- Additionally, the College of Psychologists suggested the oversight body facilitate the amalgamation process. This was echoed by the College of Occupational Therapists, who voiced support for the oversight body to evaluate the current functioning of colleges and inform the "best structure for amalgamation."
- Lastly, the College of Naturopathic Physicians proposed the following additional functions of the oversight body: maintenance of a "hotline", website, and email address for routine and general queries; the triage and redirection of complaints and queries to colleges when necessary; and the prosecution of unlicensed practice.

[41] Suggested by Interior Health Board Chair
[42] Feedback provided by College of Denturist Board member

Health occupations and existing professions not regulated under the HPA

- Many professional associations, employers and professions used the consultation process to request regulation of currently unregulated professions.
- Among organizations that have historically advocated for regulation of additional occupations under the HPA, concerns were expressed that the oversight body's role in recommending regulation of new occupations may contribute to delays rather than providing a clear path to regulation.
- The Emergency Medical Assistants Licensing Board (EMALB), a former Registrar of the EMALB, Emergency Medical Assistant (EMA) associations, Ambulance Paramedics of B.C. (CUPE Local 873), and several health authority representatives[43] strongly advocated for regulation of EMAs under the HPA.
- Diagnostic and therapeutic (D&T) professional associations, national bodies and health authority representatives[44] requested the regulation of unregulated D&T professions[45]. There was strong concern across the spectrum of D&T submissions that without a College of Diagnostic and Therapeutic professions, the path to self-regulation will be more difficult.[46]
- Requests for the regulation of clinical counselors and changes to the regulation of social workers were also expressed. The B.C. College of Social Work, the B.C. Association of Social Workers and several health authority representatives recommended changes to the regulation of social workers, including regulating social workers under a revised HPA. FACT B.C. stated that the lack of regulation for counselling therapists is "a profound failure of the province's regulatory system" and suggested creation of a college of mental health professionals including social workers, counselling therapists, and psychologists.
- There were also requests to regulate dental assistants, physicians' assistants, behavioural analysts, and clinical scientists.[47]
- Additionally, there were requests for the steering committee to consider alternate regulatory mechanisms for health professions. The College of Physicians and Surgeons suggests a direct government licence may be an appropriate model for practitioners whose scope of practice is limited, where the inherent risk to the public is low, and where oversight is provided by both employers and other regulated professionals who are part of the care team. Further to this, the Diagnostic and Therapeutic Working Group suggested creation of a "continuum of regulatory options" within the HPA for health occupations that may not require full statutory regulation.

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[43] Vancouver Coastal Nursing and Allied Health; PHSA Clinical Operations and Leadership; Providence Health Care Nursing and Allied Health; and Fraser Health Authority, Professional Practice Department

[44] Health Authority representatives requesting regulation of D&T professions include: B.C. Children's Hospital and B.C. Women's Hospital and Health Centre, Scope, Practice and Regulation Review Committee and Provincial Health Services Authority, Clinical and operations leadership

[45] Requests were received to regulate the following D&T professions: clinical perfusionists, medical laboratory technologists, radiation therapists, respiratory therapists, diagnostic medical sonographers, and echocardiographers.

[46] On December 9, 2016 the Ministry published a news release proposing to establish a new college for diagnostic and therapeutic health professions. The Ministry announced the new college would oversee the following four health professions: respiratory therapists, radiation therapists, clinical perfusionists and medical laboratory technologists. The news release noted that once the new college has been substantially implemented, the Ministry would further examine the remaining seven diagnostic and therapeutic occupations (nuclear medicine technologists, medical radiography technologists, magnetic resonance imaging technologists, medical laboratory assistants, cardiology technologists, diagnostic medical sonographers and medical physicists) to determine if regulation by a college is appropriate, or if an alternative oversight solution (e.g. registry) would be sufficient to ensure public safety.

[47] These requests for regulation were from the professional associations, or associations of regulated professions that work closely with these professions

Increased accountability to the Legislative Assembly

Modernization Proposal: It is proposed that annual reports of regulatory colleges and the oversight body be provided to the Legislative Assembly by the Minister of Health.

- **Submissions were generally supportive of increased accountability of colleges to the Legislative assembly.** No colleges stated opposition to annual reports being provided to the Legislative Assembly; however, some submissions suggested that it might not be necessary for the oversight body and regulatory colleges to both submit reports. An option presented in more than one submission was for the oversight body to provide its annual report to the legislature, and for the colleges to provide their annual reports to the oversight body.
- The B.C. Patient Safety and Quality Council supported the proposal that annual reports of both the oversight body and the regulatory colleges be provided to the Legislative Assembly by the Minister of Health, stating "making this information readily available through filing with the Legislative Assembly upholds transparency and increases public accountability within the annual reporting of these bodies" and that "transparency is a common principle among high-performing health systems."[48]

[48] B.C. Patient Safety and Quality Council, p. 3

4. Complaints and adjudication

New independent discipline process

Modernization Proposal: A new disciplinary process is proposed in which independent discipline panels would make decisions regarding regulated health professionals.

- **There is a high level of support for a new discipline process** among regulatory colleges (16/18), professional associations (19/26), and health authority representatives (4/6).[49]
- Regulatory colleges state a discipline process separate from colleges can help build public trust, prevent actual or perceived bias in discipline matters, and provide consistency across colleges.
- Colleges request clarity on funding for the new process, on division of costs between colleges, and reinforce the importance of professional expertise on discipline panels.
- Three of the supportive regulatory colleges indicated concern about the placement of the new discipline process in the oversight body related to ensuring independence and objectivity.[50]
- The College of Physicians and Surgeons states it would like colleges to retain the ability to hold summary hearings for certain simple matters (like a registrant's failure to respond to a college during a complaint investigation) to support efficiency. Doctors of B.C. and the Canadian Medical Protective Association request colleges have jurisdiction in less serious discipline cases.
- Most professional associations that did not clearly express support for a new discipline process requested more information on panel appointments/competencies, operations, and fairness.
- FNHA supports a new discipline process but is concerned that the process may not incorporate Indigenous justice and seeks further engagement on this.
- The B.C. Nurses' Union expresses its support for a new discipline process. The Health Sciences Association of B.C. states it has no position as long as the process is procedurally fair.

Regulatory college roles in complaints process

Modernization Proposals: Regulatory colleges and their inquiry committees would continue to be responsible for the investigation of complaints. To improve public trust in the complaints process and ensure that public safety is at the forefront of complaints investigations, regulatory colleges would need to demonstrate their use of a fair and open process to appoint inquiry committee members. Regulatory colleges would need to ensure that inquiry committee membership considers competence, merit and diversity. Also, inquiry committee members would be required to undertake regular training and appraisal.

- **There is a high level of support for regulatory colleges continuing to investigate complaints** among colleges (12/12), professional associations (20/21), and regional health authority representatives (6/7).

[49] Of the two colleges that did not clearly express support for a new discipline process: The College of Speech and Hearing Health Professionals of B.C. asks if a new process will be required if five colleges remain and the College of Occupational Therapists of B.C. notes it is "not opposed." Professional associations that are not supportive include the B.C. Psychological Association, B.C. Association of Social Workers, and the Diagnostic and Therapeutic Working Group.

[50] The College of Chiropractors of B.C., College of Massage Therapists of B.C., and the College of Physical Therapists of B.C. express this concern. The College of Massage Therapists states it only supports a new discipline process that is also independent of the oversight body, the College of Physical Therapists appears to also have this conditional support.

- **There is a high level of support for improving inquiry committee composition** among regulatory colleges (12/12) and professional associations (14/14), including for ensuring competence, merit and diversity are considered, and requiring member training and appraisal.

Transparency – Publishing all actions

Modernization Proposals: It is proposed that actions taken to resolve accepted complaints about health professionals be made public. Accepted complaints are those that are not dismissed, and where some action is being taken as a result of the complaint. All actions resulting from agreements between registrants and regulatory colleges would become public (e.g., agreements that registrants complete additional training).

- **There is a low level of support among regulatory colleges (3/19), professional associations (10/25) and unions (0/2) for publishing all actions taken to resolve accepted complaints**, including actions resulting from agreements between registrants and colleges. **Health authority representatives voice a higher level of support for this form of increased transparency (5/8).**
- Regulatory colleges' central concern is that publishing all actions would significantly impede their ability to negotiate consensual agreements with registrants (where publication is often contested). Colleges state this will likely lead to more discipline hearings (including for minor matters) and higher costs, lengthen the complaints process, and in some cases hinder rehabilitation of registrants.
- The College of Physicians and Surgeons supports increased transparency beyond the current state of mainly publishing serious matters, however, explains publishing all actions will be a "major barrier to regulation" if colleges are unable to impose remediation.
- Colleges suggest publication should focus on matters where there is a risk to the public (low risk matters should not be published) and note there is a difference between publishing sanctions (like practice limitations) and less serious actions (like requirements to complete education).
- Professional associations are concerned publishing all actions would breach registrant's privacy, harm registrant's reputation, and disincentivize consensual resolutions. Several recommend publication only occur after a finding amounting to discipline or when a matter is sent to discipline panel and/or that only higher risk matters should be published.
- The B.C. Nurses' Union and Health Sciences Association of B.C. strongly oppose expanding current publication rules to include the publication of all actions resulting from complaints, the latter states this is an "unnecessary form of public shaming." The B.C. Nurses' Union believes the public interest can be served through anonymous publication.
- The B.C. Patient Safety and Quality Council supports publishing all actions, as does FNHA which notes that publishing complaint actions and keeping the authority informed are important to maintaining safe care for First Nations people.
- The B.C. College of Nursing Professionals and College of Midwives encourage further dialogue with regulators regarding this proposed change.

Transparency - Limited public comment by colleges on a complaint under investigation

Modernization Proposal: It is proposed that regulatory colleges be able to make limited public comments if a complaint under investigation becomes known to the public.

- **There is a high level of support for allowing colleges to make limited public comments about complaints under investigation.** Regulatory colleges voiced a high level of support for allowing colleges to make limited public comments (14/15). Two thirds of professional associations that gave feedback on this recommendation are in support (14/21). Five of eight health authority representative submissions are supportive, while two request an amendment that colleges only confirm the existence of an investigation, and one submission is opposed.
- The College of Dental Surgeons states that "The ability to confirm that a complaint has been received and/or an investigation is underway would enhance public trust and credibility."
- Professional associations and regulatory colleges commented that unsubstantiated or illegitimate complaints can impact registrants' reputations and that privacy, confidentiality, and procedural fairness are considerations.
- The B.C. Nurses' Union is opposed to colleges being able to provide public comment.

Ensuring past conduct is considered in relation to current complaints

Modernization Proposal: In order to better protect patients from harm, it is proposed that complaint and discipline decisions must take into consideration the professional's past history.

- **There is a mixed level of support for requiring regulatory colleges and discipline panels to consider a registrant's past history when deciding on a current complaint**. Just under half of regulatory colleges (7/15) and professional associations (10/23) which commented on past conduct history support requiring it to be considered. Most health authority representative submissions request amendments to this recommendation (5/8).[51]
- Supportive regulatory colleges note requiring past history to be considered would help recognize patterns of ongoing behaviour.
- Regulatory colleges that are opposed suggest past conduct history should only be considered at the sanction or discipline stage of a complaint and should not to be used to determine if a current complaint is valid/confirmed (as they believe this would breach legal principles).
- Professional associations and health authority representatives that are opposed or seek amendments to this recommendation suggest that only relevant, accepted, substantiated, or high-risk complaint history be considered, and/or that past conduct only be considered at the discipline stage.
- The B.C. Nurses' Union requests past history be considered only at the discipline decision stage. The Health Sciences Association of B.C. is opposed to consideration of past history.

[51] Supportive regulatory colleges include: The College of Physicians and Surgeons of B.C., the College of Pharmacists of B.C., the College of Dental Hygienists of B.C., the College of Denturists of B.C., the College of Dental Technicians of B.C., the College of Opticians of B.C., the College of Speech and Hearing Health Professionals of B.C.

- The B.C. Patient Safety and Quality Council is supportive of requiring regulatory colleges and disciplinary panels to consider a registrant's past history of complaints and discipline.

Time limits and timeliness

Modernization Proposals: It is proposed that time limits be set for stages of the investigation process, instead of a statutory time limit for the length of time that investigations must be completed in. Time limits may include time limits for negotiations between registrants and inquiry committees, which may include limiting how long registrants have to make proposals to the inquiry committee once a citation has been issued for a disciplinary panel hearing.

- **There is a high level of support among regulatory colleges (7/7), professional associations (4/4) and health authority representatives (4/4) for removing the statutory time limit for the completion of complaint investigations; however, there is mixed support for replacing this time limit with time limits for stages within the complaints process.**
- Three regulatory colleges and the Health Professions Review Board (HPRB) caution against establishing time limits for stages in the complaints process. The HPRB states this may become "more unwieldy" and recommends colleges be given tools to investigate faster: the authority to access/compel information from health authorities, the ability to impose a duty on registrants to cooperate, and ability to penalize registrants for non-compliance with information requests.
- The HPRB's suggestion to give more tools to colleges to improve investigation timeliness is in line with recommendations in the consultation paper to strengthen requirements on registrants to cooperate with investigations (i.e. introduce a set number of days to respond to a college).
- **There is a low level of support among regulatory colleges for introducing time limits for negotiations between registrants and colleges (1/4)**, as colleges note this may lead to unnecessary discipline hearings when registrants willing to sign agreements late in the process will be unable to do so.[52] The B.C. Nurses' Union believes the opportunity to settle a complaint should be available to registrants at any stage of the complaints process.

Responses to sexual abuse and sexual misconduct

Modernization Proposal: The steering committee sought feedback to help establish consistency across regulatory colleges in relation to how they address sexual abuse and sexual misconduct.

- Regulatory colleges, professional associations and other stakeholders recommended a range of measures to address sexual abuse and misconduct by regulated health professionals including:
  - **Common standards/policies** among regulators for prevention, investigation and discipline.
  - **A unique or independent complaints/investigation process** with specialized investigations was recommended by several colleges and professional associations, and was a main recommendation of West Coast LEAF.
  - **Defining** sexual abuse and sexual misconduct in legislation as opposed to college bylaws.

[52] The College of Psychologists of B.C., the B.C. College of Nursing Professionals and the College of Midwives of B.C. would like late stage negotiations to continue to be permitted, the College of Physicians and Surgeons is supportive of introducing time limits on negotiations.

- **Colleges funding counselling** for complainants and being enabled to recover costs from registrants who have caused harm.[53]
- **Mandatory cancellation**: Regulatory colleges expressed low levels of support/some mixed support for mandatory cancellation of practice for sexual abuse or misconduct.[54] Several colleges request B.C. consult with Alberta and Ontario who have expertise in this area. Professional associations had a higher level of support for mandatory cancellation. West Coast LEAF supports mandatory cancellation of practice after findings of sexual abuse. Other options to increase regulator consistency may be to introduce a common guideline on responses to sexual abuse and misconduct, including common penalties which could be monitored by the oversight body.
- **Other recommendations**: training in trauma-informed care for investigators and decision makers, the use of outside legal counsel by colleges with expertise in sexual abuse, a support program for complainants, and direction for colleges on essential elements of patient relations programs (these programs are currently enabled in the HPA).

[53] Regulatory colleges (2/3) and professional associations (3/4) were supportive.
[54] Colleges opposed to mandatory cancellation include the College of Physicians and Surgeons of B.C., the B.C. College of Nursing Professionals, the College of Midwives of B.C., and College of Pharmacists of B.C.

5. Information sharing to improve patient safety and public trust

Modernization Proposal: It is proposed that health profession regulatory colleges be enabled to share information (between each other and with other agencies) where necessary for public safety and protection.

- **Overall, there is a high level of support across stakeholders for regulatory colleges to be more easily able to share information, with some caveats around only sharing information when necessary for public safety. However, unions[55], emergency medical assistant stakeholders[56] and educational institutions[57] indicated more concern than support for increased information sharing.**
- **Stakeholders most often recommended regulatory colleges be able to share information with other regulatory colleges, law enforcement and health authorities.**
- Public safety and enhancement of interprofessional practice were cited as reasons for supporting increased information sharing, along with more timely complaint resolution, and increased awareness of processes and procedures.
- Primary concerns relate to privacy and confidentiality rights and how to balance these with the need to share information. A need for consistency in criteria, policies and guidelines on when and what to share was indicated, along with the need to ensure legislation is not prohibitive/constraining.
- The B.C. Patient Safety and Quality Council supports increased information sharing for the purpose of promoting public safety, protection and accountability to patients and the public.
- The Health Professions Review Board would like colleges to have the authority to compel information from health authorities and registrants in a timely manner.
- Two out-of-province regulators emphasized the need for effective information sharing between colleges across the country.
- Canadian Medical Protective Association noted that disclosure to hospitals or health authorities should be confined to only state an investigation is underway.
- Orthotics Prosthetics Canada, the Pedorthic Association of Canada and the Canadian Life and Health Insurance Corporation stated that information should be shared with insurance companies. ICBC indicated information should be shared with government agencies, crown corporations, and private sector industries who employ registrants or refer to or pay directly for services obtained by customers.

[55] BC Nurses Union and Health Sciences Association of BC
[56] BC Professional Firefighters Association, Emergency Medical Assistants Licensing Board, and the Fire Chiefs Association of BC
[57] Dental Assistant Faculty of Vancouver Island University and Camosun College Dental Programs

Cultural safety and humility

- Ten submissions made specific reference to cultural safety, including First Nations Health Authority, Heiltsuk Tribal Council, seven college submissions, and one regional health authority submission.
- **Overall, there was a strong desire to see cultural safety and humility embedded within regulatory modernization.** Key reasons include:
    - the need to acknowledge and begin to address systemic racism, including personal biases and stereotyping, as a serious risk of harm to patients that can lead to inappropriate treatments and barriers to accessing care;
    - cultural safety is integral to ethical, competent and safe care;
    - improved consistency of college standards and approaches to cultural safety; and,
    - cultural safety could improve public trust in colleges and health professionals.
- Key suggestions to improve cultural safety and Indigenous health through regulatory modernization include:
    - establish the role and function of cultural safety as a foundation of the term "patient safety" within legislation and bylaws;
    - align the HPA with the United Nations Declaration on the Rights of Indigenous Peoples;
    - use additional resources gained from amalgamation for cultural safety initiatives (e.g. board training and better engagement with First Nations communities);
    - utilize the oversight body for consistent implementation of cultural safety standards across colleges;
    - include information on Indigenous self-identification and cultural safety training within the single register, to assist patients with finding culturally safe practitioners;
    - integrate Indigenous approaches to justice within complaints and adjudication (as determined through engagement with Indigenous communities and organizations);
    - ensure investigators and Inquiry Committee members are trained in cultural safety and humility;
    - ensure diverse (Indigenous, cultural and gender diverse) representation on college boards and leadership; and,
    - ensure ongoing engagement with Indigenous organizations and communities.

Writing campaigns

Five writing campaigns were received as part of the public consultation on modernizing the health profession regulatory framework. In total, 1,225 submissions were received from the following writing campaigns:

Oral health professionals: 595 submissions were received, primarily from dentists, writing in two similar writing campaigns. Most of these submissions were from a B.C. Dental Association initiated writing campaign. Frequently expressed issues include: lack of support for the creation of an oral health college, concerns regarding lack of professional expertise on the oral health college board, concerns regarding transparency in complaints, perception that the proposed reforms are more concerned about fairness to the public than professionals, and statements that the duration of the consultation period was too short.

Chiropractors: 397 template letter submissions were received related to scope of practice of chiropractors. Submissions expressed support for chiropractors to perform the following activities: order diagnostic imaging, access imaging results via health authority online systems, use acupuncture as an added therapy, and order lab tests and access their results. It should be noted, chiropractors can order diagnostic imaging and other tests however cannot bill MSP for these.

Traditional Chinese Medicine (TCM): 133 submissions were received from members of the public and TCM practitioners expressing support to update the Traditional Chinese Medicine Practitioners and Acupuncturists regulation to include a scope of practice expansion. Submissions express concern that the creation of the new College of Health and Care Professions will further delay this request.

Psychologists: 86 submissions were received, primarily from psychologists, expressing concern about the College of Psychologists becoming a part of the new College of Health and Care Professions. Many submissions requested the College of Psychologists become part of the College of Physicians and Surgeons if unable to remain a standalone regulator. Rationale for joining the College of Physicians and Surgeons included: Frequency of collaboration between physicians and psychologists in daily practice and a close alignment between psychologists and physicians in terms of education, training, and credentials.

Counselling Therapists: 14 submissions were received, primarily from registered clinical counsellors, in support of regulating counselling therapists. Submissions expressed concern about the provision of mental health services from unregulated individuals who may lack the professional competencies and ethics to provide safe and effective counselling services. Multiple submissions state protecting the title “Counselling Therapist” will create safety and informed choice for citizens, particularly those made vulnerable by mental health and substance use issues.

Appendix A: Alternative arrangement of regulatory colleges

Table 1. Arrangement of regulatory colleges as suggested by regulatory colleges

Preamble: There was overall low level of support for the proposed approach to amalgamation among regulatory colleges. Most concerns centred around the creation/configuration of the proposed College of Health and Care Professions of B.C. 12/19 colleges[58] provided written feedback on their desired number and grouping of colleges, as shown below.

Regulator Preferences			
Name of Regulator	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
College of Physicians and Surgeons of B.C.	6*	Recommends the College of Health and Care Professions of B.C. be split into 2 separate regulators: • One regulatory college to oversee allopathic medicine, and • One regulatory college to oversee complimentary/alternative medicine	*The College of Physicians and Surgeons of B.C. (CPSBC) takes no position on the "right" number of colleges, but notes concern with regulating allopathic vs. alternative/complementary medicine practitioners within the same body. CPSBC suggests separating the College of Health and Care Professions of B.C. into two regulators based on these parameters.
College of Pharmacists of B.C.	6 or more*	Suggests amalgamation should be based on alignment in models of care. Specific groupings of professions not provided.	*The College of Pharmacists of B.C. does not provide a specific number of desired colleges but notes that "five regulatory colleges may be too few".
College of Naturopathic Physicians of B.C.	6 or more*	Suggests there may be more natural alignments among professions currently proposed for regulation by the College of Health and Care	*College of Naturopathic Physicians of B.C. does not provide a specific number of

[58] The B.C. College of Nursing Professionals, College of Midwives of B.C., and College of Chiropractors of B.C. were supportive of the proposed approach to amalgamation and structure of colleges. Feedback on desired number/grouping of colleges was not provided.
The College of Massage Therapists of B.C. and College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C. were opposed to the proposed approach to amalgamation, but did not provide feedback on their desired number/groupings of colleges.
Feedback from the oral health regulators was primarily centred on the proposed Oral Health College. Suggestions for alternative groupings of professions, when provided, are captured in Table 1.

Regulator Preferences			
Name of Regulator	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
		professions according to criteria such as: Risks of practice; reserved titles (e.g., doctor, therapist, or technician), similar scopes of practice, publicly or privately provided care, and/or allopathic vs. complimentary/alternative medicine. Suggests that naturopathic physicians be grouped with other prescribers, dispensers, and/or primary care providers.	desired colleges but notes that "five may be too few".
College of Optometrists of B.C.	6	Preference is to continue as an independent regulator. If this is not possible, recommends the creation of a 6th vision college based on scopes of practice that would amalgamate optometrists, opticians, and optometric assistants.	
College of Psychologists of B.C.	6	Preference is to continue as an independent regulator. If this is not possible, preference is to amalgamate with the College of Physicians and Surgeons of B.C.	
College of Speech and Hearing Health Professionals of B.C.	1 or 6	Recommends either a single regulator for all health professions, or a revised number of regulators based on a consistent set of amalgamation criteria, such as scopes of practice or clinical contexts. As an example of the latter: Recommends the College of Health and Care Professions be split into 2 separate regulators, based on clinical health care and public/community health care: **Regulator A (9 professions)** • Audiologists • Clinical Perfusionists • Dietitians • Hearing Instrument Practitioners	

Regulator Preferences			
Name of Regulator	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
		• Opticians • Optometrists • Psychologists • Respiratory Therapists • Speech-Language Pathologists **Regulator B (8 professions)** • Chiropractors • Massage Therapists • Medical Lab Technologists • Occupational Therapists • Physical Therapists • Naturopathic Physicians • Radiation Therapists • Traditional Chinese Medicine Practitioners & Acupuncturists	
College of Dietitians of B.C.	1	One multi-profession regulatory college to oversee all professions	Suggests one regulator will better achieve economies of scale while supporting a team-based approach to regulation.
College of Occupational Therapists of B.C.	1	One multi-profession regulatory college to oversee all professions.	States economies of scale may be more effectively achieved by one regulator.
College of Opticians of B.C.	1	One multi-profession regulatory college to oversee all professions.	
College of Physical Therapists of B.C.	1	One multi-profession regulatory college to oversee all professions.	
Oral Health Regulators			
College of Dental Surgeons of B.C.	N/A	Supports creation of an oral health college but suggests that additional amalgamation options are possible (e.g. shared clinical/treatment approaches).	
College of Dental Hygienists of B.C.	N/A	N/A	Expressed support for the reduction in the number of regulators, including the proposed single oral health college.

Regulator Preferences			
Name of Regulator	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
College of Denturists of B.C.	N/A	Supports creation of an oral health college but notes some registrants have expressed support for: a single health regulator, a multi-profession regulator consisting of the colleges currently residing at the Regulatory Hub in Vancouver (200 Granville Street) or becoming part of the College of Health and Care Professions of B.C.	
College of Dental Technicians of B.C.	N/A	N/A	Expressed support for the reduction in the number of regulators, including the proposed single oral health college.

Table 2. Arrangement of regulatory colleges as suggested by professional associations, Emergency Medical Assistant (EMA) leadership and Diagnostic and Therapeutic (D&T) leadership[59]

Association Preferences			
Name of association	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
B.C. Doctors of Optometry	9	Suggests separating out the Health and Care Professionals into five separate colleges which takes into account commonalities in our education, styles of practice, place of practice, referral networks, pre-existing interprofessional care teams, and services provided. Suggests the following groupings: **College of Manipulative Therapy and Rehabilitation** Physical Therapists Occupational Therapists Massage Therapists **College of Holistic Medicine** Chiropractors Naturopaths Traditional Chinese Medicine Practitioners and Acupuncturists **College of Vision and Psychology** Psychologists Optometrists Opticians **College of Speech and Hearing Professionals** Speech Pathologists Audiologists Hearing Instrument Professionals **College of Diagnostic and Therapeutic Professionals**	Some interest in a single health regulator also expressed.

[59] This is not a comprehensive list of all professional associations/EMA and D&T leadership that provided feedback on the proposed approach to amalgamation. Groups that indicated general support or opposition with no further qualifying comments on number/grouping of colleges are not included in Table 2.

Association Preferences			
Name of association	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
		Respiratory Therapists Clinical Perfusionists Radiation Therapists Medical Laboratory Technicians Dieticians	
B.C. Chiropractic Association	6	Suggests creation of an additional college of physical rehabilitation professionals to include the following professions: physiotherapists, occupational therapists, registered massage therapists, chiropractors, and possibly respiratory therapists.	
B.C. Association of Clinical Counsellors	6	Recommends the creation of a College of Mental Health Professionals. Requests counselling therapists be regulated within this new college.	
B.C. Association of Homeopaths	6	Would prefer 6 colleges, with a separate complementary medicine regulator.	
B.C. Association for Marriage and Family Therapy	6 or more	Recommends the creation of a College of Mental Health Professionals	
B.C. Therapeutic Recreation Association	6 or 7	Strongly recommends the College of Health and Care Professions be divided into 2 or 3 new colleges. Feedback specific to groupings not provided.	
B.C. Psychological Association	6 or more	Recommends retaining the College of Psychologists	
Canadian Psychological Association	6 or more	Recommends retaining the College of Psychologists	If retaining the College of Psychologists is not possible, recommends psychology be regulated by the College of Physicians and Surgeons.
B.C. Association of Social Workers	6 or more*	Recommends more colleges with fewer - more compatible - professions in each. Feedback on specific groupings not provided.	
Federation of Associations for	6 or more*	Recommends consideration be given to grouping health professions by function. Suggests groupings such as:	

Association Preferences			
Name of association	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
Counselling Therapists in B.C.		• Speech and hearing professionals • Diagnostic and therapeutic professions • Professions providing physical therapies (chiropractors, dieticians, massage therapists, occupational therapists, opticians, optometrists, naturopathic physicians, traditional Chinese medicine practitioners and acupuncture) • Mental health professionals (mental health professionals might include social workers, counselling therapists, and psychologists)	
Canadian Association of Occupational Therapists – B.C.	6 or more*	Recommends that amalgamations group professions that reflect the team-based practice environments in B.C. Suggests alternative groupings of professions with similarities and interprofessional education experiences • For example, grouping occupational therapists, dietitians, physiotherapists, psychologists, and speech and hearing professionals together	
Canadian Association of Occupational Therapists	6 or more*	Endorses the recommendations of the Canadian Association of Occupational Therapists – B.C. (see above)	
Saskatchewan Society of Occupational Therapists	6 or more*	Endorses the recommendations of the Canadian Association of Occupational Therapists – B.C. (see above). Recommends retaining the College of Occupational Therapists of B.C.	

Association Preferences			
Name of association	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
Physiotherapy Association of B.C.	6 or more*	Supports splitting the umbrella college into sub groups that reflect principles such as: • Evidence-based practice, education, national and international regulatory partnerships, and team-based care.	
Manitoba Association of Optometrists	6 or more*	Recommends increasing the number of remining colleges, potentially grouping similar professions together. Feedback on specific groupings not provided.	
Speech and Hearing B.C.	6	Suggests separating the College of Health and Care professionals of B.C. into a college of allied health disciplines. • College of allied health disciplines could include: Speech language Pathologists, Audiologists, Physical Therapists, Occupational Therapists, Dietitians, Social Workers, Psychologists, and Respiratory Therapists.	
Speech-Language and Audiology Canada	6 or more*	Notes "Any actions taken to reduce the number of regulatory colleges in British Columbia must take into account the unique identity and scope of practice of each member profession."	* Speech-Language and Audiology Canada does not provide a specific number of desired colleges but expresses concern that the umbrella college would be too large and diverse
TCM Practitioners and Acupuncturists Society	6 or more*	Recommends retaining the College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C. as a standalone regulator.	
Home of Canadian Traditional Chinese Medicine Society	6 or more*	Recommends retaining the College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C. as a standalone regulator.	
Other – Diagnostic and Therapeutic			
Canadian Society for Medical Laboratory Science	5 or 6	Recommends a college of allied health disciplines. If this is not possible, would request Medical Laboratory	

Association Preferences			
Name of association	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
		Technologists be regulated under the umbrella college.	
Other – EMAs			
Ambulance Paramedics of B.C. CUPE Local 873	6 or more	Recommends a stand-alone college for Emergency Medical Assistants.	

Appendix B: Consultation feedback on proposed roles of the oversight body

Proposed function	Feedback / Analysis
1. Routine audits of regulatory colleges based on clear performance standards	Regulatory colleges were generally supportive of this function. 9 colleges expressed support for routine audits, and the College of Psychologists of B.C. expressed support with the caveat that more information is required regarding the "composition and competency/skill expected of oversight body members and staff". The College of Optometrists was opposed to this function.
2. Public reporting on common performance standards	Regulatory colleges were generally supportive (8 colleges expressed support for this function, while the College of Optometrists of B.C. was opposed to this function.). This role was not addressed directly by associations or other bodies.
3. Conducting systemic reviews and investigations	Seven regulatory colleges expressed support for this function. The College of Occupational Therapists of B.C. was supportive with the caveat that the oversight body not be empowered to conduct systemic reviews and perform investigations on its own motion. The College of Optometrists of B.C. was opposed to this function. This role was not addressed directly by associations or other bodies. There appears to be misunderstanding among stakeholders that the oversight body would have sweeping and more absolute investigative powers and that their powers would not be incremental and based on evidence (i.e. that the body may conduct reviews without reason).
4. Review of registration and complaint investigation decisions, including inclusion of the Health Professions Review Board (HPRB)	The majority of colleges that commented were supportive (7 supportive, 1 somewhat supportive, 4 opposed). Among those opposed, concerns included: A lack of professional expertise within HPRB, and statements that the HPRB needs to be cost effective and provide a public interest value. These comments pertain to the HPRB in general, and not to its proposed move within the oversight body. Another concern was the potential for role confusion as the oversight body will be responsible for monitoring the Colleges progress on time limits for the complaints process, while the HPRB would continue to review individual complaints/concerns related to timelines.
5. Publishing guidance on regulatory policy and practice	Among colleges who provided feedback on this function, the majority were supportive (9 supportive, 1 opposed). The HPRB requests to continue to have a role in this function, where the HPRB could communicate and make recommendations to the oversight body regarding areas where it may be desirable for the oversight body to publish regulatory guidance.
6. Identify core elements of shared standards of ethics and conduct across professions	Colleges expressed general support for this function (7 supportive, 2 opposed). Support was expressed by the B.C. Patient Safety and Quality Council, who stated the oversight body would be "well positioned to lead a collaborative process for identifying core elements of shared standards of ethics and conduct across professions."[60] Submissions which indicated concerns -notably among professional associations- primary related to impact on alignment with national code of ethics. It appears that some stakeholders may not have understood that the proposed approach would allow for a high degree of customization to allow for continued alignment with national standards.
7. Establish a range of standards of professional practice	Mixed support among colleges (5 supportive, 4 opposed). Unsupportive comments appear to be linked to concerns about insufficient input from the professions when developing standards, and a misperception that the oversight body would have authority to establish the content of professional standards. Association submissions emphasized that input from

[60] B.C. Patient Safety and Quality Council submission, p. 3

	specific professions on standards is needed. Another frequently expressed concern is that a 'one size fits all' approach to the development of standards will not reflect the specific needs of professions.
8. Development of model bylaws and oversight of the process for bylaw amendments	Among regulatory colleges, there was strong support for model bylaws and oversight process (11 supportive, 1 somewhat supportive, 2 opposed). The primary concern is that a one-size fits all approach will not work, and that the oversight body's role should be limited guidance rather than specifying bylaw requirements. The negative responses speak to a concern that the oversight body will be prescriptive when interacting with the colleges.
9. Overseeing a board appointment process	There is strong support for the oversight body overseeing the board member appointment process among colleges (12 supportive, 1 opposed). The B.C. Patient Safety and Quality Council was also supportive, stating it is "beneficial to have such a body work with regulatory colleges in overseeing their board member appointment process."[61] Only a select number of associations commented on this proposed function. 3 associations[62] expressed direct support for the oversight body overseeing a competency-based board appointment process while the B.C. Association of Social Workers expressed concern that the oversight body may not have the profession-specific knowledge to perform this function.
10. Recommending health occupations that should be regulated under the Health Professions Act	9 regulatory colleges indicated support for this function. The College of Physicians and Surgeons of B.C. noted "this should be a dynamic process, with some emerging professions being worthy of consideration of regulation under the Health Professions Act (HPA), as well as the removal of others[63]". The College of Optometrists of B.C. was opposed. Among organizations that have historically advocated for regulation of additional professions under the HPA, concerns were expressed that it will be take some time before the oversight body can make a recommendation to the Minister regarding regulation of new professions, and that this will delay the process of creation of new health professions.
11. Holding a list (single register) of all regulated health professionals	7 regulatory colleges expressed support for this role. Of note, 2 colleges (College of Massage Therapists of B.C. and College of Physical Therapists of B.C.) query if a single register is required if there are fewer regulatory colleges in the new regulatory framework. The College of Optometrists was opposed to this function. Additionally, some regulatory colleges indicated that a single register may create technical challenges and expressed concern that holding a single register may be too complex and may not be updated in a timely manner.[64]
12. Providing oversight of systemic progress on the timeliness of the complaint process	6 colleges expressed support for this function. The College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C. supported this role as described in the report. The College of Physicians and Surgeons of B.C. recommended a different approach, with colleges managing lower order complaints and remediation to improve the timeliness of the complaint process. The College of Dental Surgeons of B.C. recommended publishing a public report on the performance of the complaint resolution process. The College of Optometrists was opposed to this function. No associations spoke directly to this proposed function.
13. Collection of fees	12 colleges were opposed to this function. The proposal that the oversight body would be given the authority to collect fees from regulatory colleges garnered substantial reaction. Nine regulatory colleges[65] and 8 associations expressed concern that this could lead to fee increases, and that the high cost of running the oversight body would be downloaded to the colleges and make it difficult for them to control their fees. Several regulatory colleges expressed concern that the financial independence and impartiality of the oversight body may be compromised if regulatory colleges are expected to provide ongoing operational funding.

[61] B.C. Patient Safety and Quality Council submission, p. 3
[62] Nurse and Nurse Practitioners of B.C., the B.C. Dental Hygienists' Association and the Denturist Association of B.C.
[63] College of Physicians and Surgeons of B.C. submission, p. 5
[64] College of Massage Therapists of B.C., College of Pharmacists of B.C.
[65] B.C. College of Nursing Professionals, College of Denturists of B.C., College of Dental Technicians of B.C., College of Naturopathic Physicians of B.C., College of Occupational Therapists of B.C., College of Pharmacists of B.C., College of Psychologists of B.C., College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C., College of Optometrists of B.C.

Modernizing the provincial health profession regulatory framework:

Phase two of consultation – summary of written submissions

Prepared for: Steering Committee on Modernization of Health Professional Regulation

March 2020

This document contains confidential information collected under the authority of section 26 (e) of the Freedom of Information and Protection of Privacy Act

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Introduction

On March 8, 2018, the Honourable Adrian Dix, Minister of Health, appointed Harry Cayton, a leading expert in the field of professional regulation, to undertake an inquiry into the College of Dental Surgeons of British Columbia (CDSBC) following concerns about its governance and operations, and to make recommendations respecting changes to the *Health Professions Act* (HPA).

On April 11, 2019, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* (the Cayton Report) was released to the public. Part One of the Cayton Report includes recommendations to improve the operations and functioning of CDSBC. Part Two outlines possible approaches to modernizing British Columbia's (B.C.) health profession regulatory framework.

In response to Part Two of the Cayton Report, Minister Dix established and chairs the Steering Committee on Modernization of Health Professional Regulation (the steering committee) to provide advice on an approach to modernize the regulatory framework for health professions in B.C. Mr. Norm Letnick, health critic for the official opposition, and Ms. Sonia Furstenau, health critic and house leader for the BC Green Party caucus are committee members.

Following the release of the Cayton report and the minister's establishment of the steering committee, an initial public consultation was held between May 9 and June 14, 2019 to seek input from the public and stakeholders regarding their views on health professional regulation and the suggestions contained in the report. Over 300 written submissions were received from a broad cross section of respondents including approximately: 190 members of the public; 50 health practitioners; 25 professional associations; 18 regulators; and 30 other health sector stakeholders.

The steering committee considered research, expert guidance, evidence from other jurisdictions and feedback gathered from the initial public engagement to develop *Modernizing the provincial health profession regulatory framework: A paper for consultation* (the consultation paper). Members of the public, community groups, health-sector stakeholders and Indigenous partners were invited to submit feedback on the proposals outlined in the consultation paper. Feedback was accepted from November 27, 2019, to January 10, 2020, via written submission and an online survey.

Purpose

The purpose of this report is to summarize the written responses to the consultation paper, including significant areas of support or opposition to the proposals outlined in the consultation paper. This report will assist the steering committee to consider whether changes to the proposed reforms set out in the consultation paper may be needed.

Ministry staff have synthesized and analyzed the 259 written submissions and 1,225 writing campaign submissions in this report. Survey results are compiled in a separate report prepared by R.A. Malatest and Associates Ltd.

This report has been structured to mirror the five main sections of the consultation paper, namely:

1. Improved governance;
2. Improved efficiency and effectiveness through a reduction in the number of regulatory colleges;
3. Strengthening oversight of regulatory colleges;

4. Complaints and adjudication; and,
5. Information sharing to improve patient safety and public trust.

Outreach strategy

As part of the public release of the consultation paper, communication was sent directly to a broad cross section of health sector organizations including health authorities, Indigenous partners, unions and federal, provincial, and territorial governments. Organizations that participated in the first public consultation were also advised by email of the opportunity to participate in the second consultation.

The release of the consultation paper resulted in significant media attention. Over 40 news articles were written in November and December 2019 regarding the proposed changes. Some health authorities, regulatory colleges and professional associations shared information via their websites and newsletters.

Between November 25 – 29, 2020, Ministry staff met with board chairs and registrars of regulatory colleges, health authority chief executive officers and chief nursing officers, diagnostic and therapeutic profession leadership, the Health Professions Review Board, the Emergency Medical Assistants Licensing Board, and the Crown Agency and Board Resourcing Office.

In addition, in December 2019, Ministry staff met with over 20 health profession associations, as well as representatives from several provincial governments, the Federation of Associations for Counselling Therapists in B.C. (FACT B.C.), and health authority representatives. Meetings were also held with BC Health Regulators.

Submissions received

259 written submissions were received from:

- Provincial regulatory colleges: 20 submissions
- Diagnostic and therapeutic stakeholders: 6 submissions
- Emergency Medical Assistant (EMA) stakeholders: 4 submissions
- Health authority representatives: 11 submissions
- Provincial bodies: 4 submissions
- Indigenous partners: 2 submissions
- Professional associations: 48 submissions
- Unions (excluding EMAs): 2 submissions
- Regulatory experts: 12 submissions
- Educational institutions: 6 submissions
- Additional stakeholders:[1] 12 submissions
- Out of province regulators: 7 submissions
- Members of the public: 27 submissions
- Health professionals: 94 submissions

[1] Additional stakeholders included organizations such as the Architectural Institute of B.C., B.C. Allied Health Network, B.C. Humanist Association, Canadian Centre for Elder Law, Canadian Medical Protective Association, and West Coast Legal Education and Action Fund.

Writing campaigns

In addition, 1,225 submissions were received in the form of writing campaigns, organized into the following five groups:

- Oral health professionals (primarily dentists): 595 submissions
- Chiropractors: 397 submissions
- Traditional Chinese Medicine (TCM) and acupuncture practitioners: 133 submissions
- Psychologists: 86 submissions
- Counselling therapists: 14 submissions

1. Improved governance

Competency-based board appointments

Modernization Proposal: It is proposed that all board members (registrant and public) be recommended for appointment through a competency-based process, which considers diversity, is independently overseen, and is based on clearly specified criteria and competencies. The Minister of Health would appoint all board members based on the recommendations of the competency-based process.

- **A majority of submissions indicated support for competency-based appointments,** including 16/16 regulatory colleges who provided feedback on competency-based appointments, 16/25 professional associations, 5/8 health authority representatives, the B.C. Nurses' Union, the First Nations Health Authority and 9 additional submissions.[2] Four colleges commented specifically on their support for ending election of registrant members.
- The primary concern among respondents was that board appointments could be politicized. Respondents also indicated a strong preference for a highly transparent appointment process and an opportunity to provide input on the competency-based appointment criteria.
- While the intention of the proposal was to create a governance structure that was focused on regulation in the public interest, many of the concerns identified in the submissions reflect a continued focus on representation of professional interests at the board level. Such concerns included potential loss of professional autonomy based on a misperception that professions should have 'equal representation' on boards, and the view that registrants should not bear the costs of regulation if a particular profession is not involved in governance (e.g. via elections or assured representation on boards).
- Suggestions for improvement include staggering the appointment process to ensure new members can learn from existing members; ensuring that diversity (cultural, geographic, practice setting) is reflected in the appointment process; creation of a mechanism to remove ineffective board members; and use of a competency-based process to create a pool of candidates for election.

Equal number of registrant and public board members

Modernization Proposal: It is proposed that regulatory college boards have equal numbers of registrant and public members.

- **A majority of submissions supported an increase in public members on the board** to include 50 percent public members and 50 percent professional members. 14/16 regulatory colleges who provided feedback on board composition indicated their support, in addition to 19/28 professional associations, 7/8 health authority representatives, 2/2 unions, the First Nations Health Authority and 16/25 other stakeholders.[3]

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[2] College of Dental Technicians/Denturists board member, legal/medical professional regulation expert (refer to Pink and Faulkner submission), B.C. Patient Safety Quality Council, Architectural Institute of B.C., B.C. Allied Health Network, Canadian Life and Health Insurance Association, Neighbourhood Pharmacy Association, Alberta College of Optometrists, College of Kinesiologists of Ontario.

[3] Former Registrar of the College of Dental Surgeons of B.C., Board member of the College of Dental Technicians/Denturists, professional regulation lawyer (refer to Cavouras submission), former Chair of the B.C. College of Social Workers, Diagnostic and Therapeutic Working Group, EMA Licensing Board, Fire Chiefs' Association, B.C. Patient Safety Quality Council, ICBC, BCRSPA, Canadian Centre for Elder Law, Canadian Life and Health Insurance Association, Shoppers Drug Mart, College of Kinesiologists of Ontario, College of Occupational Therapists of Ontario, College of Occupational Therapists of Manitoba.

- A large majority of regulatory colleges expressed support for increasing public membership on boards, including three colleges that suggest public membership should be *more than* 50 percent (including up to 100 percent).
- Reasons for opposition to equal membership from two colleges include a preference for professional members having a majority, and a suggestion that as long as appointments are competency-based there is no need to prescribe a ratio.
- Health authority representatives who commented on this proposed change were highly supportive.
- The primary concern associated with this change was that it would result in some professions not being 'represented' on boards, particularly in the proposed College of Health and Care Professions.

Size of boards

Modernization Proposal: To improve functioning and effectiveness, it is proposed that regulatory college boards move to a more consistent and smaller size.

- **A majority of submissions supported smaller board sizes**, including 10/10 regulatory colleges who provided feedback on smaller boards, 21/24 professional associations, 4/9 health authority representatives, the B.C. Nurses' Union, the Heiltsuk Tribal Council and 12/19 other stakeholders.[4]
- Concerns were raised that a smaller board size could make it more difficult to ensure professions have a seat at the board, and that smaller boards may be challenged to meet workload demands. It was also noted that a smaller board size may reduce opportunities for cultural diversity (e.g. Indigenous representation). It was suggested this could be addressed by determining board size based on the number of professions regulated by a college; however, this would likely result in boards with more than 12 members.

Board member compensation

Modernization Proposal: It is proposed that board and committee members be fairly and consistently compensated (within and between colleges) and move away from volunteerism.

- **A majority of submissions supported fair and consistent board and committee compensation**, including 12/12 regulatory colleges who provided feedback on board compensation, 18/25 professional associations, 8/9 health authority representatives, the B.C. Nurses' Union, and 14/16 other stakeholders.[5]
- Some supporters noted that the work and responsibility required of board members to guide colleges through regulatory modernization will exceed what can be reasonably expected for volunteer activity.

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[4] Former Registrar of the College of Dental Surgeons of B.C., Certified Dental Assistant Articulation Committee, Dental Assistant Faculty at Vancouver Island University, Fire Chief's Association of B.C., B.C. Children's and Women's Hospital Scope of Practice and Regulation Review Committee, B.C. Patient Safety Quality Council, ICBC, Architectural Institute of B.C., BCRSPA, Alberta College of Optometrists, College of Kinesiologists of Ontario.

[5] College of Dental Technicians/Denturists board member, professional regulation lawyer (refer to Cavouras submission), Certified Dental Assistant Articulation Committee, Diagnostic and Therapeutic Working Group, Fire Chief's Association of B.C., B.C. Children's & Women's Hospital Scope of Practice and Regulation Review Committee, BCPSQC, ICBC, FNHA, B.C. Allied Health Network, Shoppers Drug Mart, Alberta College of Optometrists, College of Kinesiologists of Ontario, College of Occupational Therapists of Ontario.

- The primary concern was that registrant fees would increase to fund board compensation. Some submissions also noted that volunteerism may be a more appropriate motivator than compensation.
- Some suggested changes include: government paying for board compensation instead of regulatory colleges; tying compensation to performance; using compensation guidelines that are consistent with other government appointed boards; and screening out financially motivated individuals.

2. Improved efficiency and effectiveness through a reduction in the number of regulatory colleges

Reduction in the number of regulatory colleges – from 20 to five

Modernization Proposal: To increase public protection, and improve efficiency and effectiveness of regulation, a reduction in the number of regulatory colleges from 20 to five is proposed. This would include: Maintaining the College of Physicians and Surgeons of B.C., the College of Pharmacists of B.C. and the B.C. College of Nursing Professionals. A new Oral Health College and a new College of Health and Care Professions of B.C. would be created.

- **There was general support for a reduction in the number of regulatory colleges; however, there was little support for the specific approach proposed in the consultation paper among regulatory colleges, professional associations, and health authority representatives.**
- Creation of a College of Health and Care Professions was the most controversial suggestion contained in the consultation paper across all stakeholder groups. The creation of an oral health college was controversial, but the controversy was mainly limited to the oral health sector.

Creation of College of Health and Care Professions

- While many regulatory colleges (11/15[6]), professional associations (15/34), and health authority representatives (6/10) that provided feedback indicated support for reducing the number of colleges, support for the creation of the College of Health and Care Professions was much lower.
- Only 3/15[7] regulatory colleges, 8/34 professional associations, and 2/10[8] health authority representatives supported the proposed structure of the College of Health and Care Professions.
- Of note, the College of Chiropractors was the only regulatory college slated to become part of the College of Health and Care Professions that was supportive of its creation.
- Furthermore, 4/8 supportive professional associations represent unregulated occupations and viewed creation of the College of Health and Care Professions as a pathway to regulation for currently unregulated occupations.[9] Similarly, 4/6 submissions from organizations representing Diagnostic and Therapeutic (D&T) Professionals indicated support for the College of Health and Care Professions[10], in the context that this would provide a pathway to regulation for these professions.
- Regulatory colleges and professional associations who voiced significant opposition to the creation of the College of Health and Care Professions include: College of Optometrists of B.C.,

[6] Note: The four oral health regulatory colleges are not included in this count, as feedback provided was largely in the context of the oral health college.
[7] College of Chiropractors of B.C., B.C. College of Nursing Professionals, and the College of Midwives of B.C.
[8] Island Health, Professional Practice; Provincial Health Services Authority, Clinical and operations leadership.
[9] BC Osteopathic/Canadian Osteopathic Association, College of Pedorthics of Canada, Pedorthics Association of Canada, Orthotics Prosthetics Canada.
[10] The Diagnostic and Therapeutic organizations supporting the College of Health Care Professionals are the Diagnostic and Therapeutic Working Group, the College of Medical Radiation and Imaging Technologists of Ontario, the Alliance of Medical Radiation and Imaging Technologists Regulators of Canada, and the BC Ultrasonographers' Society. The Canadian Society for Medical Laboratory Science recommend a college of allied health disciplines (including Medical Laboratory Technologists), and the Lower Mainland Medical Imaging did not indicate a desired number of colleges and expressed desire for technologists, sonographers and echocardiographers to be regulated.

College of Psychologists of B.C., Canadian Association of Occupational Therapists – B.C. Chapter, B.C. Doctors of Optometry, and Home of Canadian TCM (Traditional Chinese Medicine) Society.[11]

- The B.C. Patient Safety and Quality Council was supportive of reducing the number of colleges in principle, but not supportive of reducing the number of colleges to a pre-determined number. They suggest a tailored approach to amalgamation on a case by case basis to "support successful transition and minimize potential disruptions that may result from merging."[12]
- Only one Indigenous partner (the First Nations Health Authority [FNHA]) provided feedback on amalgamation. FNHA indicated support for reducing the number of regulatory colleges, but not the configuration proposed, indicating a preference for a college focused on mental health.
- Of the three health profession unions providing feedback, the B.C. Nurses' Union was supportive of the proposed approach to amalgamation, while the Health Sciences Association took no position. Ambulance Paramedics of B.C. (CUPE local 873) expressed a willingness to join the College of Health and Care Professions, but only as a secondary alternative to forming a unique College of Paramedics.
- There was low support for the College of Health and Care Professions expressed by organizations representing Emergency Medical Assistants (EMAs). However, these organizations provided feedback largely in the context of EMA regulation, rather than providing comprehensive feedback on the amalgamation proposals.

Key concerns related to the College of Health and Care Professions

- **A frequent concern among regulatory colleges opposed to the proposed approach to amalgamation was the criteria/rationale used to determine amalgamation of colleges** (expressed by 10/15 colleges).[13] These concerns included:
  - **Inconsistent criteria/rationale applied to different colleges.** Three colleges[14] expressed concern that the consultation paper relied on different amalgamation criteria for different colleges. For example, bringing together oral health colleges based on aligning scopes of practice in comparison to creation of the College of Health and Care Professions based on economies of scale.
  - **Lack of alignment in scopes of practice.** Five colleges[15] expressed concern that the proposed groupings of colleges – notably within the College of Health and Care Professions – do not reflect groupings of professions with shared scopes of practice.
  - **Lack of alignment with team-based care.** Concerns were also raised that the groupings of professions across the five proposed colleges do not support team-based care, as they do not reflect composition of interprofessional teams.

[11] Moderately-high levels of opposition were also voiced by: College of Naturopathic Physicians of B.C., Physiotherapy Association of B.C., B.C. Therapeutic Recreation Association.

[12] B.C. Patient Safety and Quality Council submission, p. 2

[13] Note: The 4 oral health regulatory colleges are not included in this count, as feedback provided was largely in the context of the oral health college.

[14] College of Dietitians of B.C., College of Opticians of B.C., and the College of Speech and Hearing Health Professionals of B.C.

[15] College of Pharmacists of B.C., College of Optometrists of B.C., College of Occupational Therapists of B.C., College of Physical Therapists of B.C., College of Psychologists of B.C.

- **Size of a college/size of registrant base is insufficient rationale for mergers.** Three colleges[16] disagreed with the notion that larger colleges are more effective than smaller colleges and noted size should not be the determining factor related to amalgamation.

- Similar concerns regarding the diversity of professions to be included in the College of Health and Care Professions and lack of alignment in scopes of practice and models of care were expressed by 11/34 professional associations, 7/10 submissions from health authority representatives, as well as the B.C. Allied Health Network. Additionally, 3/10 submissions from health authority representatives suggested that the proposed configuration would make it more difficult for patients to discern which profession falls under which regulatory college.
- **A frequent concern among associations and colleges was lack of professional representation on the College of Health and Care Professions board** (expressed by 12/34 associations and 6/15 regulatory colleges).[17] Combining multiple professions into one college - in tandem with a proposed reduction in board size and equal numbers of registrant and public members - was seen as a barrier to professional representation at the board level. Some submissions perceived this as a structural inequity, noting that some colleges will continue to have representation of the professions they regulate on the board (for example, nurses), while professions overseen by the College of Health and Care Professions will not due to the larger number of professions to be regulated by that college. These concerns were echoed by the Health Sciences Association of B.C., FNHA, and the B.C. Allied Health Network. Several submissions suggested every college board should be composed of multiple health professions.
- Additionally, 2/10 health authority representatives expressed concern that some colleges remain vulnerable to a "protectionist or advocate approach"[18] due to dominance of a single profession on the board (for example pharmacists). The Health Sciences Association of B.C. recommended professions be rotated through seats on the board of the College of Health and Care Professions.
- Two regulatory colleges and the Working Group of the Diagnostic and Therapeutic Health Professions recommended the College of Health and Care Professions board have more than 12 members to account for perceived increases in workload and complexity. Further to this, Interior Health recommended that the board be permitted to appoint special advisors when needed for content expertise.
- **Concerns with regulating allopathic and complementary/alternative medicine within the same regulatory body** were expressed by the College of Physicians and Surgeons, the College of Naturopathic Physicians, FNHA, and 7/34 professional associations. The College of Naturopathic Physicians expressed concern that conflicts may arise among professions with different ideological frameworks of health and illness which may "stymie fair, transparent, and effective regulatory decision-making…"[19]. Further to this, 3/7 professional associations representing Traditional Chinese Medicine Practitioners noted a loss of unique identity related to this theme.
- **Concerns regarding impacts on national alliances/relationships** caused by the creation of the College of Health and Care Professions (e.g., losing established relationships across Canadian

[16] College of Optometrists of B.C., College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C., College of Naturopathic Physicians of B.C.
[17] College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C., College of Dietitians of B.C., College of Naturopathic Physicians of B.C., College of Occupational Therapists of B.C., College of Optometrists of B.C., and College of Psychologists of B.C.
[18] Vancouver Costal Health RN and Allied Health, p. 4
[19] College of naturopathic Physicians of B.C. submission, p. 5-6

regulators and impacts on accreditation of internationally trained providers) were expressed by 6/15 colleges and 4/34 professional associations.

- **Concerns related to the costs of amalgamation were expressed by 4/19 regulatory colleges**[20]. This concern was also expressed by the Physiotherapy Association of B.C. and two unions in the context of potential for amalgamation costs to increase registrant fees.

Suggested alternatives to the creation of College of Health and Care Professions

- Appendix A provides a summary of alternative groupings for regulatory colleges suggested by regulatory colleges and professional associations.
- Suggestions to amalgamate colleges based on more 'compatible' groupings (e.g., alignment in scopes of practice, similar post-graduate education and entry to practice requirements, and/or philosophies of care) were expressed by 5/15 regulatory colleges[21], 11/34 associations, 8/10 health authority representatives, and 3 additional stakeholders, including the B.C. Allied Health Network.
- Conversely, recommendations to create a single regulatory body for all health professions were expressed by 5/15 regulatory colleges[22] and 1/34 professional associations.
- Two regulatory colleges and one professional association encouraged the use of voluntary amalgamations, rather than 'forced' amalgamations.

Creation of an Oral Health College

- **Registrars of all four oral health colleges expressed support for a reduction in the number of regulators and for the creation of a new Oral Health College. However, a writing campaign organized by the B.C. Dental Association (595 responses) indicated significant opposition among dentists.** Please see page 26 for more information on this writing campaign.
- While the four oral health colleges expressed support for the proposed single Oral Health College, three of these colleges indicated they would be open to alternative groupings (see Appendix A for more details).
- Of the eight oral health professional associations that made submissions,[23] four expressed support for both the reduction of colleges and a single oral health regulator due to the potential to increase efficiencies and professional collaboration.[24] Concerns regarding amalgamation include:
    - The Canadian Dental Hygienists' Association suggested it requires more information on logistics and board composition before it takes a position on the proposed college.
    - The Denturist Association of Canada states that "the College of Dental Surgeons and the College of Denturists … should not be determining the future of each others profession."

[20] The four oral health colleges were included in this count, as this feedback related to amalgamation in general, and not specifically the creation of the College of Health and Care Professions. Colleges indicating concerns with the cost of amalgamation include: College of Dietitians of B.C., College of Denturists of B.C., College of Naturopathic Physicians of B.C., College of Speech and Hearing Health Professionals of B.C.
[21] College of Pharmacists of B.C., College of Naturopathic Physicians of B.C., College of Optometrists of B.C., College of Physicians and Surgeons of B.C., College of Speech and Hearing Health Professionals of B.C..
[22] College of Dietitians of B.C., College of Speech and Hearing Health Professionals of B.C., College of Occupational Therapists of B.C., College of Opticians of B.C., College of Physical Therapists of B.C.
[23] B.C. Dental Hygienists' Association, Canadian Dental Hygienists Association, Dental Technicians Association of B.C., B.C. Dental Association, Certified Dental Assistants of B.C., Canadian Dental Assistants' Association, Denturist Association of B.C., Denturist Association of Canada
[24] BC Dental Hygienists' Association, the Dental Technicians' Association of BC, the Certified Dental Assistants of BC, and The Canadian Dental Assistants' Association

- The Denturist Association of B.C. suggested that creating an oversight body would be sufficient.

Key concerns related to creation of an oral health college

- Three of the oral health colleges[25] expressed concern regarding professional equity, especially in regard to the history outlined in Part 1 of the Cayton report and the potential for conflict of interest between employer and employee professions (with some oral health professions being employed by dentists).
- The potential for imbalances of power between dentists and other professions was also a concern for four oral health professional associations.[26] The Certified Dental Assistants of B.C. asserts that the College of Dental Surgeons cannot lead the amalgamation. The Denturist Association of BC also urges government to "consider the long history and perceived hierarchies that exist within the dental professions." The College of Dental Hygienists proposed that the existing oral health colleges should be dissolved, and an entirely new entity created in such a way as to ensure there is not a perception that one profession is being regulated by another.
- Equal board representation was identified as important by several oral health professional associations. However, the B.C. Dental Association recommends the majority of professional members be dentists as their issues would dominate the board agenda due to the higher risk associated with dentists' practice and given dentists' professional specializations.
- Two colleges[27] expressed concern regarding the management and transfer of assets and noted that small colleges could be challenged to access resources to maintain their routine operations and prepare for amalgamation.
- The College of Denturists expressed concern regarding the potential impact of amalgamation on pan-Canadian activities such as national competency profiles, national accreditation programs and national examinations.
- A desire for further clarity was noted in several submissions regarding how registrant fees would be set.
- Five oral health professional associations[28] expressed concern regarding the possible loss of association-provided liability insurance which is currently a source of important revenue.

[25] College of Dental Hygienists of B.C., College of Dental Technicians of B.C., College of Denturists of B.C.
[26] B.C. Dental Hygienists' Association, Canadian Dental Hygienists Association, Certified Dental Assistants of B.C., Denturist Association of Canada
[27] College of Dental Hygienists of B.C., College of Denturists of B.C.
[28] B.C. Dental Hygienists' Association, B.C. Dental Association, Canadian Dental Assistants' Association, Canadian Dental Hygienists' Association, Certified Dental Assistants of B.C.

Moratorium

Modernization Proposal: Given the current commitment to a reduction in the number of regulatory colleges, it is proposed that any new health professions be regulated by an existing regulatory college or the new College of Health and Care Professions.

- Eight colleges commented on the proposed moratorium. Four colleges were supportive of a moratorium. One college was supportive with the caveat that Diagnostic and Therapeutic (D&T) professions be excluded from a moratorium.[29]
- 3/8 colleges were opposed to a moratorium on the creation of new colleges,[30] noting regulation of new professions and creation of new colleges should be based on evidence and risk to the public, "and not on a blanket policy."[31]
- 5/9 submissions from health authority representatives who provided feedback supported a moratorium. Of these five, two were supportive with the caveat that D&T professions be excluded from a moratorium.
- 16/20 associations providing feedback expressed support for a moratorium on new colleges.[32] 4/20 associations do not support a moratorium, along with the Working Group of the Diagnostic and Therapeutic Health Professions.
- FNHA was not supportive of a moratorium, stating it would limit the opportunity to create a new mental health professional/counselling college.

Subcommittees to ensure clinical expertise

Modernization Proposal: It is proposed that sub-committees will be created within multi-profession regulatory colleges to address matters requiring profession-specific clinical expertise.

- Regulators most commonly indicated profession-specific expertise is required for effective regulation in relation to complaints and investigation (expressed by 10/15 regulatory colleges who provided feedback). Registration and quality assurance were the next most commonly cited areas (noted by 8/15 colleges), followed by the development of professional practice standards (7/15), discipline (3/15), and continuing education (2/15).
- With regard to the College of Health and Care Professions, the College of Dietitians noted the importance of having a subcommittee for each regulated profession overseen by this college.
- With regard to the Oral Health College, the College of Dental Surgeons does not believe that subcommittees are necessary, stating "an expanded oral health professions college could easily adopt this model to include expertise from all six oral health professions at a staff support level as well as informing statutory committee membership."

[29] Colleges supportive of a moratorium include: College of Physicians and Surgeons of B.C.; College of Pharmacists of B.C.; College of Dental Surgeons of B.C.; and College of Dental Technicians of B.C. The College of Speech and Hearing Health Professionals of B.C. was supportive with the caveat that D&T professions be excluded from a moratorium.

[30] College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C., College of Opticians of B.C., College of Physical Therapists of B.C.

[31] College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C. submission, p. 3

[32] Includes associations representing regulated and unregulated health professionals.

- Additionally, the B.C. College of Nursing Professionals provided feedback regarding terminology, noting the term "subcommittee" may be seen as confusing and suggesting it be replaced with profession-specific "regulatory councils."
- Similar to regulatory colleges, the most commonly cited area by health authority representatives suggested profession-specific expertise is required was complaints/investigation (expressed by 6/7 who provided feedback). Registration and development of professional practice standards were the next most commonly cited areas (5/7), followed by quality assurance (4/7), practice support/advisory (3/7), and discipline (2/7).
- Among professional associations, unions, and D&T professions, the most commonly cited areas requiring profession-specific expertise were: Development of professional and clinical standards (expressed by 16 associations, the Working Group of the Diagnostic and Therapeutic Health Professions, the B.C. Nurses' Union, and the Health Sciences Association of B.C.), in inquiry and discipline (noted by eight associations and the B.C. Nurses Union), in scope of practice (expressed by eight associations, the Health Sciences Association of B.C., and the Working Group of the Diagnostic and Therapeutic Health Professions), and in determining entry-to-practice and educational requirements (expressed by five associations and the B.C. Nurses' Union).

Legislative changes to support amalgamation

Modernization Proposal: The creation of broader legislated merger provisions to minimize disruption resulting from future amalgamations is proposed.

- A phased approach to amalgamation was recommended by 7/19 colleges,[33] 3/10 submissions from health authority representatives, 5/34 professional associations, and two other stakeholders including the Neighbourhood Pharmacy Association of Canada. Conversely, 4/19 colleges[34] noted the importance of a quick timeline for change, expressing that the longer the amalgamation period extends, the greater is the risk of losing key staff and disrupting operations.
- 4/19 colleges[35] suggested the legislation be amended to allow greater flexibility to facilitate different types of amalgamations. Related to this, the B.C. College of Nursing Professionals suggests additional provisions could be added to the *Health Professions Act* to allow for the transfer of assets and liabilities, and regulatory responsibility, from one college to another.
- Two regulatory colleges suggested board appointments be made well in advance of amalgamation dates. The B.C. College of Nursing Professionals suggests appointments of board members be made 9-12 months in advance. This was echoed by the College of Chiropractors, who suggested the College of Health and Care Professions board be appointed no less than 9 months prior to the amalgamation date.
- Additionally, the College of Dieticians suggested that a single regulatory college could first be established as a "shadow organization working in the background," and then eventually take

[33] College of Psychologists of B.C., College of Dieticians of B.C., College of Massage Therapists of B.C., College of Occupational Therapists of B.C., College of Pharmacists of B.C., College of Speech and Hearing Professionals of B.C., and B.C. College of Nursing Professionals

[34] The College of Physicians and Surgeons of B.C., the College of Chiropractors of B.C., the College of Physical Therapists of B.C., College of Opticians of B.C.

[35] College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C., College of Speech and Hearing Health Professionals of B.C., College of Dental Hygienists of B.C., and College of Pharmacists of B.C.

over all regulatory functions. It states this was the approach taken by the United Kingdom when creating a similar umbrella college in 2001[36]. This approach was also supported by the College of Massage Therapists for developing the College of Health and Care Professions.

Use of the term "College" and naming conventions

- In addition to the suggestions captured above in *Legislative change to support amalgamations*, a common recurring theme was a request to replace the term "College" in the *Health Professions Act* with an alternative, such as "Regulator," "Regulatory College," or "Council." This was expressed by 11/19 regulatory colleges and one regulatory expert.[37]
- Similarly, three stakeholders – including two regulatory colleges - recommended the name of amalgamated colleges be representative of the professions overseen by the college. These groups also suggested that the proposed name of the College of Health and Care Professions is too broad making it challenging for the public to understand which professions it would regulate.

[36] The Health and Care Professions Council
[37] Board member of the College of Dental Technicians and College of Denturists of B.C.

3. Strengthening the oversight of regulatory colleges

Modernization Proposal: To increase accountability and transparency among regulatory colleges, the creation of a new oversight body is proposed.

- **There was general support for the oversight body across submissions**. Most stakeholders support the principle that an oversight body would improve consistency, transparency and accountability of the regulatory framework.
- There was a high level of support for the creation of an oversight body across regulatory colleges. 20/20 regulatory colleges that commented on creation of an oversight body expressed support in principle. However, there was mixed support across colleges for the proposed functions of the oversight body. Three colleges[38] indicated support for some functions of the oversight body but questioned whether establishing a new oversight body is the best way to administer such functions.
- Professional associations (13/21) were generally supportive of the concept of the oversight body but noted concerns about increased bureaucracy and cost. 6/21 professional associations were not supportive, and 2/21 said they could not comment without additional information.
- 8/9 health authority representatives who provided feedback on this topic supported the creation of an oversight body in principle. Of the eight who were supportive, one was supportive with the caveat that board training be an additional function of the oversight body.[39]
- The B.C. Patient Safety and Quality Council also expressed general support, stating the creation of an oversight body would "strengthen accountability and public trust, as well as increase cohesion among health professions and alignment between colleges."[40] Similarly, 3/3 unions indicated support in principle for the oversight body.
- The Health Professions Review Board (HPRB) stated its operations "could be effectively administered within the institutional structure of the proposed new oversight body" so long as the foundations of the legislated structure for independence and impartiality of the HPRB are maintained.[41]

Key concerns

- Frequently expressed concerns among submissions included:
  - The costs of the oversight body may result in increased fees for registrants.
  - The oversight body's freedom from perceived bias and financial independence may be compromised if regulatory colleges are to provide ongoing operational funding.
  - The oversight body would result in additional and unnecessary bureaucracy. Submissions noted the proposed transition to five regulators may potentially reduce the need for this level of oversight and formal standardization given fewer regulators.
  - There may be duplication/overlap of services between the oversight body, government and colleges. Concerns about role clarity were also noted.

[38] College of Physical Therapists of B.C., College of Psychologists of B.C., and College of Opticians of B.C.
[39] Interior Health Board Chair submission
[40] B.C. Patient Safety and Quality Council submission, p. 3
[41] The HPRB is established under HPA s. 4.2, which gives it independence and impartiality as an administrative tribunal; HPRB Submission, p.4.

- A 'one-size-fits-all' approach to common code of ethics, guidelines and professional standards may not be suitable for all professions and may impact alignment with national standards.
- There is a desire for further clarity regarding the leadership and organizational structure of the oversight body.

Proposed roles and responsibilities

Although many submissions included broad comments related to the oversight body, specific feedback on each of the proposed roles was limited. Regulatory colleges were the most likely of all stakeholders to provide specific comments regarding proposed oversight body roles, potentially due to their regulatory expertise. Appendix B provides an overview of the specific comments provided in relation to each oversight body role proposed in the consultation paper. Feedback from regulatory colleges related to the proposed roles of the oversight body includes:

- **Strong opposition to the oversight body having the authority to collect fees from regulatory colleges in the future**.
- **Strong support for the development of model bylaws and oversight of bylaw amendment process**.
- **Strong support for the oversight body overseeing the board member appointment process**.
- Support for routine audits and publishing guidance on regulatory policy and practice.
- Mixed support for the oversight body having a role in standards of professional practice; however, unsupportive comments appear to be based on a misunderstanding that the oversight body would be responsible for establishing the content of the standards.
- Mixed support for the oversight body holding a single register; some colleges question whether a single register is necessary if there are fewer regulatory colleges in the new framework.

Additional functions of the oversight body

- A suggested additional function of the oversight body is responsibility for the training and orientation of new board members.[42] It was proposed this orientation could include training in what governing *in the public interest* means and how it applies to the work of a college board member. The desire for board training was echoed in feedback from the College of Pharmacists, the College of Denturists,[43] the B.C. Patient Safety and Quality Council, and two First Nations partners including FNHA.
- Additionally, the College of Psychologists suggested the oversight body facilitate the amalgamation process. This was echoed by the College of Occupational Therapists, who voiced support for the oversight body to evaluate the current functioning of colleges and inform the "best structure for amalgamation."
- Lastly, the College of Naturopathic Physicians proposed the following additional functions of the oversight body: maintenance of a "hotline", website, and email address for routine and general queries; the triage and redirection of complaints and queries to colleges when necessary; and the prosecution of unlicensed practice.

[42] Suggested by Interior Health Board Chair
[43] Feedback provided by College of Denturist Board member

Health occupations and existing professions not regulated under the HPA

- Many professional associations, employers and professions used the consultation process to request regulation of currently unregulated professions.
- Among organizations that have historically advocated for regulation of additional occupations under the HPA, concerns were expressed that the oversight body's role in recommending regulation of new occupations may contribute to delays rather than providing a clear path to regulation.
- The Emergency Medical Assistants Licensing Board (EMALB), a former Registrar of the EMALB, Emergency Medical Assistant (EMA) associations, Ambulance Paramedics of B.C. (CUPE Local 873), and several health authority representatives[44] strongly advocated for regulation of EMAs under the HPA.
- Diagnostic and therapeutic (D&T) professional associations, national bodies and health authority representatives[45] requested the regulation of unregulated D&T professions[46]. There was strong concern across the spectrum of D&T submissions that without a College of Diagnostic and Therapeutic professions, the path to self-regulation will be more difficult.[47]
- Requests for the regulation of clinical counselors and changes to the regulation of social workers were also expressed. The B.C. College of Social Work, the B.C. Association of Social Workers and several health authority representatives recommended changes to the regulation of social workers, including regulating social workers under a revised HPA. FACT B.C. stated that the lack of regulation for counselling therapists is "a profound failure of the province's regulatory system" and suggested creation of a college of mental health professionals including social workers, counselling therapists, and psychologists.
- There were also requests to regulate dental assistants, physicians' assistants, behavioural analysts, and clinical scientists.[48]
- Additionally, there were requests for the steering committee to consider alternate regulatory mechanisms for health professions. The College of Physicians and Surgeons suggests a direct government licence may be an appropriate model for practitioners whose scope of practice is limited, where the inherent risk to the public is low, and where oversight is provided by both employers and other regulated professionals who are part of the care team. Further to this, the Diagnostic and Therapeutic Working Group suggested creation of a "continuum of regulatory options" within the HPA for health occupations that may not require full statutory regulation.

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[44] Vancouver Coastal Nursing and Allied Health; PHSA Clinical Operations and Leadership; Providence Health Care Nursing and Allied Health; and Fraser Health Authority, Professional Practice Department

[45] Health Authority representatives requesting regulation of D&T professions include: B.C. Children's Hospital and B.C. Women's Hospital and Health Centre, Scope, Practice and Regulation Review Committee and Provincial Health Services Authority, Clinical and operations leadership

[46] Requests were received to regulate the following D&T professions: clinical perfusionists, medical laboratory technologists, radiation therapists, respiratory therapists, diagnostic medical sonographers, and echocardiographers.

[47] On December 9, 2016 the Ministry published a news release proposing to establish a new college for diagnostic and therapeutic health professions. The Ministry announced the new college would oversee the following four health professions: respiratory therapists, radiation therapists, clinical perfusionists and medical laboratory technologists. The news release noted that once the new college has been substantially implemented, the Ministry would further examine the remaining seven diagnostic and therapeutic occupations (nuclear medicine technologists, medical radiography technologists, magnetic resonance imaging technologists, medical laboratory assistants, cardiology technologists, diagnostic medical sonographers and medical physicists) to determine if regulation by a college is appropriate, or if an alternative oversight solution (e.g. registry) would be sufficient to ensure public safety.

[48] These requests for regulation were from the professional associations, or associations of regulated professions that work closely with these professions

Increased accountability to the Legislative Assembly

Modernization Proposal: It is proposed that annual reports of regulatory colleges and the oversight body be provided to the Legislative Assembly by the Minister of Health.

- **Submissions were generally supportive of increased accountability of colleges to the Legislative assembly.** No colleges stated opposition to annual reports being provided to the Legislative Assembly; however, some submissions suggested that it might not be necessary for the oversight body and regulatory colleges to both submit reports. An option presented in more than one submission was for the oversight body to provide its annual report to the legislature, and for the colleges to provide their annual reports to the oversight body.
- The B.C. Patient Safety and Quality Council supported the proposal that annual reports of both the oversight body and the regulatory colleges be provided to the Legislative Assembly by the Minister of Health, stating "making this information readily available through filing with the Legislative Assembly upholds transparency and increases public accountability within the annual reporting of these bodies" and that "transparency is a common principle among high-performing health systems."[49]

[49] B.C. Patient Safety and Quality Council, p. 3

4. Complaints and adjudication

New independent discipline process

Modernization Proposal: A new disciplinary process is proposed in which independent discipline panels would make decisions regarding regulated health professionals.

- **There is a high level of support for a new discipline process** among regulatory colleges (16/18), professional associations (19/26), and health authority representatives (4/6).[50]
- Regulatory colleges state a discipline process separate from colleges can help build public trust, prevent actual or perceived bias in discipline matters, and provide consistency across colleges.
- Colleges request clarity on funding for the new process, on division of costs between colleges, and reinforce the importance of professional expertise on discipline panels.
- Three of the supportive regulatory colleges indicated concern about the placement of the new discipline process in the oversight body related to ensuring independence and objectivity.[51]
- The College of Physicians and Surgeons states it would like colleges to retain the ability to hold summary hearings for certain simple matters (like a registrant's failure to respond to a college during a complaint investigation) to support efficiency. Doctors of B.C. and the Canadian Medical Protective Association request colleges have jurisdiction in less serious discipline cases.
- Most professional associations that did not clearly express support for a new discipline process requested more information on panel appointments/competencies, operations, and fairness.
- FNHA supports a new discipline process but is concerned that the process may not incorporate Indigenous justice and seeks further engagement on this.
- The B.C. Nurses' Union expresses its support for a new discipline process. The Health Sciences Association of B.C. states it has no position as long as the process is procedurally fair.

Regulatory college roles in complaints process

Modernization Proposals: Regulatory colleges and their inquiry committees would continue to be responsible for the investigation of complaints. To improve public trust in the complaints process and ensure that public safety is at the forefront of complaints investigations, regulatory colleges would need to demonstrate their use of a fair and open process to appoint inquiry committee members. Regulatory colleges would need to ensure that inquiry committee membership considers competence, merit and diversity. Also, inquiry committee members would be required to undertake regular training and appraisal.

- **There is a high level of support for regulatory colleges continuing to investigate complaints** among colleges (12/12), professional associations (20/21), and regional health authority representatives (6/7).

[50] Of the two colleges that did not clearly express support for a new discipline process: The College of Speech and Hearing Health Professionals of B.C. asks if a new process will be required if five colleges remain and the College of Occupational Therapists of B.C. notes it is "not opposed." Professional associations that are not supportive include the B.C. Psychological Association, B.C. Association of Social Workers, and the Diagnostic and Therapeutic Working Group.

[51] The College of Chiropractors of B.C., College of Massage Therapists of B.C., and the College of Physical Therapists of B.C. express this concern. The College of Massage Therapists states it only supports a new discipline process that is also independent of the oversight body, the College of Physical Therapists appears to also have this conditional support.

- **There is a high level of support for improving inquiry committee composition** among regulatory colleges (12/12) and professional associations (14/14), including for ensuring competence, merit and diversity are considered, and requiring member training and appraisal.

Transparency – Publishing all actions

Modernization Proposals: It is proposed that actions taken to resolve accepted complaints about health professionals be made public. Accepted complaints are those that are not dismissed, and where some action is being taken as a result of the complaint. All actions resulting from agreements between registrants and regulatory colleges would become public (e.g., agreements that registrants complete additional training).

- **There is a low level of support among regulatory colleges (3/19), professional associations (10/25) and unions (0/2) for publishing all actions taken to resolve accepted complaints**, including actions resulting from agreements between registrants and colleges. **Health authority representatives voice a higher level of support for this form of increased transparency (5/8).**
- Regulatory colleges' central concern is that publishing all actions would significantly impede their ability to negotiate consensual agreements with registrants (where publication is often contested). Colleges state this will likely lead to more discipline hearings (including for minor matters) and higher costs, lengthen the complaints process, and in some cases hinder rehabilitation of registrants.
- The College of Physicians and Surgeons supports increased transparency beyond the current state of mainly publishing serious matters, however, explains publishing all actions will be a "major barrier to regulation" if colleges are unable to impose remediation.
- Colleges suggest publication should focus on matters where there is a risk to the public (low risk matters should not be published) and note there is a difference between publishing sanctions (like practice limitations) and less serious actions (like requirements to complete education).
- Professional associations are concerned publishing all actions would breach registrants' privacy, harm registrants' reputation, and disincentivize consensual resolutions. Several recommend publication only occur after a finding amounting to discipline or when a matter is sent to discipline panel and/or that only higher risk matters should be published.
- The B.C. Nurses' Union and Health Sciences Association of B.C. strongly oppose expanding current publication rules to include the publication of all actions resulting from complaints, the latter states this is an "unnecessary form of public shaming." The B.C. Nurses' Union believes the public interest can be served through anonymous publication.
- The B.C. Patient Safety and Quality Council supports publishing all actions, as does FNHA which notes that publishing complaint actions and keeping the authority informed are important to maintaining safe care for First Nations people.
- The B.C. College of Nursing Professionals and College of Midwives encourage further dialogue with regulators regarding this proposed change.

Transparency - Limited public comment by colleges on a complaint under investigation

Modernization Proposal: It is proposed that regulatory colleges be able to make limited public comments if a complaint under investigation becomes known to the public.

- **There is a high level of support for allowing colleges to make limited public comments about complaints under investigation.** Regulatory colleges voiced a high level of support for allowing colleges to make limited public comments (14/15). Two thirds of professional associations that gave feedback on this proposal were supportive are in support (14/21). Five of eight health authority representative submissions are supportive, while two request an amendment that colleges only confirm the existence of an investigation, and one is opposed.
- The College of Dental Surgeons stated that "The ability to confirm that a complaint has been received and/or an investigation is underway would enhance public trust and credibility."
- Professional associations and regulatory colleges commented that unsubstantiated or illegitimate complaints can impact registrants' reputations and that privacy, confidentiality, and procedural fairness are considerations.
- The B.C. Nurses' Union is opposed to colleges being able to provide public comment.

Ensuring past conduct is considered in relation to current complaints

Modernization Proposal: In order to better protect patients from harm, it is proposed that complaint and discipline decisions must take into consideration the professional's past history.

- **There is a mixed level of support for requiring regulatory colleges and discipline panels to consider a registrant's past history when deciding on a current complaint**. Just under half of regulatory colleges (7/15) and professional associations (10/23) which commented on past conduct history support requiring it to be considered. Most health authority representative submissions request amendments to this recommendation (5/8).[52]
- Supportive regulatory colleges note that requiring past history to be considered would help recognize patterns of ongoing behaviour.
- Regulatory colleges that are opposed suggest past conduct history should only be considered at the sanction or discipline stage of a complaint and should not to be used to determine if a current complaint is valid/confirmed (as they believe this would breach legal principles).
- Professional associations and health authority representatives that are opposed or seek amendments to this recommendation suggest that only relevant, accepted, substantiated, or high-risk complaint history be considered, and/or that past conduct only be considered at the discipline stage.
- The B.C. Nurses' Union requests past history be considered only at the discipline decision stage. The Health Sciences Association of B.C. is opposed to consideration of past history.

[52] Supportive regulatory colleges include: The College of Physicians and Surgeons of B.C., the College of Pharmacists of B.C., the College of Dental Hygienists of B.C., the College of Denturists of B.C., the College of Dental Technicians of B.C., the College of Opticians of B.C., the College of Speech and Hearing Health Professionals of B.C.

- The B.C. Patient Safety and Quality Council is supportive of requiring regulatory colleges and disciplinary panels to consider a registrant's past history of complaints and discipline.

Time limits and timeliness

Modernization Proposals: It is proposed that time limits be set for stages of the investigation process, instead of a statutory time limit for the length of time that investigations must be completed in. Time limits may include time limits for negotiations between registrants and inquiry committees, which may include limiting how long registrants have to make proposals to the inquiry committee once a citation has been issued for a disciplinary panel hearing.

- **There is a high level of support among regulatory colleges (7/7), professional associations (4/4) and health authority representatives (4/4) for removing the statutory time limit for the completion of complaint investigations; however, there is mixed support for replacing this time limit with time limits for stages within the complaints process.**
- Three regulatory colleges and the Health Professions Review Board (HPRB) caution against establishing time limits for stages in the complaints process. The HPRB states this may become "more unwieldy" and recommends colleges be given tools to investigate faster: the authority to access/compel information from health authorities, the ability to impose a duty on registrants to cooperate, and ability to penalize registrants for non-compliance with information requests.
- The HPRB's suggestion to give more tools to colleges to improve investigation timeliness is in line with recommendations in the consultation paper to strengthen requirements on registrants to cooperate with investigations (i.e. introduce a set number of days to respond to a college).
- **There is a low level of support among regulatory colleges for introducing time limits for negotiations between registrants and colleges (1/4)**, as colleges note this may lead to unnecessary discipline hearings when registrants willing to sign agreements late in the process will be unable to do so.[53] The B.C. Nurses' Union believes the opportunity to settle a complaint should be available to registrants at any stage of the complaints process.

Responses to sexual abuse and sexual misconduct

Modernization Proposal: The steering committee sought feedback to help establish consistency across regulatory colleges in relation to how they address sexual abuse and sexual misconduct.

- Regulatory colleges, professional associations and other stakeholders recommended a range of measures to address sexual abuse and misconduct by regulated health professionals including:
  - **Common standards/policies** among regulators for prevention, investigation and discipline.
  - **A unique or independent complaints/investigation process** with specialized investigations was recommended by several colleges and professional associations, and was a main recommendation of West Coast LEAF (Legal Education and Action Fund).
  - **Defining** sexual abuse and sexual misconduct in legislation as opposed to college bylaws.

[53] The College of Psychologists of B.C., the B.C. College of Nursing Professionals and the College of Midwives of B.C. would like late stage negotiations to continue to be permitted, the College of Physicians and Surgeons is supportive of introducing time limits on negotiations.

- **Colleges funding counselling** for complainants and being enabled to recover costs from registrants who have caused harm.[54]
- **Mandatory cancellation**: Regulatory colleges expressed low levels of support/some mixed support for mandatory cancellation of practice for sexual abuse or misconduct.[55] Several colleges request B.C. consult with Alberta and Ontario who have expertise in this area. Professional associations had a higher level of support for mandatory cancellation. West Coast LEAF supports mandatory cancellation of practice after findings of sexual abuse. Other suggested options to increase regulator consistency may be to introduce a common guideline on responses to sexual abuse and misconduct, including common penalties which could be monitored by the oversight body.
- **Other recommendations**: training in trauma-informed care for investigators and decision makers, the use of outside legal counsel by colleges with expertise in sexual abuse, a support program for complainants, and direction for colleges on essential elements of patient relations programs (these programs are currently enabled in the HPA).

[54] Regulatory colleges (2/3) and professional associations (3/4) were supportive.
[55] Colleges opposed to mandatory cancellation include the College of Physicians and Surgeons of B.C., the B.C. College of Nursing Professionals, the College of Midwives of B.C., and College of Pharmacists of B.C.

5. Information sharing to improve patient safety and public trust

Modernization Proposal: It is proposed that health profession regulatory colleges be enabled to share information (between each other and with other agencies) where necessary for public safety and protection.

- **Overall, there is a high level of support across stakeholders for enabling regulatory colleges to more easily share information, with some caveats around only sharing information when necessary for public safety. However, unions[56], emergency medical assistant stakeholders[57] and educational institutions[58] indicated more concern than support for increased information sharing.**
- **Stakeholders most often recommended regulatory colleges be able to share information with other regulatory colleges, law enforcement and health authorities.**
- Public safety and enhancement of interprofessional practice were cited as reasons for supporting increased information sharing, along with more timely complaint resolution, and increased awareness of processes and procedures.
- Primary concerns relate to privacy and confidentiality rights and how to balance these with the need to share information. A need for consistency in criteria, policies and guidelines on when and what to share was indicated, along with the need to ensure legislation is not prohibitive/constraining.
- The B.C. Patient Safety and Quality Council supports increased information sharing for the purpose of promoting public safety, protection and accountability to patients and the public.
- The Health Professions Review Board would like colleges to have the authority to compel information from health authorities and registrants in a timely manner.
- Two out-of-province regulators emphasized the need for effective information sharing between colleges across the country.
- The Canadian Medical Protective Association noted that disclosure to hospitals or health authorities should be confined to only state an investigation is underway.
- Orthotics Prosthetics Canada, the Pedorthic Association of Canada and the Canadian Life and Health Insurance Corporation stated that information should be shared with insurance companies. ICBC indicated information should be shared with government agencies, crown corporations, and private sector industries who employ registrants or refer to or pay directly for services obtained by customers.

[56] BC Nurses Union and Health Sciences Association of BC
[57] BC Professional Firefighters Association, Emergency Medical Assistants Licensing Board, and the Fire Chiefs Association of BC
[58] Dental Assistant Faculty of Vancouver Island University and Camosun College Dental Programs

Cultural safety and humility

- Ten submissions made specific reference to cultural safety and humility, including First Nations Health Authority, Heiltsuk Tribal Council, seven college submissions, and one regional health authority submission.
- **Overall, there was a strong desire to see cultural safety and humility embedded within regulatory modernization.** Key reasons include:
    - the need to acknowledge and begin to address systemic racism, including personal biases and stereotyping, as a serious risk of harm to patients that can lead to inappropriate treatments and barriers to accessing care;
    - cultural safety is integral to ethical, competent and safe care;
    - improved consistency of college standards and approaches to cultural safety; and,
    - cultural safety could improve public trust in colleges and health professionals.
- Key suggestions to improve cultural safety and Indigenous health through regulatory modernization include:
    - establish the role and function of cultural safety as a foundation of the term “patient safety” within legislation and bylaws;
    - align the HPA with the United Nations Declaration on the Rights of Indigenous Peoples;
    - use additional resources gained from amalgamation for cultural safety initiatives (e.g. board training and better engagement with First Nations communities);
    - utilize the oversight body for consistent implementation of cultural safety standards across colleges;
    - include information on Indigenous self-identification and cultural safety training within the single register, to assist patients with finding culturally safe practitioners;
    - integrate Indigenous approaches to justice within complaints and adjudication (as determined through engagement with Indigenous communities and organizations);
    - ensure investigators and Inquiry Committee members are trained in cultural safety and humility;
    - ensure diverse (Indigenous, cultural and gender diverse) representation on college boards and leadership; and,
    - ensure ongoing engagement with Indigenous organizations and communities.

Writing campaigns

Five writing campaigns were received as part of the public consultation on modernizing the health profession regulatory framework. In total, 1,225 submissions were received from the following writing campaigns:

Oral health professionals: 595 submissions were received, primarily from dentists, writing in two similar writing campaigns. Most of these submissions were from a B.C. Dental Association initiated writing campaign. Frequently expressed issues include: lack of support for the creation of an oral health college, concerns regarding lack of professional expertise on the oral health college board, concerns regarding transparency in complaints, perception that the proposed reforms are more concerned about fairness to the public than professionals, and statements that the duration of the consultation period was too short.

Chiropractors: 397 template letter submissions were received related to scope of practice of chiropractors. Submissions expressed support for chiropractors to perform the following activities: order diagnostic imaging, access imaging results via health authority online systems, use acupuncture as an added therapy, and order lab tests and access their results. It should be noted, chiropractors can order diagnostic imaging and other tests however cannot bill MSP for these.

Traditional Chinese Medicine (TCM): 133 submissions were received from members of the public and TCM practitioners expressing support to update the Traditional Chinese Medicine Practitioners and Acupuncturists regulation to include a scope of practice expansion. Submissions express concern that the creation of the new College of Health and Care Professions will further delay this request.

Psychologists: 86 submissions were received, primarily from psychologists, expressing concern about the College of Psychologists becoming a part of the new College of Health and Care Professions. Many submissions requested the College of Psychologists become part of the College of Physicians and Surgeons if unable to remain a standalone regulator. Rationale for joining the College of Physicians and Surgeons included: Frequency of collaboration between physicians and psychologists in daily practice and a close alignment between psychologists and physicians in terms of education, training, and credentials.

Counselling Therapists: 14 submissions were received, primarily from registered clinical counsellors, in support of regulating counselling therapists. Submissions expressed concern about the provision of mental health services from unregulated individuals who may lack the professional competencies and ethics to provide safe and effective counselling services. Multiple submissions state protecting the title “Counselling Therapist” will create safety and informed choice for citizens, particularly those made vulnerable by mental health and substance use issues.

Appendix A: Alternative arrangement of regulatory colleges

Table 1. Arrangement of regulatory colleges as suggested by regulatory colleges

Preamble: There was overall low level of support for the proposed approach to amalgamation among regulatory colleges. Most concerns centred around the creation/configuration of the proposed College of Health and Care Professions of B.C. 12/19 colleges[59] provided written feedback on their desired number and grouping of colleges, as shown below.

Regulator Preferences			
Name of Regulator	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
College of Physicians and Surgeons of B.C.	6*	Recommends the College of Health and Care Professions of B.C. be split into 2 separate regulators: • One regulatory college to oversee allopathic medicine, and • One regulatory college to oversee complimentary/alternative medicine	*The College of Physicians and Surgeons of B.C. (CPSBC) takes no position on the "right" number of colleges, but notes concern with regulating allopathic vs. alternative/complementary medicine practitioners within the same body. CPSBC suggests separating the College of Health and Care Professions of B.C. into two regulators based on these parameters.
College of Pharmacists of B.C.	6 or more*	Suggests amalgamation should be based on alignment in models of care. Specific groupings of professions not provided.	*The College of Pharmacists of B.C. does not provide a specific number of desired colleges but notes that "five regulatory colleges may be too few".
College of Naturopathic Physicians of B.C.	6 or more*	Suggests there may be more natural alignments among professions currently proposed for regulation under the College of Health and Care	*College of Naturopathic Physicians of B.C. does not provide a specific number of

[59] The B.C. College of Nursing Professionals, College of Midwives of B.C., and College of Chiropractors of B.C. were supportive of the proposed approach to amalgamation and structure of colleges. Feedback on desired number/grouping of colleges was not provided.
The College of Massage Therapists of B.C. and College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C. were opposed to the proposed approach to amalgamation, but did not provide feedback on their desired number/groupings of colleges.
Feedback from the oral health regulators was primarily centred on the proposed Oral Health College. Suggestions for alternative groupings of professions, when provided, are captured in Table 1.

Regulator Preferences			
Name of Regulator	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
		Professions according to criteria such as: Risks of practice; reserved titles (e.g., doctor, therapist, or technician), similar scopes of practice, publicly or privately provided care, and/or allopathic vs. complimentary/alternative medicine. Suggests that naturopathic physicians be grouped with other prescribers, dispensers, and/or primary care providers.	desired colleges but notes that "five may be too few".
College of Optometrists of B.C.	6	Preference is to continue as an independent regulator. If this is not possible, recommends the creation of a 6th vision college based on scopes of practice that would amalgamate optometrists, opticians, and optometric assistants.	
College of Psychologists of B.C.	6	Preference is to continue as an independent regulator. If this is not possible, preference is to amalgamate with the College of Physicians and Surgeons of B.C.	
College of Speech and Hearing Health Professionals of B.C.	1 or 6	Recommends either a single regulator for all health professions, or a revised number of regulators based on a consistent set of amalgamation criteria, such as scopes of practice or clinical contexts. As an example of the latter: Recommends the College of Health and Care Professions be split into 2 separate regulators, based on clinical health care and public/community health care: **Regulator A (9 clinical professions)** • Audiologists • Clinical Perfusionists • Dietitians • Hearing Instrument Practitioners	

Regulator Preferences			
Name of Regulator	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
		• Opticians • Optometrists • Psychologists • Respiratory Therapists • Speech-Language Pathologists **Regulator B (8 public/community professions)** • Chiropractors • Massage Therapists • Medical Lab Technologists • Occupational Therapists • Physical Therapists • Naturopathic Physicians • Radiation Therapists • Traditional Chinese Medicine Practitioners & Acupuncturists	
College of Dietitians of B.C.	1	One multi-profession regulatory college to oversee all professions	Suggests one regulator will better achieve economies of scale while supporting a team-based approach to regulation.
College of Occupational Therapists of B.C.	1	One multi-profession regulatory college to oversee all professions.	States economies of scale may be more effectively achieved by one regulator.
College of Opticians of B.C.	1	One multi-profession regulatory college to oversee all professions.	
College of Physical Therapists of B.C.	1	One multi-profession regulatory college to oversee all professions.	
Oral Health Regulators			
College of Dental Surgeons of B.C.	N/A	Supports creation of an oral health college but suggests that additional amalgamation options are possible (e.g. shared clinical/treatment approaches).	
College of Dental Hygienists of B.C.	N/A	N/A	Expressed support for the reduction in the number of regulators, including the

Regulator Preferences			
Name of Regulator	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
			proposed single oral health college.
College of Denturists of B.C.	N/A	Supports creation of an oral health college but notes some registrants have expressed support for: a single health regulator, a multi-profession regulator consisting of the colleges currently residing at the Regulatory Hub in Vancouver (200 Granville Street) or becoming part of the College of Health and Care Professions of B.C.	
College of Dental Technicians of B.C.	N/A	N/A	Expressed support for the reduction in the number of regulators, including the proposed single oral health college.

Table 2. Arrangement of regulatory colleges as suggested by professional associations, Emergency Medical Assistant (EMA) leadership and Diagnostic and Therapeutic (D&T) leadership[60]

Association Preferences			
Name of association	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
B.C. Doctors of Optometry	9	Suggests separating out the Health and Care Professionals into five separate colleges which takes into account commonalities in education, styles of practice, place of practice, referral networks, pre-existing interprofessional care teams, and services provided. Suggests the following groupings: **College of Manipulative Therapy and Rehabilitation** Physical Therapists Occupational Therapists Massage Therapists **College of Holistic Medicine** Chiropractors Naturopaths Traditional Chinese Medicine Practitioners and Acupuncturists **College of Vision and Psychology** Psychologists Optometrists Opticians **College of Speech and Hearing Professionals** Speech Pathologists Audiologists Hearing Instrument Professionals **College of Diagnostic and Therapeutic Professionals**	Some interest in a single health regulator also expressed.

[60] This is not a comprehensive list of all professional associations/EMA and D&T leadership that provided feedback on the proposed approach to amalgamation. Groups that indicated general support or opposition with no further qualifying comments on number/grouping of colleges are not included in Table 2.

Association Preferences			
Name of association	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
		Respiratory Therapists Clinical Perfusionists Radiation Therapists Medical Laboratory Technicians Dieticians	
B.C. Chiropractic Association	6	Suggests creation of an additional college of physical rehabilitation professionals to include the following professions: physiotherapists, occupational therapists, registered massage therapists, chiropractors, and possibly respiratory therapists.	
B.C. Association of Clinical Counsellors	6	Recommends the creation of a College of Mental Health Professionals. Requests counselling therapists be regulated within this new college.	
B.C. Association of Homeopaths	6	Would prefer 6 colleges, with a separate complementary medicine regulator.	
B.C. Association for Marriage and Family Therapy	6 or more	Recommends the creation of a College of Mental Health Professionals	
B.C. Therapeutic Recreation Association	6 or 7	Strongly recommends the College of Health and Care Professions be divided into 2 or 3 new colleges. Feedback specific to groupings not provided.	
B.C. Psychological Association	6 or more	Recommends retaining the College of Psychologists	
Canadian Psychological Association	6 or more	Recommends retaining the College of Psychologists	If retaining the College of Psychologists is not possible, recommends psychology be regulated by the College of Physicians and Surgeons.
B.C. Association of Social Workers	6 or more*	Recommends more colleges with fewer - more compatible - professions in each. Feedback on specific groupings not provided.	
Federation of Associations for	6 or more*	Recommends consideration be given to grouping health professions by function. Suggests groupings such as:	

Association Preferences			
Name of association	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
Counselling Therapists in B.C.		• Speech and hearing professionals • Diagnostic and therapeutic professions • Professions providing physical therapies (chiropractors, dieticians, massage therapists, occupational therapists, opticians, optometrists, naturopathic physicians, traditional Chinese medicine practitioners and acupuncture) • Mental health professionals (mental health professionals might include social workers, counselling therapists, and psychologists)	
Canadian Association of Occupational Therapists – B.C.	6 or more*	Recommends that amalgamations group those professions that reflect the team-based practice environments in B.C. Suggests alternative groupings of professions with similarities and interprofessional education experiences • For example, grouping occupational therapists, dietitians, physiotherapists, psychologists, and speech and hearing professionals together	
Canadian Association of Occupational Therapists	6 or more*	Endorses the recommendations of the Canadian Association of Occupational Therapists – B.C. (see above)	
Saskatchewan Society of Occupational Therapists	6 or more*	Endorses the recommendations of the Canadian Association of Occupational Therapists – B.C. (see above). Recommends retaining the College of Occupational Therapists of B.C.	
Physiotherapy Association of B.C.	6 or more*	Supports splitting the umbrella college into sub groups that reflect principles such as:	

Association Preferences			
Name of association	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
		• Evidence-based practice, education, national and international regulatory partnerships, and team-based care.	
Manitoba Association of Optometrists	6 or more*	Recommends increasing the number of remaining colleges, potentially grouping similar professions together. Feedback on specific groupings not provided.	
Speech and Hearing B.C.	6	Suggests separating the College of Health and Care professionals of B.C. into a college of allied health disciplines. • College of allied health disciplines could include: Speech language Pathologists, Audiologists, Physical Therapists, Occupational Therapists, Dietitians, Social Workers, Psychologists, and Respiratory Therapists.	
Speech-Language and Audiology Canada	6 or more*	Notes "Any actions taken to reduce the number of regulatory colleges in British Columbia must take into account the unique identity and scope of practice of each member profession."	* Speech-Language and Audiology Canada does not provide a specific number of desired colleges but expresses concern that the umbrella college would be too large and diverse
TCM Practitioners and Acupuncturists Society	6 or more*	Recommends retaining the College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C. as a standalone regulator.	
Home of Canadian Traditional Chinese Medicine Society	6 or more*	Recommends retaining the College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C. as a standalone regulator.	
Other – Diagnostic and Therapeutic			
Canadian Society for Medical Laboratory Science	5 or 6	Recommends a college of allied health disciplines. If this is not possible, would request Medical Laboratory Technologists be regulated under the umbrella college.	

Association Preferences			
Name of association	**Desired number of colleges**	**Desired grouping of colleges**	**Comments**
Other – EMAs			
Ambulance Paramedics of B.C. CUPE Local 873	6 or more	Recommends a stand-alone college for Emergency Medical Assistants.	

Appendix B: Consultation feedback on proposed roles of the oversight body

Proposed function	Feedback / Analysis
1. Routine audits of regulatory colleges based on clear performance standards	Regulatory colleges were generally supportive of this function. 9 colleges expressed support for routine audits, and the College of Psychologists of B.C. expressed support with the caveat that more information is required regarding the "composition and competency/skill expected of oversight body members and staff". The College of Optometrists was opposed to this function.
2. Public reporting on common performance standards	Regulatory colleges were generally supportive (8 colleges expressed support for this function, while the College of Optometrists of B.C. was opposed to this function.). This role was not addressed directly by associations or other bodies.
3. Conducting systemic reviews and investigations	Seven regulatory colleges expressed support for this function. The College of Occupational Therapists of B.C. was supportive with the caveat that the oversight body not be empowered to conduct systemic reviews and perform investigations on its own motion. The College of Optometrists of B.C. was opposed to this function. This role was not addressed directly by associations or other bodies. There appears to be misunderstanding among stakeholders that the oversight body would have sweeping and more absolute investigative powers and that their powers would not be incremental and based on evidence (i.e. that the body may conduct reviews without reason).
4. Review of registration and complaint investigation decisions, including inclusion of the Health Professions Review Board (HPRB)	The majority of colleges that commented were supportive (7 supportive, 1 somewhat supportive, 4 opposed). Among those opposed, concerns included: A lack of professional expertise within HPRB, and statements that the HPRB needs to be cost effective and provide a public interest value. These comments pertain to the HPRB in general, and not to its proposed move within the oversight body. Another concern was the potential for role confusion as the oversight body will be responsible for monitoring the Colleges progress on time limits for the complaints process, while the HPRB would continue to review individual complaints/concerns related to timelines.
5. Publishing guidance on regulatory policy and practice	Among colleges who provided feedback on this function, the majority were supportive (9 supportive, 1 opposed). The HPRB requests to continue to have a role in this function, where the HPRB could communicate and make recommendations to the oversight body regarding areas where it may be desirable for the oversight body to publish regulatory guidance.
6. Identify core elements of shared standards of ethics and conduct across professions	Colleges expressed general support for this function (7 supportive, 2 opposed). Support was expressed by the B.C. Patient Safety and Quality Council, who stated the oversight body would be "well positioned to lead a collaborative process for identifying core elements of shared standards of ethics and conduct across professions."[61] Submissions which indicated concerns -notably among professional associations- primarily related to impact on alignment with national code of ethics. It appears that some stakeholders may not have understood that the proposed approach would allow for a high degree of customization to allow for continued alignment with national standards.
7. Establish a range of standards of professional practice	Mixed support among colleges (5 supportive, 4 opposed). Unsupportive comments appear to be linked to concerns about insufficient input from the professions when developing standards, and a misperception that the oversight body would have authority to establish the content of professional standards. Association submissions emphasized that input from

[61] B.C. Patient Safety and Quality Council submission, p. 3

	specific professions on standards is needed. Another frequently expressed concern is that a 'one size fits all' approach to the development of standards will not reflect the specific needs of professions.
8. Development of model bylaws and oversight of the process for bylaw amendments	Among regulatory colleges, there was strong support for model bylaws and oversight process (11 supportive, 1 somewhat supportive, 2 opposed). The primary concern is that a one-size fits all approach will not work, and that the oversight body's role should be limited guidance rather than specifying bylaw requirements. The negative responses speak to a concern that the oversight body will be prescriptive when interacting with the colleges.
9. Overseeing a board appointment process	There is strong support for the oversight body overseeing the board member appointment process among colleges (12 supportive, 1 opposed). The B.C. Patient Safety and Quality Council was also supportive, stating it is "beneficial to have such a body work with regulatory colleges in overseeing their board member appointment process."[62] Only a select number of associations commented on this proposed function. 3 associations[63] expressed direct support for the oversight body overseeing a competency-based board appointment process while the B.C. Association of Social Workers expressed concern that the oversight body may not have the profession-specific knowledge to perform this function.
10. Recommending health occupations that should be regulated under the Health Professions Act	9 regulatory colleges indicated support for this function. The College of Physicians and Surgeons of B.C. noted "this should be a dynamic process, with some emerging professions being worthy of consideration of regulation under the Health Professions Act (HPA), as well as the removal of others[64]". The College of Optometrists of B.C. was opposed. Among organizations that have historically advocated for regulation of additional professions under the HPA, concerns were expressed that it will be take some time before the oversight body can make a recommendation to the Minister regarding regulation of new professions, and that this will delay the process of creation of new health professions.
11. Holding a list (single register) of all regulated health professionals	7 regulatory colleges expressed support for this role. Of note, 2 colleges (College of Massage Therapists of B.C. and College of Physical Therapists of B.C.) query if a single register is required if there are fewer regulatory colleges in the new regulatory framework. The College of Optometrists was opposed to this function. Additionally, some regulatory colleges indicated that a single register may create technical challenges and expressed concern that holding a single register may be too complex and may not be updated in a timely manner.[65]
12. Providing oversight of systemic progress on the timeliness of the complaint process	6 colleges expressed support for this function. The College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C. supported this role as described in the report. The College of Physicians and Surgeons of B.C. recommended a different approach, with colleges managing lower order complaints and remediation to improve the timeliness of the complaint process. The College of Dental Surgeons of B.C. recommended publishing a public report on the performance of the complaint resolution process. The College of Optometrists was opposed to this function. No associations spoke directly to this proposed function.
13. Collection of fees	12 colleges were opposed to this function. The proposal that the oversight body would be given the authority to collect fees from regulatory colleges garnered substantial reaction. Nine regulatory colleges[66] and 8 associations expressed concern that this could lead to fee increases, and that the high cost of running the oversight body would be downloaded to the colleges and make it difficult for them to control their fees. Several regulatory colleges expressed concern that the financial independence and impartiality of the oversight body may be compromised if regulatory colleges are expected to provide ongoing operational funding.

[62] B.C. Patient Safety and Quality Council submission, p. 3
[63] Nurse and Nurse Practitioners of B.C., the B.C. Dental Hygienists' Association and the Denturist Association of B.C.
[64] College of Physicians and Surgeons of B.C. submission, p. 5
[65] College of Massage Therapists of B.C., College of Pharmacists of B.C.
[66] B.C. College of Nursing Professionals, College of Denturists of B.C., College of Dental Technicians of B.C., College of Naturopathic Physicians of B.C., College of Occupational Therapists of B.C., College of Pharmacists of B.C., College of Psychologists of B.C., College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C., College of Optometrists of B.C.

Comparison of five to six regulatory colleges by number of registrants

The College of Physicians and Surgeons of BC's submission to the Steering Committee suggests that the proposed College of Health and Care Professions could be split into two groups based on philosophy of care which is described as "allopathic" or "alternative".

The option of five regulatory colleges (as proposed in the consultation paper) and six regulatory colleges (as suggested by the College of Physicians and Surgeons) are presented below:

- There are approximately 120,700 registrants across 20 regulatory colleges.
- **FIVE Regulatory Colleges:** Under the model proposed in the consultation paper, each of the five regulatory colleges would have the following number of registrants:
  1. Nursing and Midwifery — 59,900 registrants
  2. Physicians and Surgeons and Podiatric Surgeons — 13,800 registrants
  3. Pharmacists — 8,800 registrants
  4. Oral Health Professionals — 15,700 registrants
  5. **Health and Care Professions*** — **22,600 registrants**

  ***Includes registrants from 11 existing colleges**

- **SIX Regulatory Colleges**: Split the Health and Care Professions College into two groups, allopathic and alternative professions, for a total of six regulatory colleges:
  1. Nursing and Midwifery — 59,900 registrants
  2. Physicians and Surgeons and Podiatric Surgeons — 13,800 registrants
  3. Pharmacists — 8,800 registrants
  4. Oral Health Professions — 15,700 registrants
  5. **Allopathic Professions** — **13,424 registrants**

     Includes registrants from 7 existing colleges:
     a. Dietitians (1,318)
     b. Occupational Therapists (2,649)
     c. Opticians (1,011)
     d. Optometrists (815)
     e. Physical Therapists (4,436)
     f. Psychologists (1,331)
     g. Speech and Hearing Health Professionals 1,864
  6. **Alternative / Holistic Professions** — **9,147 registrants**

     Includes registrants from 4 existing colleges:
     a. Chiropractors (1,322)
     b. Naturopathic Physicians (705)
     c. Traditional Chinese Medicine and Acupuncturists (2,361)
     d. Massage Therapists (4,759) – Massage therapists may also be suited to the allopathic group, however, if moved the alternative group would have 4,388 registrants.

Note: these numbers do not include Diagnostic and Therapeutic Professionals who are not currently regulated by a college.

FACT SHEET

Regulation of Diagnostic and Therapeutic Health Professions

ISSUE

The professional associations for several diagnostic and therapeutic health professions have been advocating for regulation since the mid 1980's. The Ministry has received direction to regulate clinical perfusionists, medical laboratory technologists, radiation therapists, and respiratory therapists as health professions under the *Health Professions Act*.

KEY FACTS

- Between 1999 and 2002, the former Health Professions Council recommended medical laboratory technologists (MLTs), medical lab assistants (MLAs), medical radiation technologists (MRTs), ultra-sonographers, cardiology technologists (CTs), and respiratory therapists (RTs) be designated as health professions under the *Health Professions Act* (HPA). The Council recommended against designating clinical perfusionists due to their very small number.
- In 2003, the Ministry of Health (the Ministry) pursued the establishment of an 'umbrella' college under the HPA to include all 6 occupations. In March 2004, the six professional associations unanimously rejected the concept, citing its complexity and detrimental effect on their professional identities.
- In 2010, the associations communicated their willingness to reconsider an umbrella college.
- In 2011, associations representing MLTS, MLAs, and MRTs started an advocacy campaign, which has submitted more than 500 letters to the Ministry supporting a college.
- In 2012, five associations (representing MLTs, MRTs, CTs, RTs and ultrasonographers) came together as the 'Coalition for a College of Diagnostic and Therapeutic Health Professionals' and renewed their advocacy for an 'umbrella' college. Coalition representatives met with two previous Ministers of Health in 2013.
- In 2014, the Ministry received direction to proceed with establishing a regulatory framework for an umbrella college.
- In early 2015, a working group of Coalition representatives was formed to act as subject matter experts to the Ministry and to advise the Ministry on matters relating to the professional practice of the health professions.
- June 2015 - January 2016 – the Ministry reviewed the recommendations of the Coalition working group and conducted stakeholder consultations with the BC Health Regulators, the Chief Nursing Officers Council, the Health Employers Association of BC, and 'front line' staff to get a better understanding of their day-to-day activities and experiences with supervisors and employers.
- December 9, 2016 – the Ministry published a news release proposing to establish a new college for diagnostic and therapeutic health professions. The Ministry announced the new college would oversee the following four health professions: respiratory therapists, radiation therapists, clinical perfusionists and medical laboratory technologists.
- The news release noted that once the new college has been substantially implemented, the Ministry would further examine the remaining seven diagnostic and therapeutic occupations to determine if regulation by a college is appropriate, or if an alternative oversight solution (e.g. registry) would be sufficient to ensure public safety.
- As required by the HPA, the proposed regulation designating the four health professions was posted for public feedback until March 9, 2017. The regulatory amendments designating the four professions came into force on April 3, 2017.

FACT SHEET

- Ministry staff developed regulations for the four designated professions. These would, among other things, outline the regulated professions' scopes of practice and restricted activities. This work is not complete.
- Ministry staff have met with Coalition working group members to gather information about their professional practice.
- Ministry staff worked closely with health sector partners for clinical validation of the regulations and to verify the proposals are in line with HPA requirements and regulatory leading practices.
- On April 11, 2019, the Minister released the report: *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* (the Cayton Report). The Cayton Report recommends the Ministry "place a moratorium on creating any new colleges and … consult on how any occupations [now] under consideration for regulation could be registered with an existing College."[1] (see fact sheet: Cayton Report – Modernizing the Health Profession Regulatory Framework (Part 2)).
- In 2019 the Minister established a steering committee to consider options and draft a proposal on how to modernize the regulatory framework for health professions in BC. The proposal was released for public consultation between November 27, 2019 and January 10, 2020. Included was a proposal that the four health professions be regulated through either the proposed multi-profession regulator, the College of Health and Care Professions, or one of the other proposed existing colleges.
- Six stakeholder submissions were received by Diagnostic and Therapeutic Profession stakeholders during the consultation period. Four out of six of these submissions indicated support for the College of Health and Care Professions, in the context that this would provide a pathway to regulation for these professions.
- Any changes related to the regulation of diagnostic and therapeutic professions would need Cabinet approval.
- Further work respecting the four professions is paused, pending the outcome of the steering committee's work.

FINANCIAL IMPLICATIONS

- The regulation of the four health professions would be entirely funded by the registrants of the college. There would be no costs to government.

Approved by:
Mark MacKinnon, Executive Director, Professional Regulation and Oversight Branch; June 9, 2020
~~Stephanie Power obo~~ Mark Armitage, ADM, Health Sector Workforce and Beneficiary Services; July 1~~ne 9~~, 2020

[1] https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf p.76

Annotated Agenda for Internal Ministry of Health Use
Steering Committee on Modernization of Health Professional Regulation July 20, 2020

AGENDA ITEM 1 – REVIEW RECOMMENDATIONS REPORT

- Ministry staff have revised the steering committee's November 2019 consultation paper into a draft recommendations paper which outlines the steering committee's recommended approach to modernize the regulatory framework for health professions.
- Revisions are based on results of public consultation and discussion at the steering committee's June 22, 2020, meeting.
- Key changes made in the recommendations paper are highlighted below.

1. **Phase two of public consultation: Nov 27,2019 to Jan 10,2020** (page 5 in draft paper, and feedback cited throughout)
    - Information on the results of the steering committee's second phase of public consultation has been added to the recommendations report. A brief summary of the consultation is provided (page 5) and feedback from the second consultation is cited throughout the report.
        - Highlight that a link to the consultation summary results (What We Heard) report (if approved – see agenda item #2) will be posted on the Ministry's Professional Regulation website and is referenced in the recommendations report.

2. **Commitment to cultural safety and humility** (page 5 in draft paper)
    - Public consultation feedback indicated a strong desire to embed cultural safety and humility within regulatory modernization.
    - A new section on cultural safety and humility was added to the paper.

s.13

3. **Reduction in the number of regulators** (pages 8 – 14 in draft paper)

s.13

    - The creation of a College of Health and Care Professions was the most controversial element of the consultation paper.
    - **Recommendation:** Based on feedback received in the second consultation the steering committee recommends the College of Health and Care Professions be split into two umbrella colleges, tentatively referred to as the:
        - Regulatory College of Allied Health and Care Professionals, which is recommended to include: dietitians, occupational therapists, opticians, optometrists, physical therapists, psychologists, and speech and hearing professionals, as well as diagnostic and therapeutic professions in the future.
        - Regulatory College of Complementary and Alternative Health and Care Professionals, which is recommended to include: chiropractors, massage therapists, naturopathic physicians, and traditional Chinese medicine practitioners and acupuncturists.

- **For discussion**: Question of whether regulatory colleges should continue to be able to propose alternative mergers.s.13
  s.13

- The consultation paper referred to 'subcommittees' that would be in place in multi-profession colleges. Some submissions received during the second consultation indicated confusion with this term, and recommended other terms (such as council, or regulatory council) be considered.s.13
  s.13

- Many written submissions from the second public consultation highlighted that the term 'college' may contribute to role confusion, as it is typically associated with education and training institutions. Submissions suggested alternate terms such as 'regulator' or 'regulatory college' could be used.
  s.13

4. **Strengthening the oversight of regulatory colleges** (pages 15 – 18 in draft paper)
   - The oversight section in the recommendations paper has been revised for brevity. All thirteen functions of the oversight body are no longer numbered and listed. Where appropriate, functions were grouped together for brevity.
   - **For discussion**: Recommended functions of the oversight body remained largely the same. The following changes are highlighted for discussion:

s.13

s.13

s.13

5. **Complaints and adjudication** (pages 18 – 24 in draft paper)
s.13

- The steering committee sought feedback regarding responses to sexual abuse and sexual misconduct. Based on feedback received the paper recommends:
s.13

s.13

s.13

Key question: *Determine if/how the recommendations report requires revision, and if there are no changes, whether it should be published.*

AGENDA ITEM 2 – REVIEW CONSULTATION RESULTS REPORT

- Ministry staff have drafted a consultation results report (What We Heard report) intended for public release that is based on both the survey results and written submissions received during the Nov 2019 to Jan 2020 public consultation.
- The report acknowledges the unprecedented public health challenge of COVID-19, and communicates the steering committee's thanks to health-care professionals for their commitment to ensuring British Columbians have access to safe and appropriate care.
- The report includes a visual timeline of the steering committee's work, with s.13 s.13
- The report reiterates the steering committee's support for the implementation of *the Declaration on the Rights of Indigenous Peoples Act* and expresses the committee looks forward to ongoing engagement with Indigenous peoples and other partners.
- Most survey respondents were health professionals. The report cautions the survey was not a general population survey and should not be interpreted to represent the general population.

Feedback themes

1. **Support for Modernization**
    - Broad support for modernization was expressed in both the survey and written submissions.
    - Survey respondents rated reducing the number of regulators as less important than other elements of modernization.

2. **Improved governance**
    - There is support for ensuring board members are chosen based on merit and competence.
    - Respondents have a range of views on how best to ensure this. Some survey respondents perceived that appointments may become political, stated that elections are a fair/democratic process and saw elections as part of self-regulation.

3. **Reducing the number of regulatory colleges for efficiency and effectiveness**
    - Written submissions generally supported a reduction in the number of regulatory colleges. However, respondents preferred that different options be available for amalgamation than those proposed (particularly in relation to the College of Health and Care Professions)

- Various perspectives were received regarding the creation of a new oral health college, including both support for and concern regarding the four current oral health regulators joining together. Concerns included the potential for power imbalances due to employer and employee professions being regulated by a single regulator, and historical experiences of inequity in this regard.

4. **Strengthening the oversight of regulatory colleges**
    - Broad support for the creation of an oversight body was found in both the online survey and written submissions.

5. **Complaints and adjudication**
    - There is support for increasing transparency of the complaints and discipline process.
    - Most survey respondents expressed it was important or very important for past history to be considered in current complaints.
    - Feedback was received on responses to sexual abuse and misconduct. Most survey respondents were supportive of mandatory cancellation of registration in cases of sexual abuse, but there were mixed levels of support in written submissions. Both surveys and written submissions expressed support for requiring colleges to provide counselling for victims. Written submissions suggested a range of measures to address sexual abuse and misconduct and the most frequent suggestions are reflected in the committee's recommendations report.

s.13

AGENDA ITEM 3 - NEXT STEPS

- The committee's Terms of Reference indicate the Steering Committee's work will culminate "in a proposal to the Minister…" and also note that there will be "continued collaboration" with the steering committee during the translation of the proposal to an RFL and introduction of legislation.

s.13

- **Key question** – *Clarify the role of the steering committee moving forward?*

s.13

- **Reminder** – RFL will be subject to cabinet confidence

Timeline - Phasing of Change

s.13

- Modernized legislation will provide the **foundation for reform** and enable a shift in culture reinforced by the oversight body.
- Similar to the *Professional Governance Act*, s.13
  s.13

- Apart from the amalgamations approved on June 3, s.13

s.13

Key question *– What is the expected timeline of change?*

s.13

Example of a phased approach - *Professional Governance Act*

- The *Professional Governance Act* (PGA) was passed by the B.C. Legislature and received Royal Assent on **November 27, 2018.** However, work on the PGA began approximately a year prior.
- Implementation was approached in a staged manner and is ongoing and will continue over several years.
- Phases outlined below begin after the legislation is introduced and do no reflect the RFL portion of the timeline.
    - The first phase of implementation of the Act began on June 1, 2019 and included: Establishing the Office of the Superintendent of Professional Governance (OSPG); Hiring the first Superintendent; Enabling some powers of the Superintendent including certain research, policy-making, and investigation and offence provisions.

s.13

Terms of Reference
Steering Committee on Modernization of Health Professional Regulation

Mandate: The Steering Committee was established to advise the Minister of Health (the Minister) on an approach to modernize the regulatory framework for health professionals in British Columbia (BC). The work of the Steering Committee will culminate in development of a proposed modernization framework to protect the public interest, enable high quality care, and consider reducing the number of regulatory colleges.

Scope: The proposed framework will be informed by the suggestions for modernization put forward in Part Two of the Cayton Report, expert advice, leading practice in professional regulation, as well as consultation with the public and key stakeholders.

Timeline: The majority of the Steering Committee's work will occur in 2019, culminating in a proposal to the Minister by September 30, 2019.

i. **2019:** Development of a proposal for a modernized health profession regulatory framework (lead: Steering Committee).

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Membership: The Steering Committee will consist of a representative from each political party currently represented in the Legislative Assembly of British Columbia including:

- Chair, Honourable Adrian Dix, Minister of Health – BC New Democratic Party;
- Committee member, Norm Letnick, Health Critic - BC Liberal Party; and
- Committee member, Sonia Furstenau, House Leader – Green Party of BC.

Alternates may be designated upon approval of the chair.

Meetings: Meetings will be scheduled at the call of the chair. Reasonable efforts will be made to consider member availability.

Secretariat: The time-limited, Steering Committee is sponsored by the Minister and will be supported by the Associate Deputy Minister for Clinical Leadership. The Professional Regulation and Oversight Branch of the Health Human Resources and Labour Relations Division will provide secretariat support.

Dispute Resolution: Decisions are ideally made by consensus. Should a committee member have concerns related to the functioning of the Steering Committee, each member is responsible to first bring their concerns to the chair. The chair may consider a range of options to address the situation from a facilitated discussion, formal mediation, changes in committee membership, to dissolution of the Steering Committee.

Key Principles:

- **Consensus-seeking:** All involved understand that these are complex issues and that there is always more to learn, including learning from one another. Although consensus may not be possible on all points, reasonable efforts will be made to reach consensus on as many key points as possible with the goal of developing a consensus proposal;
- **Collaborative:** All committee members and their respective parties commit to generally accepted rules of collaborative work such as respect, active listening, tolerance of differing views, etc.;

Approved: May 6, 2019
Updated: N/A

- **Consultative, accurate and thorough:** Reasonable efforts will be made to capture the views of stakeholders; and, analysis and summary efforts will strive to reflect the range of information considered;
- **Confidentiality:** Trust is critical to development of innovative solutions. Each committee member will ensure that only approved plans, decisions, or statements are shared with stakeholder groups, the media or the public. Any announcements or public communication will be coordinated through Government Communications and Public Engagement (GCPE). Given the unique make-up of the Steering Committee, committee members should advise the chair of matters that require consultation with their party, or another external stakeholder; and,
- **Information management:** The Steering Committee will work with the Secretariat via the Associate Deputy Minister (or a delegate) to ensure information is appropriately managed, as well as other typical secretariat functions, such as creation and maintenance of a record of decision. Any media requests, public events, or comments will be coordinated with the Steering Committee and GCPE.

Stakeholder Consultation: A public and stakeholder consultation plan is required to better understand public expectations of professional regulation and the potential impact of any proposed changes across the health sector. Consultation may include written submissions from the general public, as well as direct engagement with experts and impacted stakeholders. In addition to the general public, stakeholder consultation may include:

- BC Health Regulators
- Health Profession Unions
- Health Profession Associations
- Health authorities, including First Nations Health Authority
- Health Professions Review Board
- Other health care delivery organizations
- Federal, Provincial and Territorial governments

Approved: May 6, 2019
Updated: N/A

Annotated Agenda for Internal Ministry of Health Use
Steering Committee on Modernization of Health Professional Regulation July 27, 2020

GENERAL

Three objectives of reform - In considering how to modernize health profession regulation, the steering committee's work was guided by three objectives which were developed based on the results from the first phase of public consultation:

1. Improve patient safety and public protection
2. Improve efficiency and effectiveness of the regulatory framework, and
3. Increase public confidence through transparency and accountability.

AGENDA ITEM 1 – REVIEW RECOMMENDATIONS REPORT

- Ministry staff have revised the steering committee's November 2019 consultation paper into a draft recommendations paper which outlines the steering committee's recommended approach to modernize the regulatory framework for health professions.
- Revisions are based on results of public consultation and discussion at the steering committee's June 22, 2020, meeting.
- Key changes made in the recommendations paper are highlighted below.

1. **Phase two of public consultation: Nov 27,2019 to Jan 10,2020** (page 6 in draft paper, and feedback cited throughout)
    - Information on the results of the steering committee's second phase of public consultation has been added to the recommendations report. A brief summary of the consultation is provided (page 5) and feedback from the second consultation is cited throughout the report.
        - Highlight that a link to the consultation summary results (What We Heard) report (if approved – see agenda item #2) will be posted on the Ministry's Professional Regulation website and is referenced in the recommendations report.

2. **Commitment to cultural safety and humility** (page 6 in draft paper)
    - Public consultation feedback indicated a strong desire to embed cultural safety and humility within regulatory modernization.

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3. **Reduction in the number of regulators** (pages 9 – 14 in draft paper)

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    - The creation of a College of Health and Care Professions was the most controversial element of the consultation paper.
    - **Recommendation:** Based on feedback received in the second consultation the steering committee recommends the College of Health and Care Professions be split into two umbrella colleges, tentatively referred to as the:
        - Regulatory College of Allied Health and Care Professionals, which is recommended to include: dietitians, occupational therapists, opticians, optometrists, physical

therapists, psychologists, and speech and hearing professionals, as well as diagnostic and therapeutic professions in the future.
    - Regulatory College of Complementary and Alternative Health and Care Professionals, which is recommended to include: chiropractors, massage therapists, naturopathic physicians, and traditional Chinese medicine practitioners and acupuncturists.
- **For discussion**: Question of whether regulatory colleges should continue to be able to propose alternative mergers. s.13
s.13

- The consultation paper referred to 'subcommittees' that would be in place in multi-profession colleges. Some submissions received during the second consultation indicated confusion with this term, and recommended other terms (such as council, or regulatory council) be considered. s.13
s.13

- Many written submissions from the second public consultation highlighted that the term 'college' may contribute to role confusion, as it is typically associated with education and training institutions. Submissions suggested alternate terms such as 'regulator' or 'regulatory college' could be used.
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4. **Strengthening the oversight of regulatory colleges** (pages 14 – 18 in draft paper)
    - The oversight section in the recommendations paper has been revised for brevity. All thirteen functions of the oversight body are no longer numbered and listed. Where appropriate, functions were grouped together for brevity.

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5. **Complaints and adjudication** (pages 18 – 24 in draft paper)

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- The steering committee sought feedback regarding responses to sexual abuse and sexual misconduct. Based on feedback received the paper recommends:
  s.13

Key question: *Determine if/how the recommendations report requires revision, and if there are no changes, whether it should be published.*

AGENDA ITEM 2 – REVIEW CONSULTATION RESULTS REPORT

- Ministry staff have drafted a consultation results report (What We Heard report) intended for public release that is based on both the survey results and written submissions received during the Nov 2019 to Jan 2020 public consultation.
- The report acknowledges the unprecedented public health challenge of COVID-19, and communicates the steering committee's thanks to health-care professionals for their commitment to ensuring British Columbians have access to safe and appropriate care.
- The report includes a visual timeline of the steering committee's work, with s.13
  s.13

- The report reiterates the steering committee's support for the implementation of *the Declaration on the Rights of Indigenous Peoples Act* and expresses the committee looks forward to ongoing engagement with Indigenous peoples and other partners.
- Most survey respondents were health professionals. The report cautions the survey was not a general population survey and should not be interpreted to represent the general population.

Feedback themes

1. **Support for Modernization**
   - Broad support for modernization was expressed in both the survey and written submissions.
   - Survey respondents rated reducing the number of regulators as less important than other elements of modernization.

2. **Improved governance**
   - There is support for ensuring board members are chosen based on merit and competence.
   - Respondents have a range of views on how best to ensure this. Some survey respondents perceived that appointments may become political, stated that elections are a

fair/democratic process and saw elections as part of self-regulation.

3. **Reducing the number of regulatory colleges for efficiency and effectiveness**
    - Written submissions generally supported a reduction in the number of regulatory colleges. However, respondents preferred that different options be available for amalgamation than those proposed (particularly in relation to the College of Health and Care Professions)
    - Various perspectives were received regarding the creation of a new oral health college, including both support for and concern regarding the four current oral health regulators joining together. Concerns included the potential for power imbalances due to employer and employee professions being regulated by a single regulator, and historical experiences of inequity in this regard.

4. **Strengthening the oversight of regulatory colleges**
    - Broad support for the creation of an oversight body was found in both the online survey and written submissions.

5. **Complaints and adjudication**
    - There is support for increasing transparency of the complaints and discipline process.
    - Most survey respondents expressed it was important or very important for past history to be considered in current complaints.
    - Feedback was received on responses to sexual abuse and misconduct. Most survey respondents were supportive of mandatory cancellation of registration in cases of sexual abuse, but there were mixed levels of support in written submissions. Both surveys and written submissions expressed support for requiring colleges to provide counselling for victims. Written submissions suggested a range of measures to address sexual abuse and misconduct and the most frequent suggestions are reflected in the committee's recommendations report.

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s.13

INTERNAL QUESTIONS AND ANSWERS

Recommendations on modernization of B.C.'s Health Profession Regulatory System

August 2020

Q1. What are you announcing today?

- Minister Dix, along with steering committee members MLA Furstenau and MLA Letnick have made recommendations based on public and health sector partner feedback on their initial proposal to improve how health professionals are regulated in B.C.
- The consultation respondents expressed broad support for modernizing health profession regulation.
- The recommendations are based on Mr. Cayton's recommendations, and also are the result of two separate consultations with the public and health sector partners.
- People expect the highest standards of our health profession regulatory colleges.
- Professional regulation plays a vital role in B.C. by setting and enforcing the standards of professional behaviour, competence and ethics that underpin the day-to-day interactions patients and the public have with health professionals.

Q2. What are the main recommendations?

- Ensure regulatory colleges are putting the public interest and patient safety ahead of professional interests;
- Improve effectiveness of regulatory college boards and ensure boards are composed of members appointed based on merit and competence;
- Reduce the number of regulatory colleges from 20 to six, not five as originally proposed, to improve efficiency and support for all regulated professions (no professions will stop being regulated);
- Make it simpler for new professions to become regulated; and,
- simplify and increase transparency in the public complaints and professional disciplinary process.

Q3. What did the proposal initially suggest?

- The steering committee proposed a series of changes to the way that health professionals are regulated in B.C. These proposed changes included:

- Improve the governance of regulatory colleges through a competency-based appointment process for ALL board members with an equal number of health professionals and public members on boards of regulatory colleges.
- Reduce the number of regulatory colleges to improve their efficiency and support their improved effectiveness in protecting the public.
- Strengthen the oversight of regulatory colleges by creating an oversight body.
- Create a simpler and more transparent complaints and discipline process.

Q4. What amount of feedback was received?

- In two rounds of consultations, we received over 300 written submissions in round one, and a total of 4,018 surveys and 1,480 written submissions were received in round two
- The first round of public and stakeholder consultation occurred before the consultation paper was written and helped the committee prioritize its focus. The second round of consultation was on the consultation paper.

Q5. Why are we recommending changes to the way health professions are regulated in B.C.?

- The current framework for the regulation of health professions in B.C. was developed thirty years ago. Health-care practices and practitioners have changed significantly since then.
- Our health-care system is changing and we need to ensure that regulated health professionals are keeping up. The steering committee is proposing changes that will help achieve the following objectives:
  - Improve patient safety and public protection;
  - Improve efficiency and effectiveness of the regulatory framework;
  - Increase public confidence through transparency and accountability.

Q6. When did you decide to start making changes to the health regulatory system?

- The Minister launched an inquiry into the College of Dental Surgeons of B.C. on March 8, 2018. Harry Cayton, an expert in health profession regulation, conducted the

inquiry. As part of the inquiry, Mr. Cayton was also invited to review the *Health Professions Act* which sets out how health professionals are regulated in B.C.

- In response to the inquiry, Mr. Cayton wrote a report, entitled *An Inquiry into the Performance of the College of Dental Surgeons of British Columbia (CDSBC) and the Health Professions Act*. That report was made public on April 11, 2019.

- Part two of the report suggests possible approaches to modernize B.C.'s health regulatory framework including a potential re-structuring to improve governance, performance, fairness, efficiency and cost effectiveness.

- In response to the suggestions outlined in part two of the Cayton report, Minister Dix established and chairs the Steering Committee on Modernization of Health Professional Regulation. Committee members include Norm Letnick, health critic for the official Opposition, and Sonia Furstenau, health critic and house leader for the BC Green Party caucus.

Q7. What did the first round of consultation find?

- The first round of consultation informed the work on the consultation paper released subsequent to this consultation.
- The first opportunity for public consultation closed on June 14, 2019 and over 300 written submissions were received.
- Feedback from the initial public consultation helped us to identify and prioritize improvements to health profession regulation that are important to British Columbians and health-sector partners
- Those identified priorities are:
    - Support for fewer, but better resourced regulatory colleges
    - Support for improved transparency and accountability throughout the regulatory system, especially related to complaints.
    - The need for greater oversight of regulatory colleges was also frequently expressed.

Q8. Is self-regulation dead?

- Terms like 'self-regulation' weren't really what the steering committee focused on. But we did focus on areas where clinical expertise and professional knowledge was required in order to keep patients safe and ensure high quality of care. We know that

clinical expertise will continue to be required in creation of professional standards. Registrants will continue to make up about half of the board of directors.

- The continued reliance on profession-specific knowledge and expertise for effective regulation is an important element of any future system.
- If we move to decreasing the number of regulatory colleges in our system the importance of professional associations will increase.
    - The role of professional associations will become increasingly important, allowing professions a voice within a productive and effective regulatory system.

QUESTIONS ON PROPOSED CHANGES

Governance of regulatory colleges

Q9. How are regulatory colleges governed?

- Each regulatory college has a board, which is made up of health professionals (who are registrants of the college) and public board members (non-registrants of the college).
- Health professional board members typically make up the majority of board members. They are chosen in elections by other health professionals who are registered with the regulatory college overseen by the board.
- Public board members are appointed by the Minister of Health and ensure that the public's perspective is considered in strategic leadership and decision making. Public board members also bring a wide range of valuable skills and experiences (things like financial experience) and can also add to diversity of the board.

Q10. What changes are recommended to how a college is governed?

- There is support for ensuring board members are chosen based on merit and competence. At the same time, survey respondents had a range of views on how best to ensure this.
- It is recommended that board elections end, and that all board members (health professionals and public members) be selected on a new competency-based appointment process. The Minister of Health would appoint all board members based on the recommendations of the competency-based process.
- It is also proposed that regulatory college boards have an equal number of health professional (registrant) and public (non-registrant) board members.

- It is proposed that regulatory colleges compensate their board members in a consistent manner.

Q11. Why are these governance changes proposed?

- Elections for registrant board members can promote the misconception that these board members are accountable to those who have elected them, rather than accountable to protect British Columbians.
- Having a competency-based appointment process and an equal number of health professional and public board members will ensure that regulatory colleges are putting the public interest and patient safety ahead of the professional interest.
- A new competency-based appointment process will also ensure that boards have the right mix of skills and experiences. We also want to ensure that boards are reflective of the diverse people and communities that make up our province. This includes gender and cultural diversity, with a particular focus on Indigenous peoples perspective.
- These recommendations are important to achieving our objective of improving patient safety and public protection by supporting colleges to have a laser focus on the public interest.

Reduction in the number of regulators

Q12. How many health profession regulators are there?

- Currently, B.C. has 20 health profession regulatory colleges, governed by the *Health Professions Act*. The regulatory colleges vary significantly in their size and financial resources.
- We will have 18 by September 1st.
- CPSBC and CPodBC are amalgamating on August 31 and BCCNP and Midwives are amalgamating on September 1.
- The steering committee was supportive of these amalgamations and would like to thank the current government for approving these amalgamations.

Q13. What changes are recommended to adjust the number of regulators in B.C.?

- Having fewer, but better resourced regulatory colleges is proposed.
- This will support regulatory colleges to better fulfil their mandate to protect the public.
- A reduction in the number of regulatory colleges from 20 to six is recommended. This would improve the effectiveness of regulatory colleges, giving now small regulatory colleges more resources to protect the public.

Q14. What would the new configuration of six colleges look like?

- To meet our objectives of increasing public protection, and improving efficiency and effectiveness of regulation, a reduction in the number of regulatory colleges from 20 to six is recommended.
- The College of Physicians and Surgeons, the College of Pharmacists and the College of Nursing Professionals are of sufficient size and have a sufficient registrant base to continue as standalone regulatory colleges.
- Creation of an oral health regulatory college. The results of phase two of public consultation highlighted some of the historical tensions outlined in Part 1 of the Cayton Report. The steering committee is encouraged to see that work is underway to address these tensions and remains supportive of amalgamation of the College of Dental Surgeons of B.C., College of Denturists of B.C., College of Dental Hygienists of B.C., and College of Dental Technicians of B.C. into a single oral health regulatory college.
- Based on feedback received during the second consultation, the steering committee has reviewed their proposal and recommended that the earlier suggested College of Health and Care Professions be split into the following two umbrella colleges:
    - One of the umbrella regulatory colleges, which will tentatively be referred to as the Regulatory College of Allied Health and Care Professionals, should include: dietitians, occupational therapists, opticians, optometrists, physical therapists, psychologists, and speech and hearing professionals, as well as diagnostic and therapeutic professions in the future.
    - The second umbrella regulatory college, which will be tentatively referred to as the Regulatory College of Complementary and Alternative Health and Care Professionals, should regulate: chiropractors, massage therapists, naturopathic physicians, and traditional Chinese medicine practitioners and acupuncturists .

Q15. Why are these changes proposed?

- There is already movement toward having fewer colleges. We received letters from the College of Nursing Professionals and College of Midwives have requested to merge, and

so have the College of Physicians and Surgeons and the College of Podiatric Surgeons. Cabinet has approved these mergers and these colleges will soon merge.

- The current 20 health profession regulatory colleges vary significantly in terms of their size and the financial resources available to them to fulfil their roles in protecting the public.
- Having fewer, better resourced, and more efficient regulatory colleges will help us to achieve our objectives of improving regulatory efficiency and effectiveness, improving patient safety and public protection, and increasing public confidence.
- Our service delivery environment has changed. Team-based care is becoming the norm. The merging of colleges is part of a shift towards team-based care, improved efficiency and the delivery of high-quality inter-professional care.
- This move was recently successful with the merging of three nursing colleges into one nursing professional regulator.

Q16. Are any health professions being de-regulated?

- No, all health professions which are now regulated would continue to be regulated. While reducing the number of regulatory colleges is proposed, this change would not reduce the number of regulated health professions.

Q17. How about new professions who want to be regulated?

- A reduction in the number of regulatory colleges does not create a barrier to regulation of new professions.
- Instead, the process would be streamlined through removal of the costly and time-consuming requirement to set up a new regulatory college each time a new profession is regulated.

If asked: Diagnostic and therapeutic professions/counselling:

- Prior to the release of the Cayton report, cabinet had approved the creation of a diagnostic and therapeutic professions regulatory college to oversee respiratory therapists, radiation therapists, clinical perfusionists and medical laboratory technologists.
- Members of these professions were seeking to be regulated, and through the proposed changes, it is recommended that they be regulated under the Regulatory College of Allied Health and Care Professionals.

- Requests to regulate additional occupations, like counsellors, were received during the consultation.
- There are also existing professions that are regulated in other ways, like social workers, and emergency medical assistants, that may be suitable for regulation under the Health Professions Act.
- Once an oversight body for health professionals is established, the steering committee suggests that this body prioritize reviewing and making recommendations to government on the regulation of social workers, counselling therapists and emergency medical assistants under the *Health Professions Act*.

Q18. Will there be a moratorium on new colleges?

- Given the current commitment to a reduction in the number of regulatory colleges, it is proposed that any new health professions be regulated by an existing regulatory college or by the Regulatory College of Allied Health and Care Professionals, the Regulatory College of Complementary and Alternative Health and Care Professionals, or the oral health regulatory college.

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Q19. How did you decide on the new configuration?

- First and foremost we want to ensure the colleges would be resourced in a manner that allowed them to regulate effectively.

- This includes having the staffing and resources to follow through on complaints and investigations as well as allowing for greater transparency with the public.

- We also want to ensure that colleges would be large enough that to gain experience and maintain competence in all areas of regulation.

- Maintaining a focus on regulating single professions in isolation does not position regulatory colleges to respond to the increasing complexities of modern team-based care. A reduction in the number of regulators will support more consistent standards across professions, enabling integrated care for patients and empowering professionals to better understand the scope of their role within a team.

- We also wanted to bring together the smaller colleges and we decided to recommend theRegulatory College of Allied Health and Care Professionals and the Regulatory College of Complementary and Alternative Health and Care Professionals.

- Some of the inspiration for this approach came from the UK where they have the Health and Care Professions Council which effectively regulates a broad range of (16) professions.

Q20. What does this mean for diagnostics and therapeutic professionals?

- Prior to the release of the Cayton report, cabinet had approved the creation of a diagnostic and therapeutic professions regulatory college to oversee respiratory therapists, radiation therapists, clinical perfusionists and medical laboratory technologists.
- Members of these professions were seeking to be regulated, and through the proposed changes, it is recommended that they be regulated under the Regulatory College of Allied Health and Care Professionals.
- While a reduction in the number of regulatory colleges is recommended, the intention of this change is not to reduce the number of regulated health professions. All regulated health professions will continue to be regulated.
- The ultimate authority for decisions related to amalgamations or creation of new colleges rests with cabinet.

Q21. What about groups that have expressed an interest in being regulated under the Health Professions Act?

- The steering committee is aware that there are occupations that are interested in being regulated as health professions. Groups like counselling therapists who provide important services.
- There are also existing professions that are regulated in other ways, like social workers, and emergency medical assistants, that may be suitable for regulation under the *Health Professions Act*.
- Under the recommended changes, the oversight body would make recommendations to the minister if unregulated occupations or professions regulated in other ways should become regulated under the *Health Professions Act*.

REGULATORY COLLEGES

Q22. What is the role of health profession regulatory colleges?

- Health profession regulatory colleges in B.C. are responsible for ensuring that regulated health professionals provide services in a safe, competent, and ethical manner.

Q23. How are colleges funded?

- Regulatory colleges are funded through fees paid by their registrants.
- Regulatory colleges do not receive money from government.

Q24. What is the difference between a college and an association?

- The primary function of the colleges is to ensure their registrants are qualified, competent and following clearly defined standards of practice and ethics. Colleges have a legal mandate under the *Health Professions Act* to protect the public.
- All colleges administer processes for responding to complaints from patients and the public and for acting when it appears one of their registrants is practicing in a manner that is incompetent, unethical, illegal or impaired by alcohol, drugs or illness.
- An association is a member driven organization typically tasked with advocating on behalf of the profession, acting as the voice for the profession.

Q25. Do colleges have measurements that they must report out on?

- Measurements are reported on through the colleges annual report that is required to be submitted to the ministry on an annual basis, as well as posted to their website.
- It is proposed that in the future, the minister would table these reports in the legislature.
- It is also proposed that the new oversight body would report on the performance of colleges, making the system more transparent.

Q26. If British Columbians have complaints about regulated health professionals, where should they take them?

- The public has a right to expect a professional standard of care from all of B.C.'s regulated health professionals.
- Complaints about a regulated health professional should go to the regulatory college. You can find a list of all health profession colleges on the ministry of health's professional regulation website.
- The ministry does not get involved in complaint about a specific health care professional. It's the ministry's role to monitor the general functioning of the regulatory

colleges to ensure they are complying with all applicable legislative requirements and have mechanisms in place to carry out their mandate to protect the public from incompetent, impaired or unethical practice. The ministry does not have the authority to initiate or intervene in the investigation or resolution of complaints about the conduct of individual practitioners.

- The Health Professions Review Board (HPRB) is an independent, quasi-judicial administrative tribunal. The HPRB monitors the activities of colleges' inquiry and registration committees, in order to ensure they fulfil their duties in the public interest and as mandated by legislation. They provide a neutral forum for members of the public as well as for health professionals to resolve issues or seek review of the colleges' decisions. If you are dissatisfied with a decision of a college, it may be possible request a review from the board.
- You have 30 days after receiving the decision from a regulatory college to contact the board. More information about the board and how to request a review is available at: www.hprb.gov.bc.ca/

Q27. What health professional colleges are there in B.C. and how many registrants do they have?

Number of colleges in BC:	Total #*
College of Chiropractors of BC	1,322
College of Dental Hygienists of BC	4,012
College of Dental Technicians of BC	995
College of Dental Surgeons of BC	10,432
College of Denturists of BC	268
College of Dietitians of BC	1,400
College of Massage Therapists of BC	5,241
College of Physicians and Surgeons of BC	13,724
College of Midwives of BC	379
College of Naturopathic Physicians of BC	771
BC College of Nursing Professionals	59,493
College of Occupational Therapists of BC	2,649
College of Opticians of BC	1,011
College of Optometrists of BC	851
College of Pharmacists of BC	8,941
College of Physical Therapists of BC	4,436
College of Podiatric Surgeons of BC	87
College of Psychologists of BC	1,346
College of Speech and Hearing Professionals of BC	1,864
College of Traditional Chinese Medicine and Acupuncturists of BC	2,361

INTERNAL QUESTIONS AND ANSWERS

Oversight

Q28. Are you planning to establish a college oversight body as suggested by the Cayton report?

- In the first round of public consultation we heard a lot of support for creation of a body to oversee the colleges; the Cayton report also suggested creation of an oversight body similar to the Office of the Superintendent of Professional Governance which was created in 2018 under by the Professional Governance Act.
- The second round of consultations (consultation on the consultation paper) found both broad support for the creation of an oversight body in both the online survey and written submissions.
- The steering committee has worked carefully to consider the roles and functions of a health profession oversight body.

Q29. What would the oversight body do?

- The oversight body would ensure that there is a lot more information available in the public about the performance of colleges. Things like:
    - Routine audits of regulatory colleges based on clear performance standards and public reporting on those performance standards.
    - Systemic reviews and investigations into colleges and the overall performance of the health profession regulatory framework. The oversight body could make recommendations which the minister may require colleges to implement.
    - Publish guidance on regulatory policy and practice.
    - And, oversee a competency-based appointment process for regulatory college board members.
- Creating an oversight body will help us to improve patient safety and public protection and increase public confidence by ensuring transparency and increasing accountability of regulatory colleges.

Q30. What about the Health Professions Review Board (the HPRB)?

- Feedback received in the second consultation expressed concern for potential role confusion if the HPRB became an arm of the oversight body. The steering committee

has amended its prior suggestion and recommends that rather than becoming an arm of the oversight body, the HPRB should remain a separate entity.

- Its role would not be changed at this time as the creation of an oversight body would result in significant improvements to accountability and transparency of the overall provincial regulatory environment.

Q31. How would the oversight body be funded?

- The steering committee recommends that government provide initial transitional funding for the oversight body; however, the oversight body requires the authority to collect fees from regulatory colleges to fund its activities in the future.

Complaints

Q32. What changes are recommended?

- Currently, regulatory colleges are responsible for all stages of the complaints process (including investigations and discipline), when a complaint is made to a regulatory college about one of its registrants. Concerns have been raised there is not enough transparency in the complaints process. We are looking to change that by:
    - Creating a new independent discipline process that is separate from regulatory colleges. This will also ensure a separation between investigation and discipline stages of complaint matters.
    - Improving transparency to increase public confidence that colleges will address complaints in the public interest.
    - public consultations found support for increased transparency of the complaints and discipline process to ensure a clear focus on patient safety and public protection.
    - New discipline process: In the second consultation, written submissions primarily expressed support for the proposed creation of a new independent discipline process. Respondents explained a new discipline process could help build public trust and provide consistency across colleges.

Q33. Are you concerned about cases where health professionals facing complaints have resigned while being investigated and the regulatory college has closed the complaint s.22

- Regulatory colleges can pursue a complaint, even if a registrant resigns from the college or retires.

- However, because of the structure of our current regulatory system, some professional colleges do not have the resources, financial or otherwise, to follow through with the complaints process once a registrant has forfeited their registration.
- The changes we've proposed will help to address this by ensuring that all professional colleges have the resources in place to have a complete and effective investigative process supported by a proposed external complaint discipline process.
- Public protection must be a college's first priority.

CAYTON REPORT

Q34. Who is Harry Cayton?

- Cayton is an international advisor to the UK's Professional Standards Authority and a leader in the field of professional regulation.
- He has assisted regulators, throughout Canada and internationally, including the College of Registered Nurses of BC (which has since joined two other nursing colleges to create one nursing regulator), to enhance and reform their regulatory oversight mechanisms and processes.
- Cayton recently retired from, his post as chief executive of the U.K. Professional Standards Authority from 2007-18.
- Mr. Cayton currently has a contract with the Ministry of Health.

Q35. Will Mr. Cayton continue to be involved?

- Mr. Cayton will continue to be involved in an advisory capacity moving forward.

Q36. What was Mr. Cayton tasked to do in relation to the inquiry?

- Mr. Cayton was tasked to inquire into, make findings of fact, and provide advice and opinions respecting whether the College of Dental Surgeons of BC adheres to best practices for governance or regulated professions and whether the college is fulfilling its mandate under section 16 of the *Health Professions Act*.
- Section 16 outlines the duty of a college to serve and protect the public and to act in the public interest.
- Mr. Cayton was also tasked with making recommendations respecting changes to the *Health Professions Act* and regulations under the act which he considered necessary or appropriate to modernize the regulatory system of British Columbia.

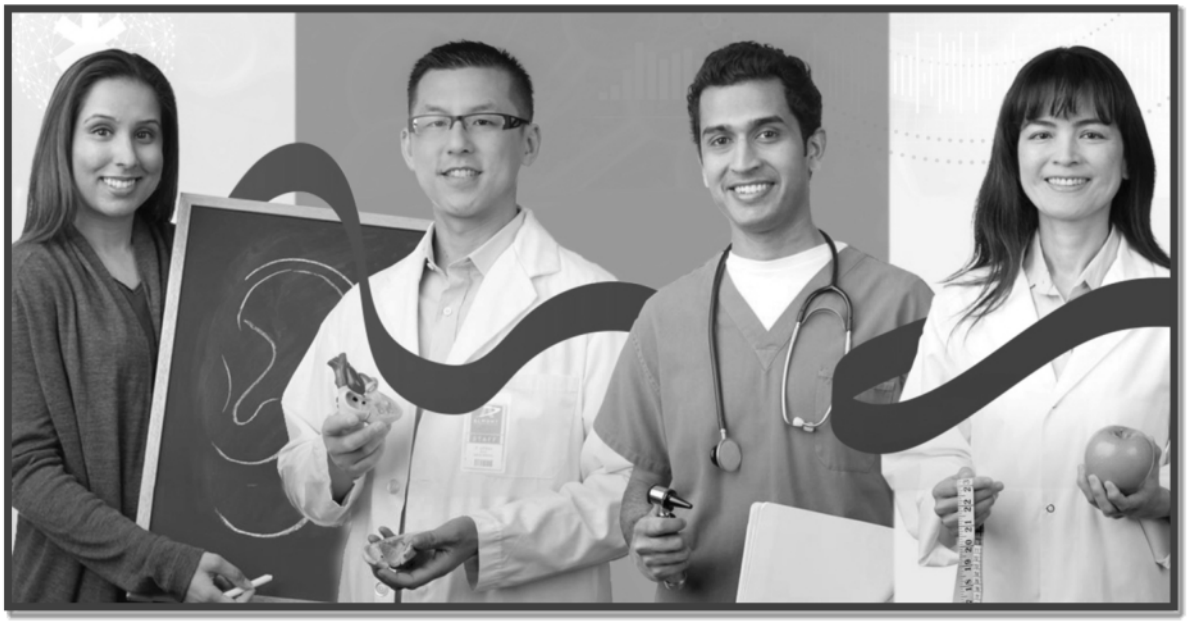
Q37. What were the Cayton report's recommendations?

- The report is divided into two sections.
- Part one of the report put forward 21 recommendations to the CDSBC to improve the effectiveness of the board and operations of the college in fulfilling its public protection mandate.
- Part two of the report suggests possible approaches to modernize B.C.'s overall health regulatory framework including a potential re-structuring to improve governance, performance, fairness, efficiency and cost effectiveness.

Q38. What is the scope of Part 2 of the report, and how are you responding?

- For part 2 of the report, Cayton was tasked with looking at the *Health Professions Act* and its regulations to make recommendations, which would help to modernize the regulatory system in British Columbia.
- In response to part 2, the minister formed a steering committee made up of the Norm Letnick, Health Critic for the Official Opposition and Sonia Furstenau, Health Critic and House Leader for the BC Green caucus and himself as chair.
- The steering committee considered options and drafted a consultation paper, and now a recommendations paper on how to modernize the regulatory framework for health professions in British Columbia.
- Additionally, health professional colleges were asked to look at proposals where it makes sense to come together under a single college.
- Our service delivery environment has changed, where team-based care is becoming the norm. The amalgamation of colleges, where appropriate is part of the shift towards team-based care, improved efficiency and the delivery of compressive care.
- This move was recently successful with the amalgamation of the three nursing colleges and is beneficial both to the college, to registrants and to patients.

Regulating Health Professions



What We Heard:
Engagement Summary Report

August 2020

BRITISH COLUMBIA

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Introduction

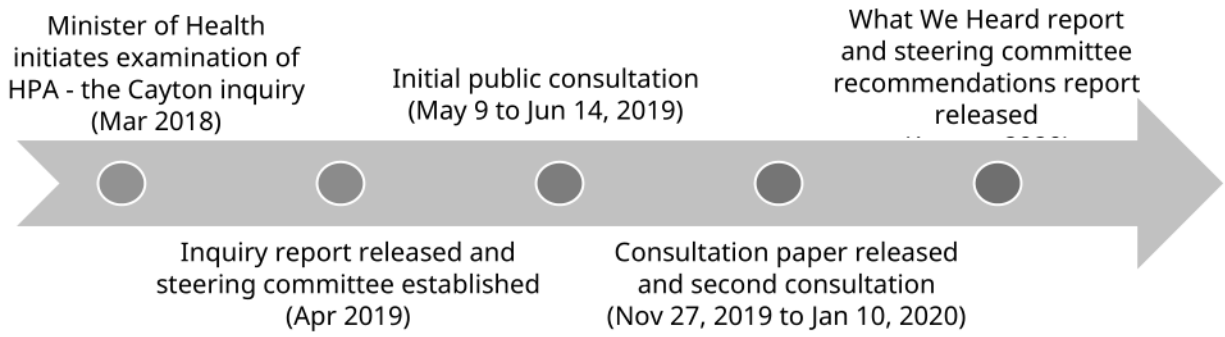
A recent examination[1] of British Columbia's (B.C.'s) *Health Professions Act* made suggestions for how the provincial health profession regulatory framework could be modernized. In April 2019, the Honourable Adrian Dix, Minister of Health, established the Steering Committee on Modernization of Health Professional Regulation to provide advice on how to modernize the regulatory framework for health professions in the province. The steering committee is chaired by Minister Dix and includes members Norm Letnick, health critic for the official opposition, and Sonia Furstenau, health critic and house leader for the B.C. Green Party caucus.

Following an initial public consultation, which assisted the steering committee to identify and prioritize elements of regulatory modernization important to British Columbians and health-sector partners and organizations, the steering committee released its consultation paper, *Modernizing the provincial health profession regulatory framework: A paper for consultation* on Nov. 27, 2019.

Feedback on the consultation paper was accepted from Nov. 27, 2019 to Jan. 10, 2020 via an online survey and written submissions. This report summarizes the results of the steering committee's second consultation.

Since the conclusion of the steering committee's consultation in January 2020, B.C., the rest of Canada and the world have faced an unprecedented public health challenge in the novel coronavirus (COVID-19). From the outset, B.C. established clear guidance, transparency and an evidence-based approach as hallmarks of our fight against COVID-19. Health-care professionals are at the front-line of this pandemic, and have felt the risks and impacts of COVID-19. The steering committee wishes to thank health-care professionals for their commitment to ensuring that British Columbians have access to safe and appropriate care during this critical time.

Health Profession Regulation Modernization – Consultation Timeline



[1] *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act*. H. Cayton. March 2018.

Background

In B.C., health profession regulatory colleges (regulatory colleges) are responsible for ensuring that regulated health professions provide services in a safe, professional, and ethical manner, and must make decisions that protect the public interest. Professional associations play an important role, including promoting and advocating on behalf of professions, while labour unions work to advance improved compensation and working conditions for their members.

Regulation of health professionals is one of the key mechanisms that assures patients that the care they receive is provided by qualified, capable and competent professionals. Health profession regulation is also a critical foundation supporting health professionals to work effectively and safely. It enables professionals to have confidence that they are following appropriate standards.

Scope of consultation

To gather feedback on how to best modernize B.C.'s health profession regulatory framework, the steering committee sought input from members of the public and a broad spectrum of health-sector partners and organizations. The consultation paper proposed wide ranging changes to strengthen the province's framework for health profession regulation.

In considering how health profession regulation can be modernized, the steering committee is guided by three objectives:

1) Improve patient safety and public protection.
2) Improve efficiency and effectiveness of the regulatory framework.
3) Increase public confidence through transparency and accountability.

The steering committee supports implementation of the *Declaration on the Rights of Indigenous Peoples Act* and commits to honouring the United Nations Declaration on the Rights of Indigenous Peoples. Key feedback on cultural safety within health professional regulation was received toward this consultation. There was a strong desire to see cultural safety and humility embedded within regulatory modernization and for further

engagement. The steering committee looks forward to ongoing engagement with Indigenous peoples and other partners regarding modernizing health profession regulation.

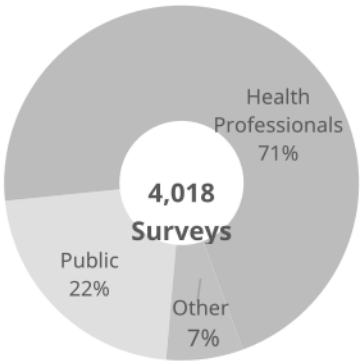
Consultation Respondents

Feedback towards the consultation was accepted from Nov. 27, 2019 to Jan.10, 2020 in two ways: via an online survey and by written submission.

Online Survey Responses

- A total of 4,018 surveys were completed.
- 71% of survey respondents identified as health professionals. Members of the public were the second largest group at 22%. The remaining 7% included health profession regulator staff and board members, professional association or union representatives, health profession students and researchers.
- The survey was not a general population survey and should not be interpreted to represent the views of the general population of B.C., but rather individuals who have an interest in or some relationship with health professions and their regulation.
- 63% of respondents identified as women and 25% identified as men. About 11% preferred not to say and 1% of respondents identified as gender diverse.
- 3% of respondents identified as Indigenous persons.
- Regional distribution of survey responses largely aligns with B.C.'s population distribution.

Survey Responses by Respondent



Survey Responses by Region

Region	Proportion of survey responses	Proportion of B.C. population
Lower Mainland/Fraser Valley	48%	61%
Vancouver Island/Coast	27%	17%
Thompson/Okanagan	8%	12%
Kootenay	2%	3%
Cariboo	2%	3%
North Coast	1%	1%
Nechako	1%	1%
Northeast	1%	2%

Source: Survey (n= 4,018) and Census Profile, 2016 Census. Six per cent of respondents preferred not to answer. Four per cent were outside of B.C.

Written Submissions and Meetings with Partners

There were 255 unique written submissions received from: health professionals (94), professional associations (53), members of the public (38), B.C. health profession regulators (21), regional health authority representatives (11), Indigenous partners (2), and others like provincial bodies, educational institutions, unions, non-profit groups and out of province regulators (36).

In addition, 1,225 writing campaign/form letters were received regarding professionals' scopes of practice, amalgamation of regulatory colleges and the regulation of additional professions.

Finally, 24 meetings were held with a total of nearly 50 health-sector partners and organizations.

Consultation Themes

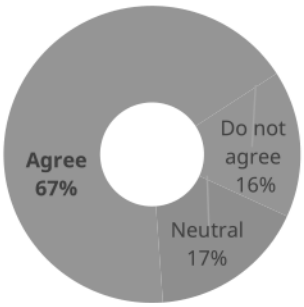
Feedback was received in relation to themes, including support for modernization, improved governance, reducing the number of regulators, creation of a new oversight body, and complaints and adjudication.

Theme 1 – Support for Modernization

Consultation respondents expressed broad support for modernizing health profession regulation, both in survey and written submissions.

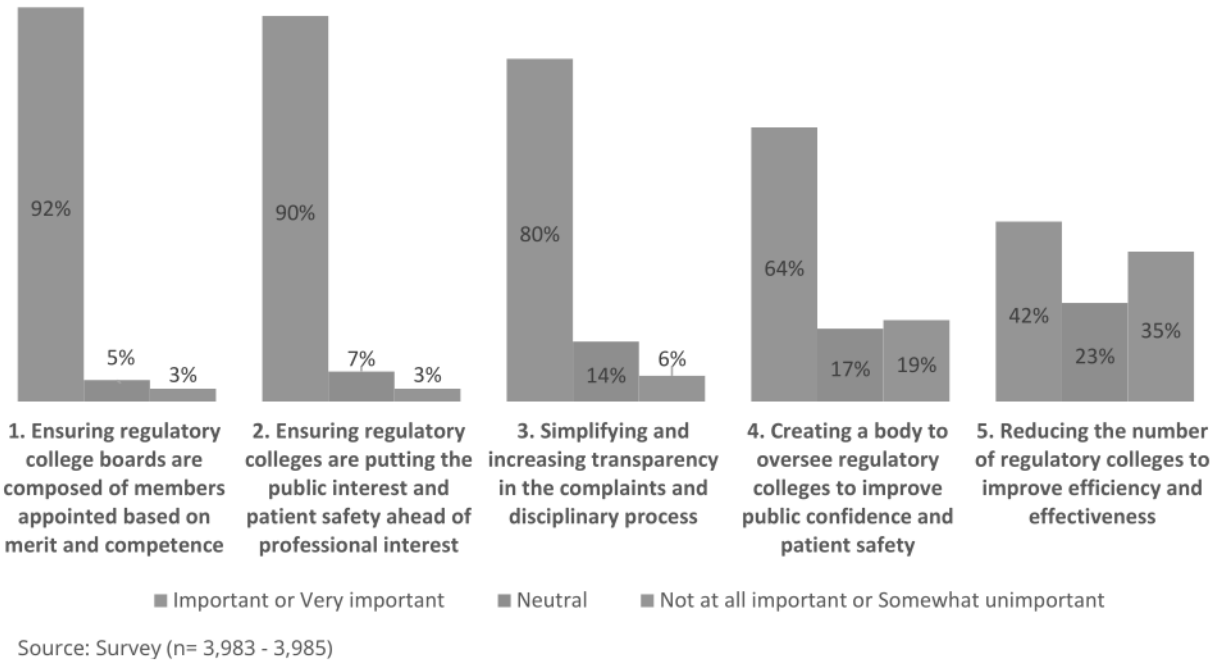
- The majority of survey respondents rated most of the key areas of focus for modernization as important or very important, including: ensuring board member competence; regulators protecting the public interest; a simplified complaints and disciplinary process; and, a new oversight body.
- Survey respondents rated reducing the number of regulators as less important than other elements of modernization.
- The majority of survey respondents (67%) agreed or strongly agreed that the five areas of focus for modernization would increase their confidence in the regulation of health professionals.

The five areas of focus for modernization would increase your confidence in regulation of health professionals



Source: Survey (n= 3,928). Agree includes "agree" and "strongly agree." Do not agree includes "do not agree" and "somewhat disagree."

Importance of the five areas of focus for modernization



Source: Survey (n= 3,983 - 3,985)

Theme 2 - Improved governance

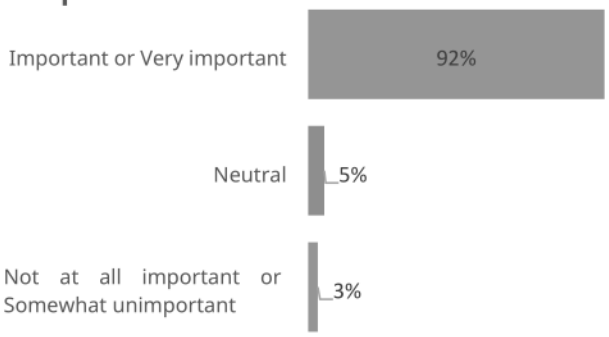
Regulatory colleges' boards provide leadership to ensure colleges fulfill their mandate to protect the public interest. Most board members are currently elected by other registrants of their regulatory college. The consultation paper proposes a new process in which all board members would be recommended for appointment in a competency-based process independently overseen by a new oversight body. Half of board members would be registrants and half public members.

There is support for ensuring board members are chosen based on merit and competence. Respondents have a range of views on how best to ensure this.

- While survey respondents voiced a high level of support for ensuring boards are composed of members chosen based on merit and competence, there were varying levels of agreement with the statement that fully appointed boards would increase confidence in the regulation of health professions.
- Responses regarding whether fully appointed boards would increase confidence in regulation varied by respondent group. While overall, 37% of respondents agreed or strongly agreed that fully appointed boards would increase their confidence in regulation, this was 51% among public respondents and 32% among health professionals.
- Some survey respondents with concerns about a new board member appointment process perceived that appointments may become political, stated that elections are a fair/democratic process and saw elections as part of self-regulation. There appeared to be some uncertainty about the role of boards (a governance role, which is mainly non-clinical).
- A majority of written submissions expressed support for the proposed new board member appointment process. Respondents indicated the process should be transparent and expressed interest in providing input on the competency criteria.
- Written submissions recommended ensuring diverse (Indigenous, cultural and gender diverse) representation on college boards and in other leadership roles, and cultural safety initiatives like board training.

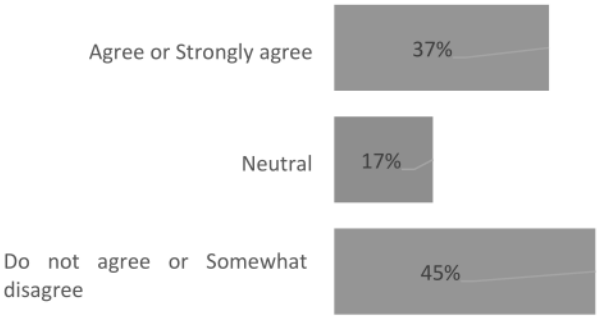
- Written submissions also expressed support for increasing public membership on boards so that half of board members are public members and half are professionals.

Ensuring regulatory college boards are composed of members appointed based on merit and competence



Source: Survey (n= 3,985).

Fully appointed boards would increase your confidence in regulation of health professionals



Source: Survey (n= 3,959). Note: Percentages have been rounded to the nearest whole number and therefore may not total 100%.

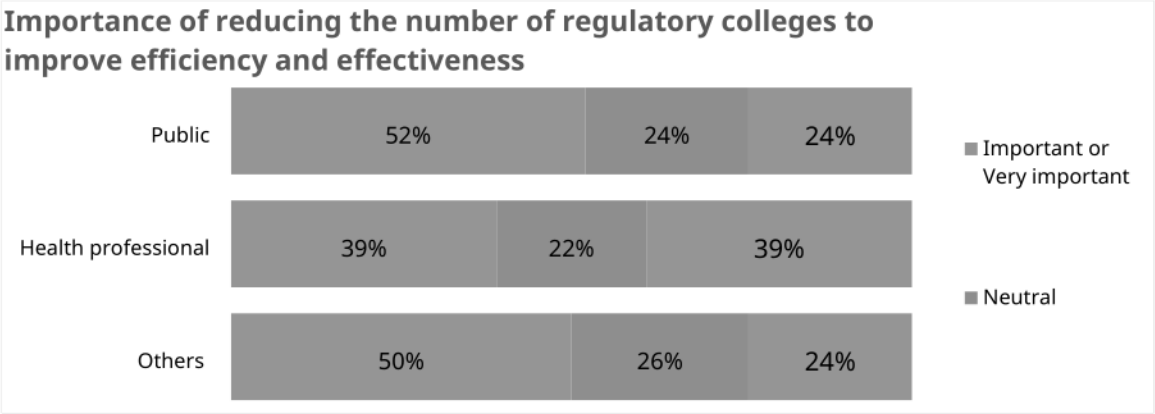
Theme 3 - Reducing the number of regulatory colleges for efficiency and effectiveness

To increase public protection, and improve the efficiency and effectiveness of regulation, the consultation paper proposed a transition to fewer regulatory colleges.[2]

A range of feedback was received on the proposal to reduce the number of regulators.

- Survey responses indicated a range of perspectives about the importance of reducing the number of regulatory colleges. While 42% of overall survey respondents viewed this change as important or very important, 23% were neutral and 35% rated this change as somewhat unimportant or not at all important. Responses varied by respondent type.
- Written submissions generally supported a reduction in the number of regulatory colleges. However, respondents preferred that different options be available for amalgamation than those proposed (particularly in relation to the College of Health and Care Professions of B.C.). Among those that did not support the proposed approach, agreement did not emerge regarding an alternative approach.
- Submissions recommended that amalgamation consider different criteria in determining which regulatory college should amalgamate: health professionals' scopes of practice; theories of health and disease ("allopathic" and "holistic"); consistent criteria; ensuring specific health profession representation on boards; and, regulators' national alliances.
- Various perspectives were received regarding the creation of a new oral health college, including both support for and concern regarding the four current oral health regulators joining together. Concerns included the potential for power imbalances due to employer and employee professions being regulated by a single regulator, and historical experiences of inequity in this regard.
- Some submissions suggested the *Health Professions Act* be amended to allow greater flexibility for different mechanisms for amalgamation than those currently permitted in the legislation.

[2] A reduction in the number of regulatory colleges from 20 to five is proposed. This would include maintaining the College of Physicians and Surgeons of B.C., the College of Pharmacists of B.C. and the B.C. College of Nursing Professionals. A new oral health regulatory college would be created along with a new multi-profession regulator, the College of Health and Care Professions of B.C.



Source: Survey (n= 3,985). Note: Percentages have been rounded to the nearest whole number and therefore may not total 100%.

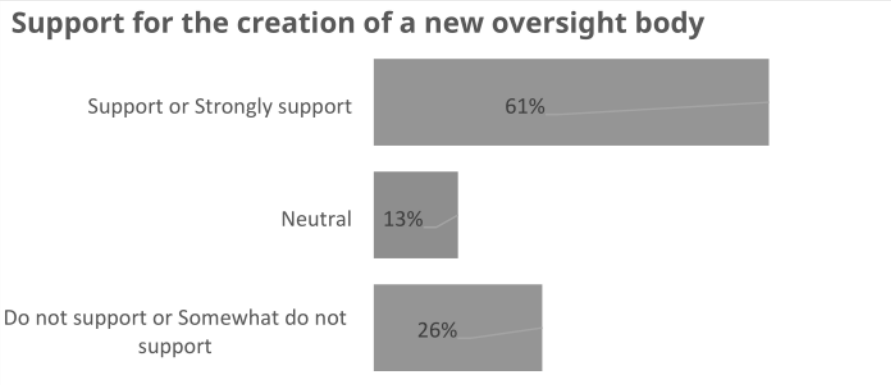
Theme 4 - Strengthening the oversight of regulatory colleges

The consultation paper recommended the creation of an oversight body for health profession regulators and the overall regulatory framework, with a range of responsibilities like routine audits of regulatory colleges, public reporting on common performance standards, and recommending new professions for regulation.

Broad support for the creation of an oversight body was found in both the online survey and written submissions.

- 61% of survey respondents support or strongly support the creation of an oversight body.
- Written submissions identified that an oversight body would improve consistency, transparency and accountability of the regulatory framework.
- Feedback was received related to the proposed oversight body functions, including:
  - Support for the oversight body overseeing the board member appointment process.
  - Support for routine audits and publishing guidance on regulatory policy and practice.
  - Support for the oversight body having a role in the bylaws process.
  - Mixed support was expressed for the oversight body establishing a range of standards of professional practice; however, concerns appear to be focused on a worry that the oversight body would establish the content of standards (while the consultation paper explains regulatory colleges will continue to be responsible for content).
  - Recommendation that the oversight body have a role in consistent implementation of cultural safety standards across regulatory colleges.
- Concerns were expressed about costs of the body, who would be responsible for funding the body, and the necessity for an additional layer of oversight if the number of regulatory colleges is reduced.

- Respondents voiced support for increased accountability of regulatory colleges to the Legislative Assembly to improve public accountability and transparency.
- The consultation paper proposed the new oversight body make recommendations regarding the regulation of new professions. Some submissions viewed the proposed new process as an opportunity/pathway to regulation, while others believed it may contribute to delays.
- Requests to regulate additional occupations were received, including: diagnostic and therapeutic professionals; counsellors and other mental health professionals; dental assistants; physician assistants; and others. Requests were also received to shift the regulation of social workers and emergency medical assistants to the *Health Professions Act*.



Source: Survey (n= 3,991).

Theme 5 - Complaints and adjudication

The consultation paper proposed a series of changes to the complaints and discipline process, including the creation of a new discipline process, improved transparency and enabling regulatory colleges to more easily share information.

There is support for increased transparency of the complaints and discipline process to ensure a clear focus on patient safety and public protection.

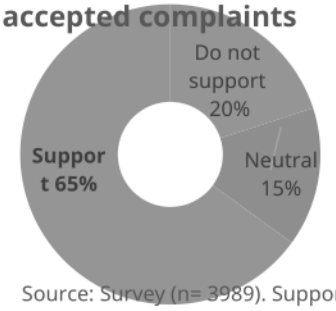
- Simplifying and increasing transparency in the complaints and discipline process was rated important or very important by the majority of survey respondents.[3]
- Written submissions primarily expressed support for regulatory colleges continuing to investigate complaints, and for the proposed creation of a new independent discipline process. Respondents explained a new discipline process could help build public trust and provide consistency across colleges.
- The majority of survey respondents indicated support for the proposal to increase transparency by publishing actions taken to resolve accepted complaints.[4] A number of written submissions raised concerns about this proposed change and commented that requiring regulatory colleges to publish all actions taken to

[3] See graph "Importance of the five areas of focus for modernization" on page 5.
[4] Accepted complaints are those that are not dismissed, and where some action is being taken as a result of the complaint.

resolve accepted complaints may limit colleges' ability to negotiate consensual agreements with registrants (currently, public notification/confidentiality can sometimes be negotiated).

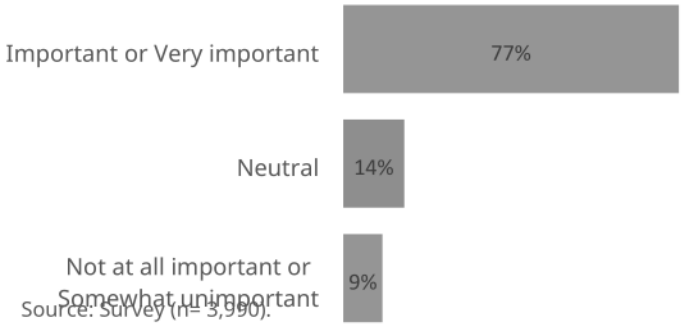
- Survey respondents expressed support for requiring past history to be considered as part of complaints reviews. Written submissions had varied levels of support for this change, with some noting this would help colleges recognize patterns of ongoing behaviour, and others suggesting that past history should only be considered under specific circumstances.
- Most written submissions supported enabling regulatory colleges to more easily share information for public safety, while some noted concerns about privacy and confidentiality.
- Consultation respondents recommended Indigenous approaches to justice be integrated within complaints and adjudication (as determined through engagement with Indigenous communities and organizations), and that regulatory college investigators and inquiry committee members are trained in cultural safety and humility.

Support for publishing actions taken to resolve accepted complaints



Source: Survey (n= 3989). Support includes "support" and "strongly support," Do not support includes "do not support" and "somewhat do not support."

Importance of of past history being considered in current complaint reviews



Source: Survey (n= 3,990).

The steering committee sought feedback to help establish consistency across regulatory colleges in how they address sexual abuse and sexual misconduct by health professionals.

- The majority of survey respondents were supportive of mandatory cancellation of registration in cases of sexual abuse (85% support, 8% neutral, 7% do not support). Mixed levels of support were expressed in written submissions. A proportional approach was preferred in some written submissions, which recommended that decisions reflect the severity of misconduct.
- Both survey respondents (64% support, 17% neutral, 19% do not support) and written submissions expressed support for requiring regulatory colleges to provide funding for counseling. Respondents suggested regulatory colleges should be able to recover costs from registrants who have caused harm.
- Written submissions suggested a range of measures for regulatory colleges to address sexual abuse and sexual misconduct such as: common standards/policies among regulators for prevention; investigation and discipline; a unique or independent complaints/investigation process with specialized investigations and supports; and, training in trauma-informed care for investigators and decision makers.

Next steps

The steering committee thanks all of those who provided feedback. Feedback received from British Columbians, health sector partners and organizations will help to inform future improvements to health professional regulation in British Columbia.

Appendix A: Survey Instrument

Regulating Health Professions

The Steering Committee on Modernization of Health Professional Regulation is currently collecting public feedback as they develop a proposal for how British Columbia's *Health Professions Act* should be modernized. This act governs the regulatory colleges that oversee regulation of health professionals in our province. The steering committee is guided by three key objectives:

1. Improve patient safety and public protection.
2. Improve efficiency and effectiveness of the regulatory framework.
3. Increase public confidence through transparency and accountability.

This short 10-minute survey will assist in developing a model of health profession regulation that is appropriate to British Columbia.

If you haven't already, please consider reading the *Modernizing the provincial health profession regulatory framework consultation paper* before completing the survey. If you would like to provide additional feedback, you may share your thoughts through a written submission.

This public consultation and survey will close on January 10, 2020 at 4pm.

Please do not include any personally identifiable information about yourself or others in your responses.

Please note: This online feedback form supports IE9 and all newer comparable browsers like Firefox, Chrome, Opera etc. with activated JavaScript. Your browser settings must have cookies enabled for the registration form to run properly and inactivity on the form for longer than one hour will result in the form timing out.

Collection Notice: Personal information collected by the Ministry of Citizens' Services for the Minister of Health is under the authority of section 26(c) and 26(e) of the Freedom of Information and Protection of Privacy Act for the purpose of informing the Regulating Health Professions engagement. If you have any questions about the collection, use and disclosure of your personal information, please contact: Director, Citizen Engagement, PO Box 9409, STN PROV GOVT Victoria BC, V8W 9V1, 250-208-3591. If you have questions on the citizen engagement process, please email citizenengagement@gov.bc.ca

Q1 Which of the following best describes you? Please choose one.

(This question is mandatory)

Choose one of the following answers

If you choose 'Other:' please also specify your choice in the accompanying text field.

- Member of the public/ patient/ client / resident
- Health professional
- Health profession regulator [College, board, etc.]
- Association or union representative
- Other: [ ]

Please do not include any personally identifiable information about yourself or others in your responses.

Q2 The steering committee is focused on modernizing the regulation of health professionals in British Columbia. As the committee studies some of the challenges facing the current structure, there are some topics that have emerged. Please rate these areas of focus in terms of their importance to you.

- Ensuring regulatory colleges are putting the public interest and patient safety ahead of the professional interest.
- Ensuring regulatory college boards are composed of members appointed based on merit and competence.
- Reducing the number of regulatory colleges to improve efficiency and effectiveness.
- Creating a body to oversee regulatory colleges to improve public confidence and patient safety.
- Simplifying and increasing transparency in the complaints and disciplinary process.

5 point matrix for each - Not At All Important, Somewhat Unimportant, Neutral, Important, Very Important

Q3 To what extent do you agree these five areas of focus would increase your confidence in the regulation of health professionals?

5 point matrix - Do Not Agree, Somewhat Disagree, Neutral, Agree, Strongly Agree

Q4 In order to ensure a strong focus on patient safety in British Columbia, the creation of a regulatory college oversight body is proposed. This body would be tasked with responsibilities such as:

- Setting performance standards for regulatory colleges
- Auditing regulatory colleges
- Providing public reporting on regulatory college performance

Overseeing and recommending appointments to regulatory college boards

Do you support the creation of an oversight body of this type?

5 point matrix - Do Not Support, Somewhat Do Not Support, Neutral, Support, Strongly Support

Q5 The majority of regulatory colleges' board members are elected by other registrants of their regulatory college. It is proposed that elections stop and that all board members be appointed based on recommendation by the oversight body.

Do you agree fully appointed boards would increase your confidence in the regulation of health professionals?

5 point matrix - Do Not Agree, Somewhat Disagree, Neutral, Agree, Strongly Agree

Q6 Currently, actions resulting from some accepted complaints about health professionals are not made public. It is proposed that in future, actions taken to resolve accepted complaints would be made public.

*Accepted complaints are those that are not dismissed, and where some action is being taken as a result of the complaint.

Do you support increasing transparency by publishing actions taken to resolve accepted complaints?

5 point matrix - Do Not Support, Somewhat Do Not Support, Neutral, Support, Strongly Support

Q7 At this time, regulatory colleges have discretion about whether they consider past history of a health professional when a complaint is reviewed. The steering committee proposes requiring that a health professional's past history be taken into consideration in complaint and discipline decisions.

How important do you feel it is for past history to be considered in current complaint reviews?

5 point matrix - Not At All Important, Somewhat Unimportant, Neutral, Important, Very Important –

Q8 Alberta and Ontario have taken specific measures to address sexual abuse by health professionals, these include mandatory cancellation of practice for sexual abuse, and requiring regulatory colleges to provide funding for counselling for victims. Many other provinces do not have such measures.

- **Do you support mandatory cancellation of health professional practice for sexual abuse?**
- **Do you support requiring regulatory colleges in British Columbia to fund counselling for victims?**

5 point matrix for each bullet - Do Not Support, Somewhat Do Not Support, Neutral, Support, Strongly Support

Q9 What else do you feel the steering committee should consider in ensuring patient safety and regulation of health professionals in British Columbia? Please share your thoughts.

1000 character max open text box

Please do not include any personally identifiable information about yourself or others in your responses.

D1 In what region of B.C. or area do you live?

(The questions below are optional. Your responses are confidential. All responses will be compiled and analyzed as a group. Responses will not be identified individually.)

Choose one of the following answers:

- Vancouver Island / Coast
- Lower Mainland / Fraser Valley
- Thompson / Okanagan
- Kootenay
- Cariboo
- North Coast
- Nechako
- Northeast
- Outside BC
- Prefer not to say

D2 What is your gender?

Choose one of the following answers:

- Male
- Female
- Gender Diverse
- Prefer not to say

D3 Which age category do you belong to?

Choose one of the following answers:

- Under 18
- 18 - 39 years
- 40 - 64 years
- 65 - 75 years
- Over 75 years
- Prefer not to say

D4 Do you self-identify as an Indigenous person, that is, First Nations (status or non-status), Métis or Inuit?

Choose one of the following answers

- Yes
- No
- Prefer not to say

D5 In what sector(s) are you primarily employed in?

Choose one of the following answers

- Social Services
- Tourism
- Agricultural
- Retail or Customer Service
- Natural Resources (Mining, oil and gas, etc.)
- Forestry
- Emergency Response
- Transportation
- Construction
- Health
- Education
- Arts
- Consulting
- Unsure
- Prefer not to say
- Other: [ ]

Please do not include any personally identifiable information about yourself or others in your response

Recommendations to modernize the provincial health profession regulatory framework

Steering Committee on Modernization of Health Professional Regulation

August 2020

BRITISH COLUMBIA

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Introduction

The purpose of this paper is to lay out the Steering Committee on Modernization of Health Professional Regulation's recommendations for a modernized regulatory framework for health professions in British Columbia.

On March 8, 2018, the Honourable Adrian Dix, Minister of Health appointed Harry Cayton, a leading expert in the field of professional regulation, to undertake an inquiry into the College of Dental Surgeons of British Columbia. The inquiry examined concerns about the College of Dental Surgeons' governance and operations, as well as reviewing the *Health Professions Act* and the model of health profession regulation in B.C.

On April 11, 2019, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* (the Cayton report) was released to the public. The report contains two parts:

- Part One focuses on the inquiry into the College of Dental Surgeons[1]; and,
- Part Two suggests approaches to modernize B.C.'s overall health profession regulatory framework.

In response to the suggestions outlined in Part Two of the Cayton report, the minister established and chairs the Steering Committee on Modernization of Health Professional Regulation. Committee members include Norm Letnick, health critic for the official Opposition, and Sonia Furstenau, health critic and house leader for the BC Green Party caucus.

In considering how to modernize health profession regulation, the steering committee was guided by three objectives:

1. Improve patient safety and public protection.
2. Improve efficiency and effectiveness of the regulatory framework.
3. Increase public confidence through transparency and accountability.

The steering committee remains committed to cultural safety, diversity and accessibility of the regulatory system as foundational to increasing public trust and ensuring public protection for all British Columbians and reconciliation with Indigenous peoples. The steering committee supports the *Declaration on the Rights of Indigenous Peoples Act* and its requirements to align with the United Nations Declaration on the Rights of Indigenous Peoples.

This paper outlines the steering committee's recommended approach to modernize the regulatory framework for health professions and builds on the consultation paper released by the steering committee in November 2019. The steering committee is appreciative of the opportunity to carry out this important work, and appreciates that the authority to implement many of the recommendations in the report rests with cabinet and the Legislative Assembly.

[1] The recommendations contained in Part One of the Cayton report related to the College of Dental Surgeons were accepted by the Minister of Health in April 2019. The minister directed the college to implement the recommendations. Information on the college's progress toward implementation of the recommendations is available online.

Role of regulation

In B.C., health profession regulatory colleges are responsible for ensuring that regulated health professionals provide services in a safe, competent and ethical manner. Regulatory colleges hold a register of professionals and only register those who meet the requirement for registration. They set standards of practice, set and maintain standards of education and training, and hold professionals to account through complaints investigation and discipline processes. Regulatory colleges also set and enforce standards of competence and conduct for the professions they regulate, and protect and limit the use of certain titles (e.g., doctor, nurse, traditional Chinese medicine practitioner, massage therapist, dentist) that help the public to recognize qualified professionals who have demonstrated the requirements to practice safely.

There are 20 regulatory colleges established under B.C.'s *Health Professions Act*. This legislation provides a common regulatory framework for 25 health professions.[2] There have been criticisms that the current model of regulation, set out in the *Health Professions Act*:

- has enabled cultures that can sometimes promote the interests of professions over the interests of the public;
- is not keeping up with the changing health service delivery environment, particularly in relation to interprofessional team-based care;
- is not meeting changing patient and family expectations regarding transparency and accountability; and,
- is inefficient.

Further to this, there has been growing concern regarding the performance of some regulatory colleges in carrying out their mandate to protect the public from harm.

Cayton report findings

The Cayton report finds that the provincial regulatory framework for health professionals fails to support regulatory colleges in fulfilling their mandate, stating that the *Health Professions Act* "is no longer adequate for modern regulation."[3] Deficiencies with the current regulatory model are highlighted, including issues related to the governance of regulatory colleges, a complex complaints and discipline process, and lack of transparency of regulatory colleges.

There is also concern that the current model of regulation has allowed for promotion of the interests of professions over the interests of the public. The report identifies a lack of public trust in regulators and a lack of "relentless focus on the safety of patients"[4] as inadequacies of the current model. These themes are closely aligned with previous findings from a 2003 report conducted by the ombudsperson on self-governance in health professions in British Columbia.[5]

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[2] See Appendix A – *List of regulatory colleges and regulated professions in British Columbia.*
[3] Cayton report, p. 70.
[4] Cayton report, p. 85.
[5] Office of the Ombudsman of British Columbia. *Acting in the public interest? Self Governance in the Health Professions: The Ombudsman's Perspective*. 2003.

The Cayton report makes suggestions for improvements related to regulatory college governance, reduction in the number of regulatory colleges, oversight of regulatory colleges, and transparency of the complaints and discipline process.

Results from public consultation

Initial public consultation: May 9, 2019 – June 14, 2019

Following the release of the Cayton report and the minister's establishment of the steering committee, one of the committee's first actions was to seek input from the public and stakeholders regarding their views on health profession regulation and the suggestions contained in the report. The initial consultation was held for one month, ending June 14, 2019. Through this consultation, the steering committee heard from British Columbians and health-sector partners about the aspects of health profession regulatory modernization that are important to them.

The steering committee reviewed and considered all submissions, and published an overview of themes on the Ministry of Health's website.[6] Over 300 written submissions were received from a broad cross section of respondents, including: 190 members of the public; 50 health practitioners; 25 professional associations; 18 regulators; and 30 other health-sector partners, including unions.

The submissions were broadly supportive of modernizing health profession regulation in British Columbia. Improved transparency and accountability throughout the system of health profession regulation were common themes. The need for greater oversight was also frequently expressed.

Members of the public who made complaints to regulatory colleges shared concerns about the current process for complaints and discipline. The importance of profession-specific clinical knowledge in health profession regulation was expressed. Other feedback themes included the need for consistent approaches to regulation across professions, cultural safety within the complaints and discipline process, and performance monitoring of regulators. Members of the public and health-sector partners expressed support for continued engagement and consultation as potential changes progress.

Input from the initial public consultation assisted the steering committee to identify and prioritize the following elements of regulatory modernization that are important to British Columbians and health-sector partners:

- Ensuring regulatory colleges are putting the public interest and patient safety ahead of the professional interest.
- Improving effectiveness of regulatory college boards and ensuring boards are composed of members appointed based on merit and competence.
- Reducing the number of regulatory colleges to improve efficiency and effectiveness.
- Creating a body to oversee regulatory colleges to improve public confidence and patient safety.
- Simplifying and increasing transparency in the complaints and discipline process.

[6] Initial consultation themes summary, 2019.

Phase two of public consultation: Nov. 27, 2019 – Jan. 10, 2020

A second phase of public consultation on modernization of health profession regulation was held from Nov. 27, 2019 to Jan. 10, 2020. Members of the public and health-sector partners were invited to complete a survey and/or provide a written submission on a consultation paper released by the steering committee titled, *Modernizing the provincial health profession regulatory framework: A paper for consultation.* Feedback received during phase two of public consultation was used to assist the steering committee to finalize its recommendations for a modernized regulatory framework outlined in this paper.

A total of 4,018 surveys and 1,480 written submissions were received during the second phase of public consultation. Feedback was received in relation to themes, including support for modernization, improved governance, reducing the number of regulators, creation of a new oversight body, and complaints and adjudication.

Consultation respondents expressed broad support for modernizing health profession regulation, both in survey responses and written submissions. The steering committee reviewed and considered all submissions to the second consultation and published a summary of feedback on the Ministry of Health's website.[7]

Modernization recommendations

1. Commitment to cultural safety and humility

The steering committee remains committed to ensuring cultural safety and humility are embedded within regulatory modernization, and acknowledges this as foundational to increasing public trust and ensuring public protection for all British Columbians. The steering committee supports the *Declaration on the Rights of Indigenous Peoples Act* and its requirements to align with the United Nations Declaration on the Rights of Indigenous Peoples. All recommendations and changes to modernize the regulatory framework in this report should be interpreted and implemented in a manner that acknowledges deeply rooted, historic health inequities and combats systemic racism in order to enable access to high quality health-care services for all British Columbians.

A strong commitment to embed cultural safety and humility within regulatory modernization was evident in feedback provided from both rounds of consultation. Opportunities to improve cultural safety within professional regulation have been most frequently linked to: the complaints and discipline process; ensuring leadership including board membership and regulatory college professional staff reflects the diversity of the people and communities that make up B.C.; and, creation of standards that promote cultural competence of health professionals and regulatory organizations.

The steering committee recommends work be undertaken to determine how cultural safety and humility should be supported by the regulatory framework.

[7] Regulating Health Professions - What We Heard: Engagement Summary Report, 2020.

2. Improved governance

In its simplest form, governance is how groups organize themselves to make decisions. It refers to the structures, policies and processes put in place to make decisions. Regulatory colleges are governed by boards of directors that provide strategic leadership, decision making and stewardship, among other responsibilities.

In 2003, the ombudsperson reported on self-governance in health professions in B.C., citing concerns that "the professions do not appear to have fully accepted or understood what it means to act in the public interest."[8] Concerns have persisted and the Cayton report highlights that for many regulatory colleges, "their governance is insufficiently independent, lacking a competency framework, a way of managing skill mix or clear accountability to the public they serve."[9]

Regulatory college boards must provide effective leadership to ensure regulatory colleges fulfill their legally defined mandate. To achieve this, boards need to be composed of individuals with the right balance of skills and experience, who are focused on public safety. Ensuring boards are composed of individuals whose motivation is consistent with legislative requirements is critical to ensuring the protection of public safety.

Competency-based board appointments and balanced board membership

Each regulatory college board is made up of public board members (who are *not* registrants of the college) and health professional board members (who *are* registrants of the college). Public board members make up between one third and one half of each college's board (a legislated requirement). They are appointed by the Minister of Health and ensure that the public's perspective is considered in strategic leadership and decision making. Registrant board members make up the rest. They are elected by registrants within their professions and provide a profession-specific perspective.

The majority of regulatory college board members are elected by health professionals who are registered with the regulatory college overseen by the board. The ombudsperson's 2003 report highlighted concerns that these elections have led to a "strong sense of accountability [among colleges] to the profession,"[10] and ultimately have led to a diminished "sense of direct accountability to the public."[11]

The election of registrant board members has continued to promote the misconception that these board members are accountable to those who have elected them, rather than accountable to protect British Columbians. To address this issue, the Cayton report proposes the elimination of elected board

[8] Office of the Ombudsman of British Columbia. *Acting in the public interest? Self Governance in the Health Professions: The Ombudsman's Perspective*. May 2003, p. 3.
[9] Cayton report, p. 85.
[10] Office of the Ombudsman of British Columbia. *Acting in the public interest? Self Governance in the Health Professions: The Ombudsman's Perspective*. May 2003, p. 10.
[11] Office of the Ombudsman of British Columbia. *Acting in the public interest? Self Governance in the Health Professions: The Ombudsman's Perspective*. May 2003, p. 11.

members in favour of "fully appointed boards combining health professionals and members of the public in equal parts."[12]

Striving for balanced numbers of public and registrant board members will ensure that the perspective of the public is well understood. Ideally, a balanced board should include about half public and half registrant board members.[13] Increased public representation will also ensure that boards are more diverse and reflective of the public they serve. Using a competency-based process to appoint board members ensures boards have the right mix of skills and experience to govern effectively.

Feedback from the initial public consultation supported having regulatory college boards with an equal number of professional and public members, as well as the appointment of both public and professional members of boards based on merit, skills and experiences. Feedback also noted that ensuring cultural diversity of board members, as well as other leadership positions, is important to fostering cultural safety at all levels of organizations.

Both written and survey feedback received during the second consultation expressed support for regulatory college boards with an equal number of professional and public members, as well as support for a competency-based appointment process. However, some respondents expressed concern that the appointment process may become politicized. It is envisioned an independently overseen, competency-based process to appoint board members will ensure appointments are based on merit, skills and experience. The steering committee recommends that appointments should be made based on transparent criteria and information should be made available about how the appointee fits the criteria.

It is recommended that regulatory college boards have equal numbers of registrant and public members.

It is recommended that all board members (registrant and public) be recommended for appointment through a competency-based process, which considers diversity, is independently overseen, and is based on clearly specified criteria and competencies. The Minister of Health should appoint all board members based on the recommendations of the competency-based process.

It is recommended that prior to or immediately following appointment all board members receive appropriate training and education to govern effectively.

Size of boards

The Cayton report suggests regulatory college boards be reduced in size. In the initial public consultation, there was support for smaller boards. Evidence shows the most effective size for a board is between eight and 12 members.[14] Larger boards can lead to communication and co-ordination

[12] Cayton report, p. 74.

[13] It is envisioned registrant members would make up one half of college boards and public members would make up one half of college boards. The number of registrant members or public members could not exceed the number of the other type by more than one. Public board members should not be health professionals (i.e., no registrant of any health profession regulatory college should serve as a public board member for any regulatory college).

[14] Professional Standards Authority. *Board size and effectiveness: advice to the Department of Health regarding health profession regulators*, September 2011.

problems, causing effectiveness and performance to suffer.[15] A reduction in board size can help ensure boards provide effective strategic decision making and oversight.

Written submissions from the second consultation primarily expressed support for smaller boards. Some submissions expressed concern that a smaller board size would make it more difficult to ensure professions are represented at the board level. While a regulatory college board must understand the profession and the clinical context that the profession operates within, it should not serve to represent the interests of the profession. To ensure professional and public confidence, a shift in thinking in the governance of regulatory colleges away from the concept of 'representativeness' in board membership is required. Smaller boards, composed of members appointed through a competency-based process, will ensure boards have the right mix of skills and experience to govern effectively.

To improve functioning and effectiveness, it is recommended that regulatory college boards move to a more consistent and smaller size.

Board member compensation

Regulatory colleges rely on fees collected from registrants to fund their operations, including compensation of board members. The amount regulatory colleges currently pay their board members varies significantly from board to board. Registrant board members are sometimes paid at a higher rate than public board members, creating inconsistency within the same board.

The Cayton report notes, "if a higher performance is to be expected of board and committee members, they should be adequately rewarded. Board and committee members, both professional and public, should be paid for the time they give and the expertise they provide."[16] Feedback from both public consultations expressed support for fair and consistent compensation for board and committee members.

It is recommended that board and committee members be fairly and consistently compensated (within and between colleges), and move away from volunteerism.

3. Improved efficiency and effectiveness through a reduction in the number of regulatory colleges

To improve performance, efficiency and effectiveness of the regulatory framework, the Cayton report recommends a transition to fewer regulatory colleges. In the initial public consultation, increased efficiency and cost-savings were identified by many respondents as a key reason to support amalgamation. Some submissions from regulatory colleges indicated that smaller regulatory colleges are struggling to meet their mandate due to resource challenges. In some cases, these resource constraints significantly hamper the regulatory college's ability to protect the public from harm. The COVID-19 pandemic has placed new demands on regulatory colleges, further straining their resources.

Of the 20 regulatory colleges under the *Health Professions Act*, there is significant variation in size and financial resources available to fulfil their legislated mandate. The smallest regulatory college, the

[15] Professional Standards Authority. *Board size and effectiveness: advice to the Department of Health regarding health profession regulators*, September 2011.
[16] Cayton report, p.75.

College of Podiatric Surgeons of B.C., has just over 85 registrants and an annual revenue of about $330,000.[17] The largest regulatory college, the B.C. College of Nursing Professionals, has more than 59,000 registrants and an annual revenue exceeding $25 million.[18]

Larger regulatory colleges are not only more efficient but are likely to be more effective. In clinical practice, experience and repetition of tasks improves performance.[19] The same is true for activities of regulation; writing clear standards, checking registrations, investigating complaints and making decisions in complaint matters are all performed more efficiently and effectively by colleges with extensive experience doing them. Adequate financial resources allow regulators to provide registrants with up-to-date standards and guidance, and access to high quality practice support resources.

B.C. is moving toward interdisciplinary teams of health-care professionals to better meet the health-care needs of patients and families. As health-care delivery shifts from solo professionals to team-based care, the regulatory framework must also evolve. Maintaining a focus on regulating single professions in isolation does not position regulatory colleges to respond to the increasing complexities of modern team-based care. A reduction in the number of regulators would support more consistent standards across professions, enabling integrated care for patients and empowering professionals to better understand the scope of their role within a team.

Fewer regulatory colleges will also make it easier for patients and families to determine who they should contact regarding concerns about the care received by a health professional. For example, as a result of the amalgamation of the three nursing regulatory colleges, there is now a single point of contact for concerns about the professional practice or behaviour of any nurse.

Reduction in the number of regulatory colleges – from 20 to six

To increase public protection, and improve efficiency and effectiveness of regulation, a reduction in the number of regulatory colleges from 20 to six is recommended.

Maintain the College of Physicians and Surgeons of B.C., the College of Pharmacists of B.C. and the B.C. College of Nursing Professionals. The College of Physicians and Surgeons, the College of Pharmacists and the College of Nursing Professionals are of sufficient size and have a sufficient registrant base to continue as standalone regulatory colleges. As a result of previous amalgamations, the College of Nursing Professionals has over 59,000 registrants and is the largest regulatory college in the province.

The College of Physicians and Surgeons and the College of Pharmacists are large regulatory colleges, and also have unique jurisdiction and responsibilities. The College of Pharmacists has jurisdiction over the Drug Schedules Regulation and the operation of pharmacies in the province. The College of Physicians and Surgeons has jurisdiction over laboratory and diagnostic facilities, and non-hospital medical and surgical facilities. These unique program responsibilities add to the need for these regulatory colleges to continue.

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[17] College of Podiatric Surgeons 2018 Annual Report.
[18] BC College of Nursing Professionals 2018 Annual Report.
[19] Benner, P. (1982) From Novice to expert. American Journal of Nursing, 82(3), p. 402-407.

Creation of two new umbrella colleges. The consultation paper released in November 2019 suggested the creation of a large multi-profession regulator referred to as the College of Health and Care Professions, similar to the Health and Care Professions Council in the United Kingdom.[20] It was proposed that the College of Health and Care Professions would bring together 11 regulatory colleges, as well as the diagnostic and therapeutic professions.

The results of phase two of public consultation indicated support for a reduction in the number of regulatory colleges in principle, but not the specific approach proposed in the consultation paper. Creation of a College of Health and Care Professions was the least supported proposal contained in the consultation paper. Many respondents suggested that it would be difficult for a single body to properly regulate such a large number of professions with a wide range of scopes of practice and differing philosophies of care.

Many submissions indicated support for six instead of five regulatory colleges. Submissions suggested different criteria be applied to determine which regulators should amalgamate. The steering committee remains committed to reducing the number of regulators in a manner that addresses current resource challenges, improves regulatory effectiveness and creates new economies of scale. It is believed that these objectives can continue to be met and many of the concerns identified in written submissions can be best addressed by splitting the College of Health and Care Professions into two smaller umbrella colleges.

Based on feedback received during the second consultation, the steering committee has reviewed their proposal and recommends the College of Health and Care Professions be split into the following umbrella colleges:

- One of the umbrella regulatory colleges, which will tentatively be referred to as the Regulatory College of Allied Health and Care Professionals, should include: dietitians, occupational therapists, opticians, optometrists, physical therapists, psychologists, and speech and hearing professionals, as well as diagnostic and therapeutic professions in the future.
- The second umbrella regulatory college, which will be tentatively referred to as the Regulatory College of Complementary and Alternative Health and Care Professionals, should regulate: chiropractors, massage therapists, naturopathic physicians, and traditional Chinese medicine practitioners and acupuncturists[21].

The consultation paper released in November 2019 noted that as an alternative to joining the new College of Health and Care Professions, regulatory colleges may consider approaching the College of Physicians and Surgeons, the College of Pharmacists or the College of Nursing Professionals regarding a possible merger. The consultation paper also outlined the process for colleges wishing to make such a merger, including that board chairs of both colleges would be required to write to the Minister of Health

[20] Health & Care Professions Council.

[21] For illustrative purposes, the two new umbrella colleges are tentatively referred to here as the Regulatory College of Allied Health and Care Professionals and the Regulatory College of Complementary and Alternative Health and Care Professionals. These names may change.

indicating their mutual support and rationale, and that cabinet is responsible for making the final decision on whether colleges may merge.

In September 2019, the boards of directors of the College of Nursing Professionals and the College of Midwives jointly submitted a letter to the minister outlining their support and rationale for an amalgamation. In November 2019, the steering committee wrote to the boards of directors of these two colleges to express its support for their proposed amalgamation. Cabinet has approved this merger and the date for amalgamation is Sept. 1, 2020. The minister has appointed the board of directors for this amalgamated college, and amalgamation is proceeding for Sept. 1, 2020.

Similarly, in October 2019, the boards of the College of Physicians and Surgeons and the College of Podiatric Surgeons submitted a letter to the minister outlining their interest in merging. In November 2019, the steering committee wrote to the boards of directors of these two colleges to express its support for their proposed amalgamation. Cabinet has approved this merger and the date for amalgamation is Aug. 31, 2020. The minister has appointed the board of directors for this amalgamated college, and amalgamation is proceeding for Aug. 31, 2020.

The steering committee considers these amalgamations to be important steps towards improved efficiency and effectiveness of regulatory colleges.

Other than the letters noted above proposing amalgamation, no additional joint letters proposing amalgamation with the College of Physicians and Surgeons, the College of Pharmacists or the College of Nursing Professionals have been received. The steering committee has based its recommendations on feedback received during the public consultation and recommends moving forward with two new umbrella colleges as described (the Regulatory College of Allied Health and Care Professionals, and the Regulatory College of Complementary and Alternative Health and Care Professionals).

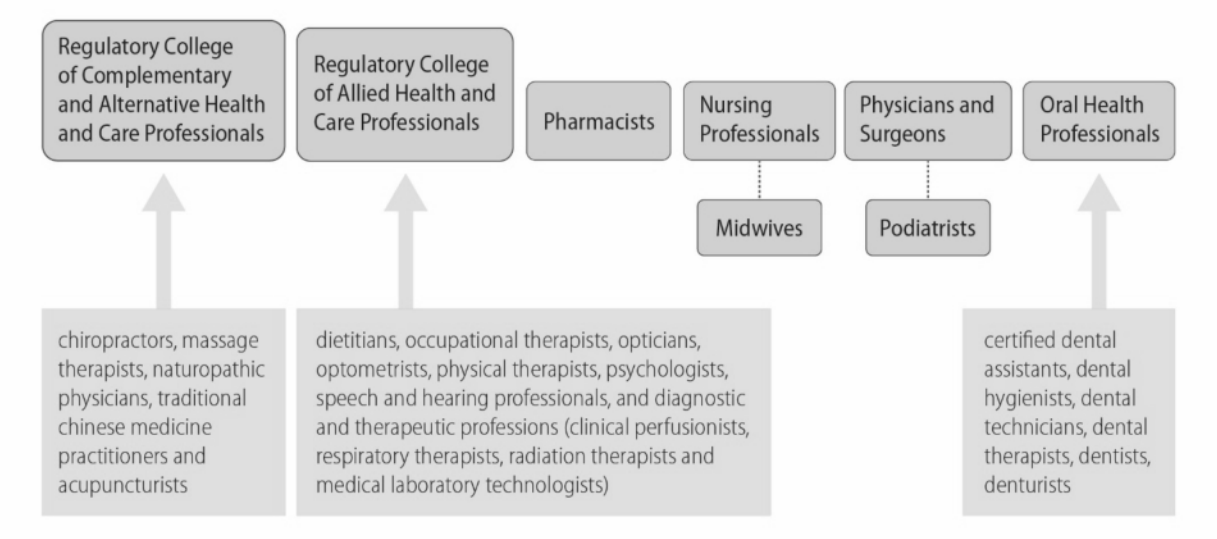
Creation of an oral health regulatory college. The results of phase two of public consultation highlighted some of the historical tensions outlined in Part 1 of the Cayton Report. The steering committee is encouraged to see that work is underway to address these tensions and remains supportive of amalgamation of the College of Dental Surgeons of B.C., College of Denturists of B.C., College of Dental Hygienists of B.C., and College of Dental Technicians of B.C. into a single oral health regulatory college. Certified dental assistants should shift from certified non-registrants of the College of Dental Surgeons to registrants of the oral health regulatory college. This would create a large regulatory college with ample resources and expertise in regulation of oral heath professions. This would also simplify system navigation for patients and families with questions or concerns related to oral health professions. Due to the complexities of the regulatory environment and historical tensions, work should be undertaken prior to creation of the oral health regulatory college to ensure a smooth and effective transition.

While a reduction in the number of regulatory colleges is recommended, the intention of this change is not to reduce the number of regulated health professions. All currently regulated health professions will continue to be regulated. A reduction in the number of regulatory colleges does not create a barrier to regulation of new professions. Instead, the process should be streamlined through removal of the costly

and time-consuming requirement to set up a new regulatory college each time a new profession is regulated. As set out on page 16, it is recommended that the new oversight body should make recommendations to the minister and cabinet regarding regulation of new professions. This will ensure a clearer pathway towards regulation.

Given the current commitment to a reduction in the number of regulatory colleges, it is recommended that any new health professions be regulated by an existing regulatory college or by the Regulatory College of Allied Health and Care Professionals, the Regulatory College of Complementary and Alternative Health and Care Professionals, or the oral health regulatory college.

Figure 1. Recommended arrangement of regulatory colleges



Legislative change to support amalgamations

In November 2017, the *Health Professions Act* was amended to add provisions allowing for the amalgamation of regulatory colleges (Part 2.01). These provisions were used in September 2018 to successfully amalgamate the three former nursing colleges into a single regulatory college.

Submissions from the initial consultation noted that the current legislative provisions may not be suitable in all merger situations due to concerns about the disruption resulting from the amalgamation process. For example, the requirement to dismiss regulatory college boards was cited as an issue in potential mergers of small and large regulatory colleges, where it is intended that the large college continue to function without disruption and absorb the smaller college, leaving its board and bylaws in place. These concerns were reiterated in phase two of consultation.

The creation of broader legislated merger provisions to minimize disruption resulting from future amalgamations is recommended.

Profession-specific councils to ensure profession-specific expertise

Feedback indicated concern that access to profession-specific expertise could be lost in a transition to fewer regulators. For example, profession-specific expertise is needed in the development of standards of professional practice. The continued reliance on profession-specific knowledge and expertise is acknowledged as an important element of any future system. Profession-specific councils should be created within multi-profession regulatory colleges to ensure that regulators continue to have access to profession-specific expertise and that understanding of professional context is maintained for effective regulation.

There should be a clear separation between profession-specific councils, responsible to establish standards for professions, and the board which is responsible for governance. Regulatory college board members should be unable to serve as members of profession-specific councils.

It is recommended that profession-specific councils be created within multi-profession regulatory colleges to address matters requiring profession-specific expertise.

Naming convention of health profession regulatory colleges

Many written submissions from the second public consultation highlighted that the term 'college' may contribute to role confusion, as it is typically associated with education and training institutions. Submissions suggested alternate terms such as 'regulator' or 'regulatory college' could be used.

To reduce confusion and make the regulatory role of colleges more apparent, it is recommended that other terms or descriptors be considered.

4. Strengthening the oversight of regulatory colleges

Creation of an oversight body

It is becoming common for governments to establish independent bodies to 'regulate the regulators' as part of a transparent regulatory system. To restore public trust in natural resource decision making, the government passed the *Professional Governance Act* (2018), which established the Office of the Superintendent of Professional Governance as an authority on professional governance matters in the natural resource sector.[22] The Cayton report suggests a new independent body (the oversight body) be created to oversee health regulatory colleges.

In both rounds of public consultation, submissions were broadly supportive of the creation of an oversight body, with particular interest in increasing accountability and consistency of regulatory colleges. At present, it is difficult for the public to find objective information on how health profession regulatory colleges are performing. An oversight body would increase accountability and transparency by defining performance standards for regulatory colleges, measuring performance against those standards, and publicly reporting on regulatory performance and opportunities for improvement. The

[22] Government of British Columbia. Qualified professional legislation to restore public trust in natural-resource decision-making. News release. Oct. 22, 2018.

steering committee supports a process that includes all parties in the appointment of the head of the oversight body.

To improve public protection, and increase accountability and transparency of the regulatory framework, it is recommended that a new oversight body be created.

Functions of the oversight body

The following section outlines recommended functions of the oversight body. The oversight body should have the power to perform all of these functions. Some functions should only be performed as required.

The steering committee recommends that government provide initial transitional funding for the oversight body; however, the oversight body requires the authority to collect fees to fund its activities in the future.

Monitoring and reporting on regulatory performance. The oversight body should conduct routine audits of regulatory colleges based on clear performance standards and report publicly on common performance standards. All regulatory colleges should be required to provide the oversight body with common performance data as well as access to records. Regular, consistent reporting would allow the public, policymakers and legislators to acknowledge good performance and determine where improvement may be required. The oversight body should also conduct investigations into regulatory college performance and undertake systemic reviews on its own or at the request of the minister, and should make recommendations to the colleges and/or to the minister (e.g., consistency in bylaws, the replacement of a regulatory college board with a public administrator). The minister should have the authority to direct a regulatory college to implement the oversight body's recommendations.

Publishing guidance on regulatory policy and practice. The oversight body should be responsible for analyzing performance data and publishing guidance in support of improvements across the regulatory system, with the aim of protecting patients from harm and improving overall quality of care. For example, with regard to the complaints process, the oversight body should monitor regulatory colleges' systemic progress on the timeliness of the complaints process and provide policy guidance on timeliness, as well as guidance on complaints resolution best practices broadly.

The oversight body should also work with regulatory colleges to look for opportunities for consistency in regulatory processes. For example, the oversight body should work with regulatory colleges to create a single web portal that would list all regulated health professionals and be publicly accessible and easy to search.

Recommending a range of standards of professional practice. To increase consistency of standards of professional practice across regulatory colleges, the oversight body should be able to recommend to the colleges a range of standards of professional practice. Some written submissions expressing concern regarding this function appeared to focus on a concern that the oversight body would be responsible for establishing the content of the standards. Regulatory colleges should continue to have the authority to create standards of professional practice, and responsibility for the content of those standards. The minister should have the authority to require regulatory colleges to create or update certain standards of professional practice, based on recommendations from the oversight body.

Identify core elements of shared standards of ethics and conduct across professions. The oversight body should work with regulatory colleges to facilitate a collaborative process to support alignment of common elements of standards of ethics and conduct across professions. Regulatory colleges should continue to have the authority to establish their standards of ethics and conduct; subject to any core elements recommended by the oversight body and established by the minister. While increased consistency across professions is the goal of this function, customization would still be possible to enable continued alignment with national professional standards of ethics and conduct.

Periodic and random review of bylaws. The oversight body should review existing bylaws and make recommendations on changes to bylaws where necessary. Specifically, where bylaws are inconsistent with legislation or are inconsistent between colleges, the oversight body should make recommendations to colleges for changes. Where an appropriate change does not occur, the oversight body may request the minister to direct colleges to make the necessary changes. This would also apply to standards of professional practice, as well as standards of ethics and conduct.

The minister should continue to have the authority to request, direct or impose bylaws as necessary.

Overseeing a board member appointment process. The boards of directors of regulatory colleges should be appointed through a transparent, competency-based appointment process – developed and managed by the oversight body. This process should involve the regulatory colleges in identifying the desired competencies, diversity and experience. Informed by this, as well as other relevant considerations, the head of the oversight body should then make a board appointment recommendation to the minister.

The oversight body should use the same process to facilitate appointments to the discipline panel (discussed starting on page 18 of this paper).

Pathway to regulation under the *Health Professions Act*

New professions – Following a review, the oversight body should recommend to the minister which, if any, unregulated occupations should become regulated. This recommendation should be based on the level of risk the occupation's activities have on public health, considering both the likelihood of harm and its severity should harm occur. The oversight body should also recommend how to address the risk of harm posed by an occupation, including whether another form of oversight might be more appropriate. If the minister accepts a recommendation for regulation under the *Health Professions Act,* it would go to cabinet for final decision.

Existing professions not regulated under the *Health Professions Act* – Not all currently regulated health professions fall under the umbrella of the *Health Professions Act*. For example, emergency medical assistants are regulated by a government-appointed licensing board under the *Emergency Health Services Act*. Some social workers are overseen by a regulatory college under the *Social Workers Act,* while other social workers are overseen by their employer, the Ministry of Children and Family Development. In the future, the oversight body should assess and recommend whether the public interest could be better served if certain existing professions were to be regulated under the *Health Professions Act* and, if so, by which regulator.

The steering committee has reviewed all feedback provided in phase two of public consultation, and has noted the opportunity to consider improvements to how social workers, counselling therapists and emergency medical assistants are regulated. Upon establishment of the oversight body, the steering committee suggests that the oversight body prioritize review of social workers, counselling therapists and emergency medical assistants for regulation under the *Health Professions Act*.

The steering committee also noted that further consideration of the regulation of social workers would have impacts beyond the health sector and require engagement with Indigenous leaders and communities, and the Ministry of Children and Family Development. Social workers are a critical part of the health-care system and a central part of the Ministry of Children and Family Development workforce, often working with British Columbia's most vulnerable persons[23].

Feedback received during the second consultation also supported the regulation of unregulated diagnostic and therapeutic professions. Prior to the release of the Cayton report, cabinet approved the creation of a diagnostic and therapeutic professions regulatory college to oversee respiratory therapists, radiation therapists, clinical perfusionists and medical laboratory technologists. As discussed on page 11, these four health professions should be regulated by the Regulatory College of Allied Health and Care Professionals.

Health Professions Review Board

Feedback received in the second consultation expressed concern for potential role confusion if the Health Professions Review Board were to become an arm of the oversight body. These concerns were primarily expressed in relation to the role of the oversight body and the role of the review board in the complaints review process. The steering committee recommends that rather than becoming an arm of the oversight body, the review board should remain a separate entity. This would avoid the perception of any conflict of interest and support the review board to continue to carry out independent reviews of registration and complaint investigation decisions made by regulatory colleges. Furthermore, this would allow the review board to continue to benefit from recent improvements associated with the Tribunal Transformation Initiative.

It is recommended that the Health Professions Review Board's role should not be changed at this time as the creation of an oversight body will result in significant improvements to accountability and transparency of the overall provincial regulatory environment.

Increased accountability to the Legislative Assembly

The *Health Professions Act* requires regulatory colleges to submit an annual report to the Minister of Health. To increase transparency and accountability of the regulatory framework to the Legislative Assembly, the minister should be required to table the annual reports of regulatory colleges and the oversight body in the Legislative Assembly. Written submissions received in the second consultation were generally supportive of this proposal.

[23] Recommended changes to how social workers are regulated is a responsibility of the Ministry of Children and Family Development.

It is recommended that annual reports of regulatory colleges and of the oversight body be provided to the Legislative Assembly by the Minister of Health.

5. Complaints and adjudication

The Cayton report brings to light challenges with the current complaints investigation and discipline process set out in the *Health Professions Act* and undertaken by regulatory colleges. The report finds this process "needs significant revision to make it more efficient and effective, transparent and fair."[24]

In particular, the report notes there is a need to create a clearer separation between the investigation and discipline stages of the complaints process.

The need for transparency and fairness in the complaints and discipline process were common themes raised in both phases of public consultation. Members of the public who made complaints to regulatory colleges reported finding the process to be cumbersome, and commented on delays and unsatisfactory resolutions. Health professionals and associations also highlighted the need for a timely and fair process. Regulatory colleges and health-sector partners spoke to the necessity for professional clinical expertise in investigations and discipline. Cultural safety within the complaints process was also a key theme in both public consultations. The need for more consistent outcomes in complaint matters across professions and improved communication with complainants were also voiced.

Simplifying the complaints and discipline process is recommended in order to provide a clear focus on patient safety (including cultural safety) and public protection, and to strengthen public trust in regulation.

Recommended changes include:

- Establishing a new discipline process that would create clear separation between the investigation and discipline stages of complaints. Regulatory colleges should continue to investigate complaints; however, discipline decisions should be made by a separate independent process.
- Increasing transparency within the complaints and discipline process by requiring increased public notification when action is taken in response to a complaint made about a health-care professional.
- Limiting the ability of professionals to negotiate agreements late in the process.
- Additionally, consideration should be given to how these changes reflect cultural safety and humility.

New independent discipline process

The Cayton report finds a lack of separation between the investigation of complaints and the discipline decision-making stage of the process, noting "separation of investigation from adjudication is a common principle of law which currently does not apply under the [*Health Professions Act*]."[25]

[24] Cayton report, p.77.
[25] Cayton report, p.87.

The report recommends that a new adjudication body be established, separate from regulatory colleges, to make discipline decisions regarding regulated health professionals.[26] Respondents in both phases of public consultation voiced support for a new independent discipline process. Respondents explained a new discipline process could help build public trust and provide consistency across colleges.

A new discipline process is recommended, in which discipline decisions would be made by discipline panels independent of regulatory colleges. This new process would further separate the investigation stage of complaints (undertaken by regulatory colleges) from the discipline stage and provide consistency across regulated health professions. The use of a panel approach supported by the oversight body would be more efficient than creation of a new body.

The oversight body should support the establishment of a pool of qualified discipline panel members. An executive panel lead should select a specific panel for each discipline hearing depending on the competencies required to decide the matter, including appropriate clinical and professional expertise. Regulatory college board members and senior-level staff within related health professional associations should be ineligible for panel membership.

A panel for each discipline hearing should include at least one health professional with clinical competence in the same health profession as the registrant facing the complaint and at least one public member (non-health professional). Three-member panels are envisioned; however, panels could be larger in complex complaints. Single-member panels may be enabled to make decisions on simple matters (e.g., a registrant's failure to respond to a regulatory college in a timely way regarding a complaint).

A new discipline process is recommended in which independent discipline panels should make decisions regarding regulated health professionals.

Regulatory college roles in the complaints process

The Cayton report makes a range of recommendations related to the role of regulatory colleges in complaint matters; especially related to the role of inquiry committees. The report recommends regulatory colleges continue to be responsible for investigation of complaints against registrants.[27]

To improve public trust in the complaints process and ensure that public safety is at the forefront of complaints investigations, regulatory colleges should need to demonstrate their use of a fair and open process to appoint inquiry committee members. Regulatory colleges should need to ensure that inquiry committee membership considers competence, merit and diversity. Also, inquiry committee members should be required to undertake regular training and appraisal. Regulatory college boards should not be involved in complaints and discipline,[28] and persons in senior positions within related health professional associations should be ineligible for inquiry committee and discipline panel membership.

[26] Cayton report, p.86-87.
[27] Cayton report, p.86.
[28] Cayton Report, p.87 and p.75.

Regulatory college inquiry committees should continue to have many of their current functions, including to investigate complaints, dismiss vexatious complaints, send caution or advice letters, and to resolve matters consensually via agreements with registrants. Once inquiry committee investigations are complete, committees should refer matters to a discipline panel, where appropriate. Written submissions from the second public consultation primarily expressed support for regulatory colleges continuing to investigate complaints.

Additionally, inquiry committees should have wider discretion to dispose of complaints, in line with the Cayton report's recommendation. Further work should be undertaken to more clearly define how this discretion can be widened, and better define what constitutes a regulatory complaint to improve clarity for patients and assist regulators. This work will likely reduce the number of complaints directed to regulatory colleges and make it easier for members of the public to understand if the regulatory college is the most appropriate avenue for complaint resolution.

It is recommended that regulatory colleges and their inquiry committees continue to be responsible for the investigation of complaints. This will assure clearer separation of the investigation and discipline stages of the complaints process in order to more closely align with common legal principles.

Transparency

The Cayton report finds that "the *Health Professions Act* builds secrecy into the complaints process" and in doing so, protects registrants' privacy but not the public.[29] It reflects that "it should be recognised as a fundamental right of a patient to know about their healthcare provider's competence and conduct."[30] The Cayton report recommends that "all or any sanctions imposed in relation to complaints" be accessible to the public.[31]

Of significant concern is that when a registrant resolves a complaint by making an agreement with their regulatory college for remediation and/or reprimand, in some cases public notification can be negotiated and the matter can be kept private. These consent agreements can include a broad range of requirements and conditions; registrants can promise not to repeat the conduct, agree to take educational courses, agree to be reprimanded, and/or consent to any other action the inquiry committee requests (e.g., suspension).[32]

The need for increased transparency in the complaints and discipline process was a frequent theme of feedback in both phases of public consultation; specifically, the need to disclose information regarding findings of complaints against professionals. In the second phase of consultation, members of the public who responded to the survey expressed very strong support for increased transparency in the complaints process, including publishing actions taken to resolve accepted complaints.[33] A number of written submissions raised concerns about requiring regulatory colleges to publish all actions taken to resolve accepted complaints, commenting that this may limit regulatory colleges' ability to negotiate

[29] Cayton report, p. 82.
[30] Cayton report, p. 82-83.
[31] Cayton report, p.86.
[32] *Health Professions Act*. Section 36(1)
[33] Accepted complaints are those that are not dismissed, and where some action is being taken as a result of the complaint.

agreements as health-care professionals are often willing to accept a consent agreement in exchange for keeping matters confidential.

The following provides an overview of the recommended approach to transparency based on three stages of the complaints process:

1) Triage – Once a complaint is received, an initial assessment or review of the complaint should occur to determine whether the complaint is within the jurisdiction of the regulatory college. At this point, certain complaints may be redirected to employers, patient care quality offices or other avenues, and others could be determined to be frivolous or vexatious. This stage of the process should continue to be private, unless there was a serious risk to patient safety identified that required immediate action.

2) Investigation and Inquiry – As noted previously, regulatory colleges should continue to be responsible for investigating complaints. Regulatory college investigators would gather information on the matter and the inquiry committee would review this information and take appropriate steps as required.[34] If a consensual agreement between the registrant and the college inquiry committee were made at this stage (e.g., an agreement for reprimand and/or remediation), information about this agreement should be made public. If the inquiry committee determined no action was required, the complaint should not be made public. Any cautions or warnings issued should remain private, but should be considered as part of the registrant's past history if there were complaints in the future.

3) Discipline – Independent discipline panels should make decisions regarding complaints about regulated health professionals. The outcome of all complaints that are referred to the discipline panel by the inquiry committee process should be made public. At present, most complaints to regulatory colleges are addressed at the first or second stage of the complaints process; however, with the requirement that all agreements between registrants and inquiry committees result in public notification, this could result in more complaints being heard at discipline hearings. This has not proven to be the case in other jurisdictions such as the United Kingdom.

It is expected that regulators exercise their regulatory authority on behalf of the public and in the public interest. The shift to a more transparent complaints process will improve public confidence in the regulatory framework. The public cannot have confidence in regulators if the public is not aware of the actions taken by regulators to protect them.

It is recommended that increased transparency about complaints outcomes be required. In particular, the steering committee recommends that information about all agreements between regulatory colleges and registrants in complaints matters be made public, and done so in a consistent manner.[35]

Public notification should be limited in some circumstances related to practitioner's ill health.[36]

[34] For example, the inquiry committee can take no further action, send a caution letter, reach a consent agreement with the registrant, or refer the matter to a discipline panel.
[35] This requirement would be in place for all agreements made going forward and would not be retroactive.
[36] *Health Professions Act*. Section 39.3 (4) to (6).

Enable regulatory colleges to make public comments about known complaints

At times, a complaint under investigation may become known to the public through the media or other means. However, at present, regulatory colleges may not provide public information due to interpretation of privacy provisions in the *Health Professions Act*. This may be perceived as a lack of transparency or inaction and undermine public trust.

To increase transparency and public confidence, it is recommended that regulatory colleges be allowed to provide limited public comment if a complaint becomes known to the public, modeled after similar public notification rules of the Law Society of British Columbia.[37] This would allow regulatory colleges to disclose the existence of a complaint, subject matter, status and any interim undertakings.[38]

It is recommended that regulatory colleges should be able to make limited public comments if a complaint under investigation becomes known to the public.

Ensuring past conduct is considered

The *Health Professions Act* appears to give regulatory colleges discretion on whether past conduct will be considered when current complaints are reviewed. The Cayton report highlights concerns regarding this discretion. The report notes that "a history of upheld complaints is clearly relevant to sanction, particularly if remediation has previously been prescribed but has failed to improve performance."[39]

Survey respondents during the second public consultation expressed support for requiring past history to be considered as part of complaints reviews. Written submissions had varied levels of support for this change, with some noting this would help colleges recognize patterns of ongoing behaviour, and others suggesting that past history should only be considered under specific circumstances.

In order to better protect patients from harm, it is recommended that complaint and discipline decisions must take into consideration the professional's past history.

Timeliness of the complaints process

Timely investigations and conclusions of complaints are important to ensuring public safety and confidence in the regulation of health professionals. Regulatory colleges, health professionals, health-sector employers and public safety agencies may influence timeliness.

The *Health Professions Act* currently sets time limits for how long inquiry committees have to complete complaint investigations (by disposing of complaints), allows the suspension of investigations if they are delayed, and gives certain powers to the Health Professions Review Board to investigate and respond.[40] The Cayton Report notes that "statutory time limits take no account of reality (complexity of cases, actions by the registrant, actions by lawyers, circumstances outside the college's control, resources available) and there are other better ways of improving timelines" and recommends removing the

[37] Law Society of BC Rules 2015, updated July 2019, 3-3(2).
[38] This is modeled on the Law Society of BC Rules 2015, 3-3(2).
[39] Cayton Report, p.80-81.
[40] *Health Professions Act*. Section 50.55.

statutory time limit for how long inquiry committees have to complete investigations/dispose of matters.[41]

Written submissions from the second consultation expressed support for removing the statutory time limit for completion of investigations. There was mixed support for replacing this time limit with time limits for stages in the process and it was suggested that regulatory colleges be given more tools to improve timeliness.

It is recommended that the statutory time limit for the length of time that investigations be completed in be removed, and that timelines or time limits for stages/points in the complaints process be put in place. Further work should be undertaken to determine which time limits or timelines for stages/points in the complaints process are appropriate.

It is also recommended that the oversight body monitor systemic timeliness of the complaints process.

Future time limits and timelines could, for example, include:

- A set number of days in which registrants are required to respond to a complaint.
- A set number of days in which regulators must respond to and update the complainant.
- Timelines or time limits for negotiations between registrants and inquiry committees.

Further work should be undertaken to determine whether timelines and time limits should be set out in regulation or policy.

Concerns about timeliness in individual complaints processes, such as timely communication by regulatory colleges, could be reviewed by the Health Professions Review Board. The oversight body should be responsible for monitoring regulatory colleges' systemic progress on complaint process timeliness and for encouraging improvements.

Responses to sexual abuse and sexual misconduct

The *Health Professions Act* leaves discretion with regulatory colleges in how they address sexual abuse and misconduct. Alberta and Ontario have taken specific measures to address sexual abuse by health professionals, including mandatory cancellation of practice for sexual abuse and requiring regulatory colleges to fund counselling for victims. Many other provinces do not have such measures. During the second public consultation, the steering committee sought feedback to help establish consistency across regulatory colleges in relation to how they address sexual abuse and sexual misconduct.

Mandatory cancellation – Survey respondents were supportive of mandatory cancellation of registration in cases of sexual abuse by registrants; however, mixed levels of support were expressed in written submissions. A proportional approach was preferred in some written submissions that recommended decisions reflect the severity of misconduct.

[41] Cayton Report, p.83.

The steering committee recommends steps be taken to ensure strengthened responses to sexual abuse and sexual misconduct by registrants, including more stringent discipline outcomes and improved consistency in outcomes between colleges.

Regulators funding counselling – Both survey respondents and written submissions expressed support for requiring regulatory colleges to provide funding for counselling for victims of sexual abuse and/or sexual misconduct. Respondents suggested regulatory colleges should be enabled to recover costs from registrants who have caused harm.

It is recommended that regulatory colleges be required to fund counselling for victims of sexual abuse and sexual misconduct by registrants, and that colleges be enabled to recover costs from registrants who have perpetrated abuse and misconduct.

Further measures in response to sexual abuse and sexual misconduct – Written submissions suggested a range of measures for regulatory colleges to address sexual abuse and sexual misconduct. In line with suggestions received during public consultation, **the steering committee recommends further work be undertaken to ensure the following:**

- Common standards/policies among regulators for prevention, investigation and discipline.
- A specific complaints/investigation process, with specialized investigations and supports.
- Training in trauma-informed care for regulatory college investigators and decision makers.
- Common definitions of sexual abuse and sexual misconduct between regulatory colleges.

6. Information sharing to improve patient safety and public trust

In matters of multi-profession complaints (i.e., a complaint regarding care from a team of health professionals) and patient safety matters, information sharing is needed in order to protect the public. Regulatory colleges, along with all parts of the health profession regulatory system, must work together to improve patient safety and secure public trust in health professionals.[42]

During public engagement, regulatory colleges noted that legislative barriers to information sharing made it difficult to work with other health system partners. Information sharing between regulatory colleges, health authorities and other agencies is affected by multiple pieces of legislation. It was suggested that statutory changes are required to allow effective communication among regulatory colleges and with other agencies. It was also suggested that regulatory colleges should be responsible for co-ordinating team-based care complaints, so that patients only have to connect with one regulator.

It is recommended that health profession regulatory colleges be enabled to share information (between each other and with other agencies) where necessary for public safety and protection.

[42] *Regulation rethought: Proposals for reform.* Professional Standards Authority. October 2016. Page 4.

Next steps

This paper outlines the steering committee's recommended approach to modernize the regulatory framework for health professions.

The authority to modernize the regulatory framework rests with cabinet and the Legislative Assembly.

Appendix A: List of regulatory colleges and regulated professions in British Columbia

Regulatory College	Reporting Year	Practising Registrants	Total Registrants (all categories, including non-practising)

Regulatory College	Reporting Year	Practising Registrants	Total Registrants (all categories, including non-practising)
College of Chiropractors of B.C.	2018/19[43]	1,271	1,322
College of Dental Hygienists of B.C.	2018/19		4,012
College of Dental Surgeons of B.C.	2018/19	Dentists: 3,725 Certified Dental Assistants: 6,138 Dental therapists: 7	**Total:** 10,432 Dentists: 3,851 Certified Dental Assistants: 6,574 Dental therapists: 7
College of Dental Technicians of B.C.	2018/19	Dental Technicians: 386	**Total:** 995 Dental Technicians: 393 Dental Technician Assistants: 559 Student: 43
College of Denturists of B.C.	2018/19	260	268
College of Dietitians of B.C.	2019/20	1,368	1,400
College of Massage Therapists of B.C.	2019	5,012	5,241
College of Midwives of B.C.	2018/19	293	379
College of Naturopathic Physicians of B.C.	2019	637	771
B.C. College of Nursing Professionals	2018	Registered nurse: 39,921 Nurse practitioner: 525 Licensed practical nurse: 13,168 Registered psychiatric nurse: 2,913 Graduate & employed students: 688	**Total:** 59,493 Registered nurse: 41,636 Nurse practitioner: 552 Licensed practical nurse: 13,477 Registered psychiatric nurse: 3,139 Graduate & employed students: 689
College of Occupational Therapists of B.C.	2018/19	2,547	2,649
College of Opticians of B.C.	2018/19	981	1011
College of Optometrists of B.C.	2019	848	851

[43] Annual reporting cycles differ between regulatory colleges (i.e., fiscal year reporting vs. calendar year reporting). Information in this document was obtained from the latest published annual reports from each college.

Regulatory College	Reporting Year	Practising Registrants	Total Registrants (all categories, including non-practising)
College of Pharmacists of B.C.	2019/20	Pharmacists: 6,354 Pharmacy technicians: 1654	**Total:** 8,941 Pharmacists: 6,411 Pharmacy technicians: 1,657 Student: 873
College of Physical Therapists of B.C.	2018	4,192	4,436
College of Physicians and Surgeons of B.C.	2018/19	12,960	13,724
College of Podiatric Surgeons of B.C.	2019	79	87
College of Psychologists of B.C.	2019	1,257	1,346
College of Speech and Hearing Professionals of B.C.	2018		**Total:** 1,864 Audiologists: 43 Hearing instrument practitioners: 265 Speech language pathologists: 1,300 Multi-profession registrants: 256
College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C.	2018/19	2,267	2,361

LEGISLATIVE SESSION - FACT SHEET

Regulation of Diagnostic and Therapeutic Health Professions

TOPIC

- The professional associations for several diagnostic and therapeutic health (D&T) professions have been advocating for regulation since the mid 1980s. The Ministry of Health has received direction to regulate clinical perfusionists, medical laboratory technologists (MLTs), radiation therapists, and respiratory therapists as health professions under the *Health Professions Act* (HPA). A recent recommendation of the steering committee on modernization of health professional regulation has proposed that these D&T professions be regulated under a newly created multi-health profession regulator tentatively called the College of Allied Health and Care Professionals.

CURRENT SITUATION

- The steering committee on modernization of health professional regulation released its final recommendations report on August 27, 2020.
- One of the recommendations was to reduce the number of regulatory colleges from 20 to six.
- This would include two multi-health profession regulators. Tentative names for the two multi-health profession regulators are the Regulatory College of Allied Health and Care Professionals, and the Regulatory College of Complementary and Alternative Health and Care Professionals.
- The regulation of diagnostic and therapeutic professions (clinical perfusionists, respiratory therapists, radiation therapists and MLTs) are recommended by the steering committee to be included within the Regulatory College of Allied Health and Care Professionals. This is alongside dietitians, occupational therapists, opticians, optometrists, physical therapists, psychologists, speech and hearing professionals.
- While this is a final recommendation of the steering committee, the final approval for the regulatory changes needed to bring these amalgamations into effect is subject to cabinet approval.

KEY FACTS

- Between 1999 and 2002, the former Health Professions Council recommended MLTs, medical lab assistants(MLAs), medical radiation technologists (MRTs), ultra-sonographers, cardiology technologists (CTs), and respiratory therapists (RTs) be designated as health professions under the HPA. The Council recommended against designating clinical perfusionists due to their very small number.
- In 2003, the Ministry pursued the establishment of an 'umbrella' college under the HPA to include all 6 occupations. In March 2004, the six professional associations unanimously rejected the concept, citing its complexity and detrimental effect on their professional identities.
- In 2010, the associations communicated their willingness to reconsider an umbrella college.
- In 2011, associations representing MLTS, MLAs, and MRTs started an advocacy campaign, which has submitted more than 500 letters to the Ministry supporting a college.
- In 2012, five associations (representing MLTs, MRTs, CTs, RTs and ultrasonographers) came together as the 'Coalition for a College of Diagnostic and Therapeutic Health Professionals' and renewed their advocacy for an 'umbrella' college. Coalition representatives met with two previous Ministers of Health in 2013.
- In 2014, the Ministry received direction to proceed with establishing a regulatory framework for an umbrella college.
- In early 2015, a working group of Coalition representatives was formed to act as subject matter experts to the Ministry and to advise the Ministry on matters relating to the professional practice of the health professions.
- June 2015 - January 2016 – the Ministry reviewed the recommendations of the Coalition working group and conducted stakeholder consultations with the BC Health Regulators, the Chief Nursing Officers Council, the Health Employers Association of BC, and 'front line' staff to get a better understanding of their day-to-day activities and experiences with supervisors and employers.
- December 9, 2016 – the Ministry published a news release proposing to establish a new college for diagnostic and therapeutic health professions. The Ministry announced the new college would oversee the following four health professions: respiratory therapists, radiation therapists, clinical perfusionists and MLTs.

- The news release noted that once the new college has been substantially implemented, the Ministry would further examine the remaining seven diagnostic and therapeutic occupations to determine if regulation by a college is appropriate, or if an alternative oversight solution (e.g. registry) would be sufficient to ensure public safety.
- As required by the HPA, the proposed regulation designating the four health professions was posted for public feedback until March 9, 2017. The regulatory amendments designating the four professions came into force on April 3, 2017.
- Ministry staff developed regulations for the four designated professions. These would, among other things, outline the regulated professions' scopes of practice and restricted activities. This work is not complete.
- Ministry staff have met with Coalition working group members to gather information about their professional practice.
- Ministry staff worked closely with health sector partners for clinical validation of the regulations and to verify the proposals are in line with HPA requirements and regulatory leading practices.
- On April 11, 2019, the Minister released the report: An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act (the Cayton Report). The Cayton Report recommends the Ministry "place a moratorium on creating any new colleges and … consult on how any occupations [now] under consideration for regulation could be registered with an existing College."1 (see fact sheet: Cayton Report – Modernizing the Health Profession Regulatory Framework (Part 2)).
- In 2019, the Minister established a steering committee to consider options and draft a proposal on how to modernize the regulatory framework for health professions in BC. The proposal was released for public consultation between November 27, 2019 and January 10, 2020. Included was a proposal that the four health professions be regulated through either the proposed multi-profession regulator, the College of Health and Care Professions, or one of the other proposed existing colleges.
- Six stakeholder submissions were received from Diagnostic and Therapeutic Profession stakeholders during the consultation period. Four out of six of these submissions indicated support for the College of Health and Care Professions, in the context that this would provide a pathway to regulation for these professions.
- Any changes related to the regulation of diagnostic and therapeutic professions would need Cabinet approval.

FINANCIAL IMPLICATIONS

- No financial commitments have been made with respect to government funding for the amalgamation process.

Approved:
February 11, 2021 - Mark Armitage, ADM, Health Sector Workforce and Beneficiary Services Division

[1] https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf p.76

LEGISLATIVE SESSION - FACT SHEET

Regulation of Diagnostic and Therapeutic Health Professions

TOPIC

- The professional associations for several diagnostic and therapeutic health (D&T) professions have been advocating for regulation since the mid 1980s. Clinical perfusionists, medical laboratory technologists (MLTs), radiation therapists, and respiratory therapists were designated as health professions under the *Health Professions Act* (HPA) April 3rd, 2017 however a new college was not created at that time. A recent recommendation of the steering committee on modernization of health professional regulation has proposed that these D&T professions be regulated under a newly created multi-health profession regulator tentatively called the College of Allied Health and Care Professionals.

CURRENT SITUATION

- The steering committee on modernization of health professional regulation released its final recommendations report on August 27, 2020.
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- While this is a final recommendation of the steering committee, the final approval for the regulatory changes needed to bring these amalgamations into effect is subject to cabinet approval.

KEY FACTS

- Between 1999 and 2002, the former Health Professions Council recommended MLTs, medical lab assistants (MLAs), medical radiation technologists (MRTs), ultra-sonographers, cardiology technologists (CTs), and respiratory therapists be designated as health professions under the HPA. The Council recommended against designating clinical perfusionists due to their very small number.
- In 2003, the Ministry pursued the establishment of an 'umbrella' college under the HPA to include all six occupations. In March 2004, the six professional associations unanimously rejected the concept, citing its complexity and detrimental effect on their professional identities.
- In 2010, the associations communicated their willingness to reconsider an umbrella college.
- In 2011, associations representing MLTS, MLAs, and MRTs started an advocacy campaign, which has submitted more than 500 letters to the Ministry supporting a college.
- In 2012, five associations (representing MLTs, MRTs, CTs, respiratory therapists, and ultrasonographers) came together as the 'Coalition for a College of Diagnostic and Therapeutic Health Professionals' and renewed their advocacy for an 'umbrella' college. Coalition representatives met with two previous Ministers of Health in 2013.
- In 2014, the Ministry received direction to proceed with establishing a regulatory framework for an umbrella college.
- In early 2015, a working group of Coalition representatives was formed to act as subject matter experts to the Ministry and to advise the Ministry on matters relating to the professional practice of the health professions.
- June 2015 - January 2016 – the Ministry reviewed the recommendations of the Coalition working group and conducted stakeholder consultations with the BC Health Regulators, the Chief Nursing Officers Council, the Health Employers Association of BC, and 'front line' staff to get a better understanding of their day-to-day activities and experiences with supervisors and employers.
- December 9, 2016 – the Ministry published a news release proposing to establish a new college for diagnostic and therapeutic health professions. The Ministry announced the new college would oversee the following four health professions: respiratory therapists, radiation therapists, clinical perfusionists, and MLTs.

- The news release noted that once the new college has been substantially implemented, the Ministry would further examine the remaining seven diagnostic and therapeutic occupations to determine if regulation by a college is appropriate, or if an alternative oversight solution (e.g. registry) would be sufficient to ensure public safety.
- As required by the HPA, the proposed regulation designating the four health professions was posted for public feedback until March 9, 2017. The regulatory amendments designating the four professions came into force on April 3, 2017.

s.13

- Ministry staff have met with Coalition working group members to gather information about their professional practice.

s.13

- On April 11, 2019, the Minister released the report: An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act (the Cayton Report). The Cayton Report recommends the Ministry "place a moratorium on creating any new colleges and … consult on how any occupations [now] under consideration for regulation could be registered with an existing College."1 (see fact sheet: Cayton Report – Modernizing the Health Profession Regulatory Framework (Part 2)).
- In 2019, the Minister established a steering committee to consider options and draft a proposal on how to modernize the regulatory framework for health professions in BC. The proposal was released for public consultation between November 27, 2019 and January 10, 2020. Included was a proposal that the four health professions be regulated through either the proposed multi-profession regulator, the College of Health and Care Professions, or one of the other proposed existing colleges.
- Six stakeholder submissions were received from Diagnostic and Therapeutic Profession stakeholders during the consultation period. Four out of six of these submissions indicated support for the College of Health and Care Professions, in the context that this would provide a pathway to regulation for these professions.
- On August 27, 2020, the steering committee released its final recommendations based in part on public consultation, key recommendations from the Cayton report, as well as expert advice. It discussed: 1. Commitment to ensuring cultural safety and humility are embedded in regulatory framework; 2. Improved Governance; 3. Reduction in the number of regulatory colleges from 20 to six; 4. Creation of an oversight body; 5. Improving the complaints process by separating investigation and discipline; and 6. Information sharing.

s.13

- Once the HPA has been modernized mechanisms within the new Act will be available to support the amalgamation of the umbrella colleges s.13
  s.13
- Any changes related to the regulation of diagnostic and therapeutic professions would need Cabinet approval.

FINANCIAL IMPLICATIONS

- No financial commitments have been made with respect to government funding for the amalgamation process.

Approved:
September 19, 2021 – Mark Armitage, ADM, Health Sector Workforce and Beneficiary Services Division

[1] https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf p.76

Speaking Notes: David Byres
Location: Teleconference
Date: August 27
Time: 8:00am – 9:00am
Audience: BCHR registrars and board chairs

Good morning. Thank you for meeting with us today.

I'd like to acknowledge that I'm speaking with you from the unceded territory of the Lekwungen [La-kwung-en] people and the Songhees and Esquimalt Nations.

Commented [MCH1]: Update if David is in Vancouver:

the Coast Salish Peoples; the Musqueam, Tsleil-Waututh and Squamish Nations.

Since we last met, BC along with the rest of Canada and the world have faced an unprecedented public health challenge in COVID-19. From the outset, B.C. established clear guidance, transparency and an evidence-based approach in our fight against this virus. Health professionals are at the front line of this pandemic, and your work as regulators has helped support them and our health system's response at this critical time.

When we last met in November, the steering committee on modernizing health profession regulation was releasing its consultation paper and starting public and health sector partner consultations.

Thank you on behalf of Minister Dix, and his colleagues MLA Furstenau and MLA Letnick, for your submissions giving your feedback on the steering committee's proposals. The steering

committee reviewed and considered each of your submissions, and I extend their appreciation to you.

Feedback received during consultation revealed broad support for modernizing health profession regulation and for many of the suggestions in the committee's proposal.

Concerns and ideas were also shared and these helped the steering committee to refine and revise a few of its recommendations. Today, I'm going to share with you the committee's main final recommendations, including some key places where the steering committee has updated its original proposal.

The steering committee will be releasing its final recommendations publicly later today. The committee has requested that we meet with you prior to the public release, so that we can share key revisions with you before the public release. Thank you for your commitment to keep the information I'm going to share confidential.

You will shortly receive a copy of the recommendations report.

The Minister will be bringing these refined recommendations to his cabinet colleagues for consideration, and the process to modernize the *Health Professions Act* will continue.

I know that throughout this process we will continue to be guided by our shared commitment to putting the public interest first.

Health profession regulation is a critical foundation supporting health professionals to work effectively and safely. Health care has changed significantly since the *Health Professions Act* was last overhauled. Public expectations have changed, and the health needs of our populations have changed. We need to ensure that how health professionals are regulated keeps up.

As you know, the steering committee has three primary objectives. They have focused on changes that will:

- Improve patient safety and public protection;
- Improve efficiency and effectiveness of the regulatory framework; and
- Increase public confidence through transparency and accountability.

The committee's recommendations focus on a few key areas: cultural safety, governance, fewer colleges, oversight and complaints. My plan today is to share a bit about the committee's final recommendations, including key updates which have been made based on consultation feedback. We also have a few short Q&A periods to answer questions you may have throughout.

Moving into the key themes.

1) CULTURAL SAFETY

I'm going to start by talking about cultural safety.

The steering committee recognizes the important work that BC Health Regulators have already undertaken to support cultural safety in the health system.

The committee is committed to ensuring that cultural safety is embedded within regulatory modernization, and sees this as a foundational lens that applies to all of its recommendations.

Feedback from the consultation indicated a strong desire for cultural safety and humility to be embedded within regulatory modernization. Cultural safety was often linked to the complaints process, ensuring leadership of regulatory colleges reflects diversity of B.C., and to having standards that promote cultural competence.

The committee is making a specific recommendation that work be undertaken to determine how cultural safety and humility should be supported by the regulatory framework.

2) GOVERNANCE

Second, I'd like to speak with you about the governance recommendations.

As you know, the consultation paper proposed several key changes to governance. These changes would help ensure that regulatory colleges and their boards can successfully fulfill their mandate to protect the public. These changes include:

- Competency-based board appointments, where appointments would be recommended by an oversight body
- Boards having an equal number of registrant and public members, and
- Smaller boards

The steering committee has confirmed, through consultation, the importance of these recommendations, and the governance recommendations remain the same as they were in the consultation paper.

These governance changes will increase public confidence in the regulation of health professionals, and support colleges to have a laser focus on the public interest.

I'm going to speak more about governance later on when we talk about oversight, as that is also an element of governance.

Transition to Q/A

3) REDUCING THE NUMBER OF REGULATORS

I'd now like to speak with you about the proposed reduction in the number of regulators.

I wish to extend the steering committee's appreciation to you for your thoughtful consultation contributions regarding this focus. I know this can be a difficult topic.

A lot of careful consideration has been given to how regulators can best be organized, in a model that better serves the public and improves public trust in regulation.

We are fortunate that we have experience with college amalgamations here in BC. We of course have experience with the amalgamation of the three nursing colleges. And, now two additional amalgamations are moving forward. These have been supported by the committee. The College of Podiatric Surgeons and the College of Physicians and Surgeons will amalgamate on Aug. 31 and the College of Midwives and the College of Nursing Professionals will amalgamate on Sept. 1.

The steering committee remains committed to reducing the number of regulators in a manner that addresses current resource challenges of smaller colleges, improves regulatory effectiveness and creates new economies of scale. We'd like to ensure that colleges are resourced to regulate effectively. Having fewer, better resourced, and more efficient regulatory colleges is a priority.

Originally it was suggested the number of regulatory colleges could be reduced from 20 to five. Feedback from the consultation helped the steering committee to refine its proposal. The committee's final recommendation is for there to be six regulatory colleges.

As proposed earlier, the soon to be amalgamated College of Physicians and Surgeons, and College of Nurses and Midwives as well as the College of Pharmacists will be maintained. These regulators have a sufficient size and a large registrant base to continue as standalone regulators. The College of Physicians and Surgeons and the College of Pharmacists also have unique jurisdiction and program responsibilities which add to the need for these colleges to be maintained.

The results of consultation indicated support for reducing the number of regulatory colleges in principle, but not the specific approach proposed in the consultation paper, particularly in regard to the new multi-profession College of Health and Care Professions.

A variety of feedback was received about possible alternative approaches to amalgamation, and the steering committee has decided to revise its recommendation to respond to some of the concerns that were shared.

The committee believes objectives to addresses current resource challenges, improve effectiveness, and create new economies of scale can be met, and many of the concerns

identified in the consultation can best be addressed by splitting the earlier proposed College of Health and Care Professions into two separate colleges.

The names of these two colleges are tentative, and we are open to feedback for other names for consideration.

The steering committee recommends splitting the College of Health and Care Professions into:

1. A regulatory college for complementary and alternative health and care professionals, and

2. A regulatory college for allied health and care professionals.

The Regulatory College of Complementary and Alternative Health and Care Professionals will regulate:

- Chiropractors
- massage therapists
- naturopathic physicians, and
- traditional Chinese medicine practitioners, and acupuncturists.

And the Regulatory College of Allied Health and Care Professionals will regulate:

- dietitians

- occupational therapists
- opticians
- optometrists
- physical therapists
- psychologists
- speech and hearing professionals, and
- diagnostic and therapeutic professions (clinical perfusionists, respiratory therapists, radiation therapists, and medical laboratory technologists).

Creating a new college of oral health professionals continues to be recommended. This college would include the current four oral health colleges. This would ensure a large regulatory college with ample resources and expertise in regulation of a range of oral heath professions.

As I have previously stated, all professions that are now regulated will continue to be regulated.

Requests to regulate additional occupations, such as counsellors, were received during the consultation. There are also existing professions that are regulated in other ways, such as social workers, and emergency medical assistants, that that may be reviewed in the future by the new oversight body Once an oversight body for health professionals is established, the steering committee recommends that this body prioritize review of social workers, counselling therapists and emergency medical assistants for regulation under the *Health Professions Act*.

The members of the steering committee extend their appreciation to you for your thoughtful input on these recommendations. Your input has helped revise our path forward.

Transition to Q/A –

4) OVERSIGHT

I'd now like to speak about improved oversight.

As you know, the steering committee's consultation paper proposed a new independent body be created to oversee health regulatory colleges. This is in line with Harry Cayton's recommendation, and with a broad move governments are making to establish independent bodies to oversee regulators as part of a transparent system.

Consultation feedback expressed a lot of support for creation of an oversight body to ensure accountability and improve consistency from regulator to regulator. The steering committee has confirmed its recommend that an oversight body be created.

The recommended functions of this body remain largely the same as was proposed in the consultation paper. Some revisions were made to the functions based on feedback:

1. It was originally proposed that the oversight body could require regulatory colleges to create or update certain standards of professional practice. Some submissions expressed concern that the oversight body would be responsible for establishing the content of these standards. Changes were made to clarify the oversight body should recommend (and not establish) the range of standards of professional practice. Regulatory colleges will continue to have the authority to create standards of professional practice, and responsibility for the content of those standards.

The Minister will have authority to require regulatory colleges to create or update certain standards of professional practice, based on recommendations from the oversight body.

2. It was proposed that the oversight body could establish core elements of shared standards of ethics and conduct. Some submissions expressed concern that a common code of conduct across professions could negatively impact national professional alliances. Changes were made to clarify the oversight body should recommend core elements of shared standards of ethics and conduct, and not establish them.

The Minister will have the authority to establish core elements of shared standards of ethics and conduct, based on recommendations from the oversight body.

Most broadly, the oversight body will not have authority to direct colleges to make changes, but will provide

recommendations for change to the colleges. It is proposed, however, that if colleges do not follow a recommendation from the oversight body, the oversight body could ask the Minister to direct colleges to make a change. In order to do this, the Minister will continue to have, and be given additional authorities to direct where necessary.

3. Finally, it was originally proposed that the Health Professions Review Board would become an arm of the oversight body. Consultation feedback expressed concern about potential role confusion if the review board became an arm of the oversight body. Based on this feedback, the steering committee has revised its proposal, and recommends that the review board remain a separate entity from the oversight body.

Transition to Q/A [10 mins]

5) Complaints

Finally, I would like to highlight key consultation feedback received about proposed improvements to the complaints process and share the committee's final recommendations.

First, I'd like to talk about transparency.

Greater transparency and fairness in the complaints process were frequent themes in both rounds of public consultation. Concerns have been raised that the *Health Professions Act* does not enable enough transparency about complaints.

The steering committee originally proposed that actions taken to resolve accepted complaints about health professionals would be made public.

Based on the consultation feedback received, the levels of transparency recommended at each of stage of the complaints process have been more clearly specified. The steering committee recommends:

- information about all agreements made in future between colleges and registrants in complaints matters should be made public
- that any cautions or warnings issued should remain private, and
- that if a complaint is dismissed, or if the college decides no action is required, there would be no publication.
- Public notification would also be limited in some matters related to a professional's illness.

Second, consultation feedback showed support for the creation of a new independent discipline process, and the steering committee continues to recommend such a process.

Finally, I'd like to mention some key recommendations regarding responses to sexual abuse and sexual misconduct. The steering committee sought feedback on this focus and based on this input, the committee recommends:

- Steps be taken to ensure more stringent discipline outcomes and more consistency in outcomes between colleges.
- Regulators fund counselling for victims and be able to recover costs from registrants who have perpetrated abuse and misconduct, and that
- Further work be undertaken on training in trauma-informed care, among other program level policy recommendations.

Together, these all of these changes are intended to ensure a clear focus on patient safety and public protection and to increase public trust in regulation.

CLOSING

I thank you again for all of your input during the consultation process. The committee's recommendations paper, along with a summary of consultation results, will be publicly released later today.

I very much appreciate the leadership that BCHR has shown on this work. I hope that throughout this process we can continue to be guided by our shared commitment to protecting the public interest.

Thank you

Transition to Q/A.

Speaking Notes: David Byres
Location: Teleconference
Date: September XX, 2020
Time: XX
Audience: Associations

Good morning/afternoon. Thank you for meeting with us today.

We wanted to connect with you, because, as you know the steering committee on modernization of health profession regulation released a recommendations report ~~earlier this month~~last month (Aug. 27). This report lays out the steering committee's final recommendations for a modernized regulatory framework for health professions in B.C.

As you know, a consultation paper was developed on modernizing how health professions are regulated in B.C. The consultation paper was released publicly in November, and was followed by a round of public and health sector partner consultations.

Feedback received during consultation revealed broad support for modernizing health profession regulation and for many of the suggestions in the committee's consultation paper.

Concerns and ideas were also shared and these helped the steering committee to refine and revise a few of its recommendations. My plan today is to share with you the

committee's main final recommendations, including some key places where the steering committee has updated its original proposal.

As you are aware, in March 2018, Mr. Harry Cayton (an international expert in professional regulation and then-head of the UK's Professional Standard's Authority) was invited to review the functioning and operations of the College of Dental Surgeons of BC, as well as the the model of health profession regulation in British Columbia, which is anchored in the *Health Professions Act.*

In response to the suggestions to modernize B.C.'s system of health profession regulation outlined the Cayton report, the Minister of Health established the Steering Committee on Modernization of Health Professional Regulation.

The steering committee was formed to provide advice on an approach to modernize the regulatory framework for health professions, and has been meeting regularly since May 2019.

The steering committee has thoughtfully considered how health profession regulation can best be enhanced. They have considered the suggestions in the Cayton report, input from two rounds of consultation, and environmental scans on what is being done in other jurisdictions.

I know many of the associations made submissions to the committee in its second round of consultation (which ended in

January). Thank you on behalf of Minister Dix, and his colleagues MLA Furstenau and MLA Letnick, for your submissions giving your feedback on the steering committee's proposals. The committee reviewed and considered each of your submissions, and I extend their appreciation to you.

Feedback gathered through the second round of consultation has assisted the committee to refine its recommendations to modernize the regulatory framework. The Minister will be bringing these refined recommendations to his cabinet colleagues for consideration, and the process to modernize the *Health Professions Act* will continue.

As you know, the steering committee has three primary objectives. They have focused on changes that will:

- Improve patient safety and public protection;
- Improve efficiency and effectiveness of the regulatory framework; and
- Increase public confidence through transparency and accountability.

The committee's recommendations focus on a few key areas: Cultural safety, governance, fewer colleges, oversight, and complaints.

I'll provide a brief overview of each.

a) CULTURAL SAFETY

First, I'd like to speak about cultural safety and humility.

Feedback from public consultation indicated a strong desire to embed cultural safety and humility within regulatory modernization.

Cultural safety was often linked to the complaints and discipline process; ensuring leadership of regulatory colleges reflects the diversity of B.C.; and to standards that promote cultural competence.

The steering committee remains committed to ensuring cultural safety and humility are embedded within regulatory modernization, and is making a specific recommendation that work be undertaken to determine how cultural safety and humility should be supported by the regulatory framework.

b) GOVERNANCE

Next, I'd like to speak with you about the governance recommendations.

Concerns have been raised that regulatory college board elections may promote the misconception that board members are accountable to professionals who elected them, rather than accountable to protect British Columbians.

While elections are of course entirely appropriate and necessary for professional associations who are advocating for their membership, regulatory colleges have a distinct role in protecting the public and require a different approach.

To address this, Harry Cayton's report proposed ending regulatory college elections and having boards with an equal number of appointed health professional and public members.

Feedback from both rounds of public consultation expressed support for board members being chosen based on competence and diversity. There was also support for regulatory college boards with an equal number of professional and public members.

The consultation paper proposed several key changes to governance. These changes would help ensure that regulatory colleges and their boards can successfully fulfill their mandate to protect the public. These changes include for example:

- Competency-based board appointments, where appointments would be recommended by an oversight body
- Boards having an equal number of registrant and public members, and
- Smaller boards

The steering committee has confirmed, through consultation the importance of these recommendations, and the

governance recommendations remain the same as they were in the consultation paper.

These governance changes will increase public confidence in the regulation of health professionals, and support colleges to have a laser focus on the public interest.

I'm going to speak more about governance later on when we talk about oversight, as that is also an element of governance.

c) REDUCING THE NUMBER OF REGULATORS

I'd now like to speak with you about the proposed reduction in the number of regulators.

A lot of careful consideration has been given to how regulators can best be organized, in a model that better serves the public and improves public trust in regulation.

We are fortunate that we have experience with college amalgamations here in BC. We of course have experience with the amalgamation of the three nursing colleges. And now, two additional amalgamations ~~are moving forward~~have recently occurred,~~.~~ ~~These~~ both of which have been supported by the committee. The College of Podiatric Surgeons and the College of Physicians and Surgeons ~~will~~ amalgamated on Aug. 31. The amalgamated colleges will continue under the name: College of Physicians and Surgeons of British Columbia. ~~and~~ Additionally, the College of Midwives and the College of

Nursing Professionals ~~will~~ amalgamated on Sept. 1 to become the British Columbia College of Nurses and Midwives.

The steering committee remains committed to reducing the number of regulators in a manner that addresses current resource challenges of smaller colleges, improves regulatory effectiveness and creates new economies of scale. We'd like to ensure that colleges are resourced to regulate effectively. Having fewer, better resourced, and more efficient regulatory colleges is a priority.

Originally it was suggested the number of regulatory colleges could be reduced from 20 to five. Feedback from the consultation helped the steering committee to refine its proposal. The committee's final recommendation is that there should be six regulatory colleges.

As proposed earlier, the ~~soon to be~~recently amalgamated College of Physicians and Surgeons, and College of ~~Nursing~~ Nurses and Midwifes ~~Professionals~~ as well as the College of Pharmacists will be maintained. These regulators have a sufficient size and a large registrant base to continue as standalone regulators. The College of Physicians and Surgeons and the College of Pharmacists also have unique jurisdiction and program responsibilities which add to the need for these colleges to be maintained.

The results of consultation indicated support for reducing the number of regulatory colleges in principle, but not the specific

approach proposed in the consultation paper, particularly in regard to the new multi-profession College of Health and Care Professions.

A variety of feedback was received about possible alternative approaches to amalgamation, and the steering committee has decided to revise its recommendation to respond to some of the concerns that were shared.

The committee believes objectives to addresses current resource challenges, improve effectiveness, and create new economies of scale can be met, and many of the concerns identified in the consultation can best be addressed by splitting the earlier proposed College of Health and Care Professions into two separate colleges.

The names of these two colleges are tentative, and we are open to feedback for other names for consideration.

The steering committee recommends splitting the College of Health and Care Professions into:

1. A regulatory college for complementary and alternative health and care professionals, and

2. A regulatory college for allied health and care professionals.

The Regulatory College of Complementary and Alternative Health and Care Professionals will regulate:

- Chiropractors
- massage therapists
- naturopathic physicians, and
- traditional Chinese medicine practitioners, and acupuncturists.

And the Regulatory College of Allied Health and Care Professionals will regulate:

- dietitians
- occupational therapists
- opticians
- optometrists
- physical therapists
- psychologists
- speech and hearing professionals, and
- diagnostic and therapeutic professions (clinical perfusionists, respiratory therapists, radiation therapists, and medical laboratory technologists).

Creating a new college of oral health professionals continues to be recommended. This college would include the current four oral health colleges. This would ensure a large regulatory

college with ample resources and expertise in regulation of a range of oral heath professions.

As I have previously stated, all professions that are now regulated will continue to be regulated.

As some of you know, prior to the release of the Cayton report, cabinet had approved the creation of a diagnostic and therapeutic professions regulatory college to oversee respiratory therapists, radiation therapists, clinical perfusionists and medical laboratory technologists.

Members of these professions were seeking to be regulated, and through the proposed changes, it is recommended that they be regulated under the Regulatory College of Allied Health and Care Professionals.

Requests to regulate additional occupations, such as counsellors, were received during the consultation. There are also existing professions that are regulated in other ways, such as social workers, and emergency medical assistants, that may be reviewed in the future by the new oversight body.

Once an oversight body for health professionals is established, the steering committee recommends that this body prioritize review of social workers, counselling therapists and emergency medical assistants for regulation under the *Health Professions Act*.

The members of the steering committee extend their appreciation to you for your thoughtful input on these recommendations. Your input has helped revise our path forward.

d) OVERSIGHT

I'd now like to speak about improved oversight.

As you know, the steering committee's consultation paper proposed a new independent body be created to oversee health regulatory colleges. This is in line with Harry Cayton's recommendation, and with a broad move governments are making to establish independent bodies to oversee regulators as part of a transparent system.

Consultation feedback expressed a lot of support for creation of an oversight body to ensure accountability and improve consistency from regulator to regulator. The steering committee has confirmed its recommendation that an oversight body be created.

The recommended functions of this body remain largely the same as was proposed in the consultation paper, and include:

- Setting performance standards for regulatory colleges
- Auditing regulatory colleges
- Public reporting on regulatory college performance, and
- Overseeing and recommending appointments to regulatory college boards

Based on consultation feedback, some revisions were made to the functions of the oversight body:

1. It was originally proposed that the oversight body could require regulatory colleges to create or update certain standards of professional practice. Some submissions expressed concern that the oversight body would be responsible for establishing the content of these standards. Changes were made to clarify the oversight body should recommend (and not establish) the range of standards of professional practice. Regulatory colleges will continue to have the authority to create standards of professional practice, and responsibility for the content of those standards.

The Minister will have authority to require regulatory colleges to create or update certain standards of professional practice, based on recommendations from the oversight body.

2. It was proposed that the oversight body could establish core elements of shared standards of ethics and conduct. Some submissions expressed concern that a common code of conduct across professions could negatively impact national professional alliances. Changes were made to clarify the oversight body should recommend core elements of shared standards of ethics and conduct, and not establish them.

The Minister will have the authority to establish core elements of shared standards of ethics and conduct, based on recommendations from the oversight body.

Most broadly, the oversight body will not have authority to direct colleges to make changes, but will provide recommendations for change to the colleges. It is proposed, however, that if colleges do not follow a recommendation from the oversight body, the oversight body could ask the Minister to direct colleges to make a change. In order to do this, the Minister continue to have, and be given additional authorities to direct where necessary.

3. Finally, it was originally proposed that the Health Professions Review Board would become an arm of the oversight body. Consultation feedback expressed concern about potential role confusion if the review board became an arm of the oversight body. Based on this feedback, the steering committee has revised its proposal, and recommends that the review board remain a separate entity from the oversight body.

e) Complaints

Finally, I would like to highlight key consultation feedback received about proposed improvements to the complaints process and share the committee's final recommendations.

First, I'd like to talk about transparency.

Greater transparency and fairness in the complaints process were frequent themes in both rounds of public consultation. Concerns have been raised that the *Health Professions Act* does not enable enough transparency about complaints.

The steering committee originally proposed that actions taken to resolve accepted complaints about health professionals would be made public.

Based on the consultation feedback received, the levels of transparency recommended at each of stage of the complaints process have been more clearly specified. The steering committee recommends:

- information about all agreements made in future between colleges and registrants in complaints matters should be made public
- that any cautions or warnings issued should remain private, and
- that if a complaint is dismissed, or if the college decides no action is required, there would be no publication.
- Public notification would also be limited in some matters related to a professional's illness.

Second, consultation feedback showed support for the creation of a new independent discipline process, and the steering committee continues to recommend such a process.

Finally, I'd like to mention some key recommendations regarding responses to sexual abuse and sexual misconduct. The steering committee sought feedback on this focus and based on this input, the committee recommends:

- Steps be taken to ensure more stringent discipline outcomes and more consistency in outcomes between colleges.
- Regulators fund counselling for victims and be able to recover costs from registrants who have perpetrated abuse and misconduct, and that
- Further work be undertaken on training in trauma-informed care, among other program level policy recommendations.

Together, these all of these changes are intended to ensure a clear focus on patient safety and public protection and to increase public trust in regulation.

CLOSING

I thank you again for all of your input during the consultation process, and look forward to our continued dialogue.

Thank you

Transition to Q/A

Speaking Notes: David Byres
Location: Teleconference
Date: November 27, 2019
Time: 2:00pm to 2:30pm
Audience: Associations

Good afternoon, thank you for joining me on short notice.

We wanted to connect with you, because, as you know the steering committee on modernization of health profession regulation released a consultation paper earlier today. The consultation process began today and will run until January 10.

The steering committee is very eager to hear from the public, but also committed to carefully considering feedback from key stakeholders, like you.

Over the next 15 minutes, I will:

- Provide some background on the steering committee, including why it was established;
- Give you an overview of the modernization proposal;
- And end by telling you more about the current public consultation, and answer your questions about the consultation.

In March 2018, Mr. Harry Cayton (an international expert in professional regulation and then-head of the UK's Professional Standard's Authority) was invited to review the functioning and operations of the College of Dental Surgeons of BC, as well as the the model of health profession regulation in British Columbia, which is anchored in the *Health Professions Act.*

In response to the suggestions to modernize B.C.'s system of health profession regulation outlined the Cayton report, the Minister of Health established the Steering Committee on Modernization of Health Professional Regulation.

The steering committee was formed to provide advice on an approach to modernize the regulatory framework for health professions and has been meeting regularly since April 2019.

I know some of associations made submissions to the committee in its first round of consultation (which ended in June), and I thank you on behalf of the steering committee for these submissions. The committee reviewed and considered each of them.

The steering committee has thoughtfully considered how health profession regulation can best be enhanced. They have considered the suggestions in the Cayton report, input from the first round of consultation, and environmental scans on what is being done in other jurisdictions. And, they have developed a consultation paper with proposals on how professional regulation can be modernized.

Today, the steering committee held a press release to kick out consultation process that will run until January 10.

The feedback gathered through consultation will assist the steering committee to refine its proposal before it goes to cabinet for consideration.

The steering committee has committed to an extensive engagement process and requested that we meet with you today.

You are invited to give feedback in written submissions, an online survey, and in meetings with Ministry representatives.

I'm going to talk about this consultation process in more detail at the end.

INTRO ON REGULATION

I wanted to touch first touch on the importance of health profession regulation, and the differences between the work of regulatory colleges and professional associations.

There is broad acknowledgement that acting in the public interest is fundamental to the role of a regulatory college. According to the *Health Professions Act*, it is the responsibility of regulatory colleges to make decisions that protect the public

interest. Regulatory colleges have a legal obligation to:

- Always be of service to and protect the people as a whole; and
- Always act in a way that benefits the welfare or well-being of the general public.

Associations play an important role by advocating and promoting the **needs of professions/their membership**. This is a key distinction. And sometimes, the needs of the profession align closely to the protection of the public.

Some of the changes to health profession regulation that are being proposed are significant. These changes have been designed to ensure regulatory colleges have a laser focus on protecting the public.

The Cayton report recommended separate and distinct roles between regulatory colleges and associations. As this distinction is further clarified, associations will have an increasingly important role to play in the health sector as the voice of the profession.

The changes being proposed are prompted by a shifting context. Health care has changed significantly since the *Health Professions Act* was last overhauled.

Public expectations have changed, and the health needs of our populations have changed. We need to ensure that how health

professionals are regulated keeps up.

The steering committee has three primary objectives.
They have focused on changes that will:

- Improve patient safety and public protection;
- Improve efficiency and effectiveness of the regulatory framework; and
- Increase public confidence through transparency and accountability.

Changes are proposed in several key areas:

- Governance
- Fewer colleges
- Oversight
- Complaints.

I'll provide a brief overview of each.

a) Governance

The consultation paper includes several proposed changes to regulatory college governance.

Concerns have been raised that regulatory college board elections may promote the misconception that board members are accountable to professionals who elected them, rather than accountable to protect British Columbians.

While elections are of course entirely appropriate and necessary for professional associations who are advocating for their membership, regulatory colleges have a distinct role in protecting the public and require a different approach.

To address this, Harry Cayton's report proposed ending regulatory college elections and having boards with an equal number of appointed health professional and public members.

Feedback from the initial public consultation was supportive of board members being appointed based on competence and diversity. There was also support for regulatory college boards with an equal number of professional and public members.

It is proposed that all board members of regulatory colleges, both health professionals and public members, be selected through a new competency-based process, and that regulatory college elections no longer take place. The Minister of Health would appoint all board members based on this competency-based process.

b) Reduction in number of regulators

The steering committee has also made a proposal on reducing the number of regulators. The committee has given a lot of careful consideration to how regulators can best be organized, in a model that better serves the public and improves public trust in regulation.

I would like to assure you that all health professions that are now regulated will continue to be regulated. The changes being proposed would not reduce the number of regulated health professions. And, profession-specific clinical expertise will continue to be central to the work of regulators.

We are fortunate that amalgamation isn't completely new territory for us here in BC. We have recent experience with the amalgamation of the three nursing colleges.

First and foremost, we'd like to ensure that colleges are resourced to regulate effectively. We heard from a number of colleges that said they just didn't have the financial resources or access to specialized services to regulate effectively. It is also important that colleges are large enough to gain experience and (repeat regulatory tasks frequently enough to) maintain competence in all areas of regulation.

Having fewer, better resourced, and more efficient regulatory colleges is a priority, and a reduction in the number of regulatory colleges from **20 to five is proposed**.

The College of Physicians and Surgeons, the College of Pharmacists, and the College of Nursing Professionals will be maintained. These regulators have a sufficient size and a large registrant base to continue as standalone regulators.

Creating a new college of oral health professionals is also proposed, which would include the current four oral health

colleges. This would ensure a large regulatory college with ample resources and expertise in regulation of a range of oral heath professions.

A new multi-profession college will be created, which for now, has been named the College of Health and Care Professions of British Columbia. Some of the inspiration for this approach came from the UK's Health and Care Professions Council which effectively regulates 16 different professions. The new College of Health and Care Professions will bring together the remaining regulatory colleges.

In the initial consultation, concern was expressed that access to profession-specific clinical expertise could be lost in a transition to fewer regulators. Clinical expertise is required in the development of clinical standards of professional practice for example. Profession-specific knowledge and expertise will be a key element of any future system. Multi-profession regulatory colleges will have profession-specific committees, to ensure this expertise.

c) Oversight

The committee is also proposing improving oversight.

Mr. Cayton's report suggested a new independent body be created to oversee health regulatory colleges. In the first round of public consultation we heard a lot of support for creation of an oversight body to ensure accountability and improve consistency from regulator to regulator.

Government recently established the Office of the Superintendent of Professional Governance to enhance public trust in the regulation of the natural resources sector.

The steering committee is proposing that an oversight body or 'regulator of regulators' be created. This body would have a range of responsibilities, including:

- Setting performance standards for regulatory colleges
- Auditing regulatory colleges
- Public reporting on regulatory college performance
- Overseeing and recommending appointments to regulatory college boards

This oversight body would result in significant improvements to accountability and transparency in the regulatory environment.

d) Complaints

Finally, I'd like to share two key improvements related to the complaints process. These changes are intended to ensure the process is focused on patient safety and public protection. These changes are also meant to increase public trust in regulators.

Harry Cayton's report found significant change is needed to make the complaints process more efficient, transparent and fair. Greater transparency and fairness in the complaints

process were also common themes in the initial consultation. Regulatory colleges and other health stakeholders also focused on the importance of profession specific clinical expertise in the complaints process.

First, I'd like to talk about transparency.

Concerns have been raised that the *Health Professions Act* does not enable enough transparency about complaints. The need for increased transparency in the complaints and discipline process was a frequent theme of feedback during the initial public consultation.

Therefore, greater transparency about complaints matters is proposed, to increase public confidence in the work of regulators to protect the public. This includes making more information about complaints public.

It is proposed that, going forward, actions taken to resolve accepted complaints about health professionals would be made public. Accepted complaints are those that are not dismissed, and where some action is taken as a result of the complaint.

If a complaint were dismissed, or no action was taken, there would be no publication. Public notification would also be limited in some matters related to a professional's illness.

Finally, I'd like to mention a key proposed change to the discipline process.

Currently, regulatory colleges are responsible for all stages of the complaints process, including investigations and discipline.

The Cayton report found there is a lack of separation between the investigation stage of complaints and the disciplinary decision-making stage, and noted this separation is a common principle of law.

Therefore, a new independent disciplinary process is proposed to increase separation between the investigation and discipline stages of complaints. The new independent disciplinary process will be supported by the oversight body.

Colleges would continue to have key roles in the complaints process, like investigating complaints and making consensual agreements with registrants.

These changes: 1. increasing transparency and 2. creating a new discipline process, would help to increase public protection and public confidence in regulation.

Transition

ENGAGEMENT PROCESS

The committee would like to understand your perspectives on the consultation paper. Your feedback will be thoughtfully considered and will assist the steering committee to refine its proposal before it goes to cabinet for consideration.

Again, this consultation is open from today (Nov 27) until January 10. Written submissions are invited, and there is also a survey available for sharing feedback. I do hope that you'll provide feedback to the steering committee.

In addition, associations representing regulated health professions will be invited to participate in meetings with Ministry representatives once you've had a chance to review the proposal. These meetings will be an opportunity for you to provide feedback and have a dialogue on the proposed changes.

These meetings will take place in December. You will be asked to identify two representatives to attend on behalf of your association.

Depending on the number of associations interested in meeting, these will likely be smaller group meetings in which several associations would meet with Ministry representatives or 1:1 meetings between associations and Ministry staff.

My assistant - Jenifer Sheppard, and Christina McLean – a policy analyst with the Ministry – are the best contacts for scheduling. You've likely already been in touch with Christina. These individuals will contact you over the next couple of weeks to arrange these December and January meetings.

I realise that you likely have a lot of questions, and I'm sure you will have more as you have time to review and reflect on the report. Given there are so many people on the phone, I ask we limit our questions to questions about the engagement process. We'll use our future meeting time to discuss the proposed changes.

Transition to Q/A – Regarding the engagement process [I'm happy to answer any questions you may have about the consultation process]

CLOSING

I look forward to our continued dialogue, and to your submissions for the consultation.

Speaking Notes: David Byres
Location: College of Nursing Professionals, 200 Granville Street (To be confirmed)
Date: November 25, 2019
Time: 10:00 am to noon
Audience: BCHR registrars and board chairs

Good morning. Thank you for meeting with us today.

I'd like to acknowledge that we are gathered on the unceded territory of the Coast Salish Peoples; the Musqueam, Tsleil-Waututh and Squamish Nations.

When we last met in May, the steering committee on modernizing health profession regulation was just beginning its work. Over the last several months, Minister Dix, and his colleagues MLA Furstenau and MLA Letnick have met regularly to consider how health profession regulation can best support the highest quality of care for British Columbians.

Thank you on behalf of the steering committee for your collective proposal on reducing the number of regulatory colleges. The steering committee also reviewed and considered each of your individual submissions, and I extend their appreciation to you.

I'm looking forward to sharing the steering committee's vision for improving health profession regulation, and having some early dialogue today about the proposed changes.

I recognize that some of the changes represent significant shifts. I know that throughout this process we continue to be guided by our shared commitment to putting the public interest first.

Changes are proposed in several key areas: governance, fewer colleges, oversight and complaints. My plan today is to share a bit about each of these focus areas and have a short Q&A period we talk about each of the four focus areas.

In addition to four opportunities for questions, we'll also take a short break at around 11 am following our discussion regarding a reduction in the number of regulators.

As you know, a proposal has been developed on modernizing how health professions are regulated. The proposal will be released publicly this Wednesday (November 27).

The steering committee requested that we meet with you so that key elements can be shared with you before the public release, and so that we could have some early dialogue. Thank you for your willingness to keep the information I'm going to share confidential.

Public and stakeholder consultation on the proposal will be open from November 27 to January 10. Written submissions are invited, and there will also be a survey available for sharing feedback.

The committee would like to understand your perspectives as regulators, the views of the broader health sector and the public on the proposal. This feedback will be thoughtfully considered and used to refine the proposal. The Minister will bring a refined proposal to his cabinet colleagues for consideration.

The improvements being proposed are prompted by a shifting context. Health care has changed significantly since the Health Professions Act was last overhauled. Public expectations have changed, and the health needs of our populations have changed. We need to ensure that how health professionals are regulated keeps up.

The steering committee has three primary objectives. They have focused on changes that will:

- Improve patient safety and public protection;
- Improve efficiency and effectiveness of the regulatory framework; and
- Increase public confidence through transparency and accountability.

Moving into the key themes.

1) GOVERNANCE

First, I would like to speak about governance.

As you know first hand from your work, regulatory college board leadership is of fundamental importance. As the governing body, boards are responsible for setting the tone and strategic direction so that colleges can fulfill their mandate to protect the public.

Concerns have been raised that elections promote the misconception that board members are accountable to professionals who elected them, rather than accountable to protect British Columbians.

To address this issue, Harry's report proposed ending elections and having boards with an equal number of health professional and public members.

Feedback from the initial public consultation was in support of appointment of board members based on competence, with diversity also being considered. There was also support for regulatory college boards with an equal number of professional and public members.

It is proposed that all board members, both health professionals and public members, be selected through a new competency-based process, and that elections no longer take

place. The Minister of Health would appoint all board members based on this competency-based process.

Harry's report also suggested that regulatory college boards be reduced in size. In the first public consultation, there was support for smaller boards. Regulatory college boards will move to a more consistent and smaller size (around 8 to 12 members).

These changes would increase public confidence in the regulation of health professionals, and support colleges to have a laser focus on the public interest.

We've seen the positive impact that changes to the governing body can have on a college. The College of Dental Surgeons is a great example of this. Chris (and Carl if in attendance), I'd like to acknowledge the progress that you've made over these last few months. The reduction in the size of your board (from 23 to 12), and equal numbers of public and registrant board members. We've also seen increased board representation for certified dental assistants and dental therapists can now become board members. I'm hearing from Mark and his team that board culture is shifting too.

We'll now spend about **10 minutes** on Q&A

Transition to Q/A (Leah to monitor time)

2) REDUCING THE NUMBER OF REGULATORS

I'd now like to speak with you about a proposed reduction in the number of regulators. I know that this can be a challenging topic. A lot of careful consideration has been given to how regulators can best be organized, in a model that better serves the public and improves public trust in regulation.

We are fortunate that amalgamation isn't completely new territory for us here in BC. We have recent experience with the amalgamation of the three nursing colleges.

I am pleased to share that the College of Nursing Professionals and College of Midwives have requested to merge, and so have the College of Physicians and Surgeons and the College of Podiatric Surgeons. The steering committee has expressed their support for these mergers.

First and foremost, we'd like to ensure that colleges are resourced to regulate effectively. We heard from a number of colleges that said they just didn't have the financial resources or access to specialized services to regulate effectively. It is also important that colleges are large enough to gain experience and (repeat regulatory tasks frequently enough to) maintain competence in all areas of regulation.

I would like to assure you that all health professions that are now regulated will continue to be regulated. The changes being

proposed would not reduce the number of regulated health professions.

Having fewer, better resourced, and more efficient regulatory colleges is a priority. A reduction in the number of regulatory colleges from 20 to five is proposed.

The College of Physicians and Surgeons, the College of Pharmacists, and the College of Nursing Professionals will be maintained. These regulators have a sufficient size and a large registrant base to continue as standalone regulators.

The College of Physicians and Surgeons, and the College of Pharmacists also have unique jurisdiction and responsibilities. The College of Pharmacists has jurisdiction over the Drug Schedules Regulation and pharmacies. The College of Physicians and Surgeons has jurisdiction over lab and diagnostic facilities and non-hospital medical and surgical facilities. These unique program responsibilities add to the need for these colleges to be maintained.

Creating a new college of oral health professionals is also proposed. The oral health college would include:

1. College of Dental Surgeons
2. College of Denturists
3. College of Dental Hygienists, and
4. College of Dental Technicians.

This would ensure a large regulatory college with ample resources and expertise in regulation of a range of oral heath professions.

Bringing the four oral health professions together seemed like a natural fit and a unique opportunity to have a single regulator that could really focus and develop expertise in regulation of oral health. This would also simplify system navigation for patients and families with questions or concerns related to oral health professions.

A new multi-profession college will be created, which for now, has been named the College of Health and Care Professions of British Columbia. Some of the inspiration for this approach came from the UK's Health and Care Professions Council which effectively regulates 16 different professions. The new College of Health and Care Professions will bring together the remaining regulatory colleges.

Apart from the:

- oral health colleges
- College of Physicians and Surgeons
- College of Podiatric Surgeons
- College of Nursing Professionals
- College of Midwives, and
- College of Pharmacists

We expect that the remaining colleges will join the new College of Health and Care Professions.

As an alternative to joining the new College of Health and Care Professions, the remaining colleges can consider approaching the College of Physicians and Surgeons, the College of Pharmacists, or the College of Nursing Professionals regarding a possible merger. Requests to merge with these larger colleges would need to be approved by the boards of both colleges. Following board approval, a request would have to be made to the minister of health, and cabinet would make the final decision on whether colleges may merge.

I realize this is a big change and that it creates some uncertainty for you and your teams.

We are going to shift into Q&A but I would like you to keep in mind that this won't be your only opportunity to ask questions and provide feedback. I hope to meet with you again in the coming weeks once you've had more time to absorb the report and further reflect. Of course, we also hope to receive written submissions from each regulatory college.

Transition to Q/A –

-- BREAK 11 am to 11:15 am --

3) OVERSIGHT

I'd now like to speak about improved oversight.

Harry's report suggested a new independent body be created to oversee health regulatory colleges. In the first round of public consultation we heard a lot of support for creation of an oversight body to ensure accountability and improve consistency from regulator to regulator.

Government recently established the Office of the Superintendent of Professional Governance to restore public trust in the natural resources sector.

The steering committee is proposing that an oversight body or 'regulator of regulators' be created. This body would have a range of responsibilities, including:

- Setting performance standards for regulatory colleges
- Auditing regulatory colleges
- Public reporting on regulatory college performance
- Overseeing and recommending appointments to regulatory college boards

The Health Professions Review Board would become an arm of the oversight body and would continue its current roles. It's role would not be expanded.

Transition to Q/A [10 mins]

4) Complaints

Finally, I would like to share two key improvements related to the complaints process. These changes are intended to ensure a clear focus on patient safety and public protection and to increase public trust in regulation.

Harry's report found significant change is needed to make the complaints process more efficient, transparent and fair. Greater transparency and fairness in the complaints process were also common themes in the initial consultation. Regulatory colleges and other health stakeholders also focused on the importance of profession specific clinical expertise in the complaints process.

As you know, Harry's report found there is a need to create a clearer separation between the investigation and discipline stages of the complaints process, as the separation of investigation from adjudication is a common principle of law which the report found currently does not apply under the HPA.

A new disciplinary process is proposed in which discipline panels separate from regulatory colleges would make decisions regarding discipline. The oversight body would establish a pool of qualified discipline panel members. Discipline panels would

include professional clinical expertise and members of the public.

Colleges would continue to have key roles in the complaints process. Colleges would continue to investigate complaints, and be able to make consensual agreements with registrants. Additionally, inquiry committees would have wider discretion to dispose of complaints, in line with Harry's report.

Lastly, I'd like to focus on transparency. The need for more transparency in the complaints process was a resounding theme in the initial consultation, especially to disclose information regarding findings of complaints against professionals.

It is proposed that, going forward, actions taken to resolve accepted complaints about health professionals would be made public. Accepted complaints are those that are not dismissed, and where some action is taken as a result of the complaint.

All actions resulting from agreements between registrants and regulatory colleges would become public (for example, agreements that registrants complete additional training).

If a complaint were dismissed, or no action was taken, there would be no publication. Public notification would also be limited in some matters related to a professional's ill health.

Together, these changes to the complaints process will help to build public confidence in regulation and support improved public protection.

CLOSING

I realize that the information I've shared today would mean significant change for colleges. I do hope that you'll provide feedback to the steering committee.

As you'll see on Wednesday, the steering committee has committed to an extensive engagement process. The purpose of the consultation process is to seek your input, which will assist the steering committee to refine its proposal before it goes to cabinet for consideration.

I know many of you have newsletters. After the public release of the consultation paper, we hope that you'll let your registrants know about the consultation opportunity and how to share their feedback.

I very much appreciate the leadership that BCHR has shown on this work. I hope that throughout this process we can continue to be guided by our shared commitment to protecting the public interest. I look forward to our continued dialogue.

Thank you

Transition to Q/A until noon.

Speaking Notes: David Byres
Location: Teleconference
Date: November 26, 2019
Audience: Health authority CEOs & CNOs

Good morning, thank you for joining me on short notice.

I understand we have a couple of delegates on the line.
Can we do a quick round table to confirm who is on the call?

As you know, back in April government released the Cayton report. The report contains two parts:

- Part One focuses on the inquiry into the College of Dental Surgeons and,
- Part Two suggests approaches to modernize B.C.'s overall health profession regulatory framework.

In response to suggestions in Part Two on how to modernize the health profession regulatory framework, Minister Dix created a steering committee that includes MLA Sonia Furstenau of the Green Party and MLA Norm Letnick of the Liberal Party.

The steering committee has been meeting since April and has developed a proposal for modernization that they are eager to consult on.

Today, I'll provide you with a confidential heads up on the proposed changes before they are shared publicly on Wednesday afternoon. We anticipate that there will be interest among many health authority staff members about these proposed changes and what it might mean for them.

Public and stakeholder consultation on the proposal will be open from November 27 to January 10. Written submissions are invited, and there will also be an online survey available for sharing feedback.

Once feedback has been gathered and analysed, the steering committee will use that information to finalize a modernization proposal which the Minister of Health may bring to cabinet for consideration. We'll also post a summary highlighting the themes of consultation.

Some of the proposed changes we'll discuss today represent significant shifts from the current state.

These changes are designed to:

- Improve patient safety and public protection
- Improve efficiency and effectiveness of the regulatory framework, and
- Increase public confidence through transparency and accountability.

Input from previous public consultation and suggestions in the Cayton report helped the steering committee to focus on several key areas, including improvements to:

- governance,
- reduction in the number of colleges,
- oversight, and
- complaints.

I'll share information on each of these areas and then we can shift to dialogue.

1) GOVERNANCE

As the governing body, boards are responsible for setting the tone and strategic direction so that colleges can fulfill their mandate to protect the public.

Concerns have been raised that elections promote the misconception that board members are accountable to professionals who have elected them, rather than accountable to protect British Columbians.

To address this issue, the Cayton report proposed ending elections and having boards with an equal number of appointed health professional and public members.

Feedback from the initial public consultation was in support of appointment of board members based on competence and diversity. There was also support for regulatory college boards with an equal number of professional and public members.

It is proposed that all board members, both health professionals and public members, be selected through a new competency-based process, and that elections no longer take place. The Minister of Health would appoint all board members based on this competency-based process.

The Cayton report also suggested that regulatory college boards be reduced in size. In the first public consultation, there was support for smaller boards. **Regulatory college boards will move to a more consistent and smaller size (around 8 to 12 members).**

These changes are designed to increase public confidence in the regulation of health professionals, and support colleges to have a laser focus on the public interest.

2) REDUCING THE NUMBER OF REGULATORS

I'll now speak to the proposed reduction in the number of regulators. A lot of careful consideration has been given to how regulators can best be organized, in a model that better serves the public and improves public trust in regulation.

We are fortunate that amalgamation isn't completely new territory for us here in BC. We have recent experience with the amalgamation of the three nursing colleges.

I am pleased to share that the College of Nursing Professionals and College of Midwives have requested to merge, and so have the College of Physicians and Surgeons and the College of Podiatric Surgeons. The steering committee has expressed their support for these mergers.

First and foremost, the steering committee would like to ensure that colleges are resourced to regulate effectively.

The steering committee heard from a number of colleges that said they just didn't have the financial resources or access to specialized services to regulate effectively. It is also important that colleges are large enough to gain experience and (repeat regulatory tasks frequently enough to) maintain competence in all areas of regulation.

B.C. currently has 20 health profession regulatory colleges, governed by the *Health Professions Act*. **A reduction in the number of regulatory colleges from 20 to five is proposed.**

3 of the existing colleges would remain, and 2 new ones would be created.

The colleges of Physicians and Surgeons, Nursing Professionals, and Pharmacists will remain as standalone regulatory colleges.

These regulators have a sufficient size and a large registrant base to continue as standalone regulators.

The College of Physicians and Surgeons, and the College of Pharmacists also have unique jurisdiction and responsibilities. The College of Pharmacists has jurisdiction over the Drug Schedules Regulation and pharmacies. The College of Physicians and Surgeons has jurisdiction over lab and diagnostic facilities and non-hospital medical and surgical facilities. These unique program responsibilities add to the need for these colleges to be maintained.

Creating a new **college of oral health professionals** is also proposed. The oral health college would include:

1. College of Dental Surgeons
2. College of Denturists
3. College of Dental Hygienists, and
4. College of Dental Technicians.

Bringing the four oral health professions together is a unique opportunity to have a single regulator that could focus and develop expertise in regulation of oral health. This would also simplify system navigation for patients and families with questions or concerns related to oral health professions.

A new multi-profession college will be created, which for now, has been named the College of Health and Care Professions of British Columbia. Some of the inspiration for this approach came from the UK's Health and Care Professions Council which effectively regulates **16** different professions. The new College of Health and Care Professions will bring together the remaining regulatory colleges.

Apart from the:

- oral health colleges
- College of Physicians and Surgeons
- College of Podiatric Surgeons
- College of Nursing Professionals
- College of Midwives, and
- College of Pharmacists

We expect that the remaining colleges will join the new College of Health and Care Professions.

As an alternative to joining the new College of Health and Care Professions, the remaining colleges can consider approaching the College of Physicians and Surgeons, the College of Pharmacists, or the College of Nursing Professionals regarding a possible merger.

Requests to merge with these larger colleges would need to be approved by the boards of both colleges. Following board approval, a request would have to be made to the minister of health outlining rationale for the merger. Cabinet would make the final decision on whether colleges may merge.

Diagnostic and therapeutic professions - Prior to the release of the Cayton report, cabinet approved creation of a diagnostic and therapeutic professions regulatory college to oversee:

- respiratory therapists,
- radiation therapists,
- clinical perfusionists and
- medical laboratory technologists.

These professions would likely be regulated by the new College of Health and Care Professions.

If the College of Physicians and Surgeons, the College of Pharmacists, or the College of Nursing Professionals' board has confirmed a willingness to regulate one or more of these professions, the board should write to the minister to confirm its intention.

Following receipt of the letter, ministry representatives will work with representatives of the diagnostic and therapeutic professions to determine if there is rationale to support regulation by a regulatory college other than the College of Health and Care Professions.

No deregulation - While a reduction in the number of regulatory colleges is proposed, the intention of this change is not to reduce the number of regulated health professions. All currently regulated health professions will continue to be regulated.

A reduction in the number of regulatory colleges does not create a barrier to regulation of new professions. Instead, the process will be streamlined through removal of the costly and time-consuming requirement to set up a new regulatory college each time a new profession is regulated.

3) OVERSIGHT

I'd now like to speak about improved oversight.

The Cayton report suggested a new independent body be created to oversee health regulatory colleges. In the first round of public consultation we heard a lot of support for creation of an oversight body to ensure accountability and improve consistency from regulator to regulator.

Government recently established the Office of the Superintendent of Professional Governance under the *Professional Governance Act* to restore public trust in the natural resources sector.

The steering committee is proposing that an oversight body or 'regulator of regulators' be created. This body would have a range of responsibilities, including:

- Setting performance standards for regulatory colleges
- Auditing regulatory colleges
- Public reporting on regulatory college performance
- Overseeing and recommending appointments to regulatory college boards

The Health Professions Review Board would become an arm of the oversight body and would continue its current roles. It's role would not be expanded.

4) COMPLAINTS

The next proposed changes relate to increasing transparency in complaints.

Concerns have been raised that the *Health Professions Act* does not enable enough transparency about complaints. The need for increased transparency in the complaints and discipline process was a frequent theme of feedback during the initial public consultation.

Therefore, greater transparency about complaints matters is proposed, to increase public confidence in the work of regulators to protect the public. This includes making more information about complaints public.

It is proposed that actions taken to resolve accepted complaints about health care professionals be made public (*this would not include complaints that have been dismissed or those where no action is taken*).

All actions resulting from agreements between registrants and regulatory colleges would become public (e.g. agreement that registrants complete additional training). These actions would be listed on the health care professional's name in the single online register and on the college's website.

Currently, regulatory colleges are responsible for all stages of the complaints process, including investigations and discipline.

The Cayton report found there is currently a lack of separation between the investigation stage of complaints and the disciplinary decision-making stage, and noted this separation is a common principle of law.

Therefore, a new independent disciplinary process is proposed to increase separation between the investigation and discipline stages of complaints. The new independent disciplinary process will be supported by the oversight body.

Public Consultation Process

I realize this is a big change and that it may create some discussion in the health authority. As you'll see on Wednesday, the steering committee has committed to an extensive engagement process.

As I mentioned before, feedback on the changes outlined in the consultation paper will be accepted from November 27, 2019 to January 10, 2020, and is open to all members of the public, health care professionals, and the regulatory colleges and associations.

I know many of you have newsletters and intranets. After the public release of the consultation paper, we hope that you'll share information about the consultation opportunity.

Questions

Modernizing the Provincial Health Profession Regulatory Framework

Power point Slides – Notes

Slide 1: Good morning, and thank you for joining me. Today, I'll be sharing some information in preparation for the launch of public consultation on approaches to modernize the health profession regulatory framework in BC. Before I begin, I would like to acknowledge that we are gathered on the traditional territory of the Lekwungen [La-kwung-en] people and the Songhees and Esquimalt Nations.

Slide 2: Over the next 20 minutes, I will provide some background on the role of the steering committee on health professional modernization - why it was formed, and what its purpose is - and what the public had to say during an initial phase of public consultation on health profession regulation

Next, I will introduce and discuss the key elements of reform to modernize the provincial health profession regulatory framework, and end by telling you a little more about plans for this next round of public consultation

Slide 3:

In March 2018, Mr. Harry Cayton (an international expert in professional regulation and then-head of the UK's Professional Standard's Authority) was invited to review the functioning and operations of the College of Dental Surgeons of BC, as well as the the model of health profession regulation in British Columbia, which is anchored in the Health Professions Act.

We are pleased to have Harry on the line today.

In response to the suggestions to modernize B.C.'s system of health profession regulation outlined the Cayton report, the Minister of Health established the Steering Committee on Modernization of Health Professional Regulation.

The steering committee was established to provide advice on an approach to modernize the regulatory framework for health professions and has been meeting regularly since April 2019.

Slide 4: Before we go any further, I wanted to touch on the important role of health profession regulation

Regulation of health professionals is part of the foundation of safe health care. When we talk about professional regulation in its current state, we are mostly talking about regulatory colleges.

Today in British Columbia, there are 26 regulated health professions, of which 25 are governed by 20 regulatory colleges under the Health Professions Act.

There is broad acknowledgement that acting in the public interest is foundational to the role of a regulatory college. According to the Health Professions Act, it is the responsibility of regulatory colleges to make decisions that protect the public interest. Regulatory colleges have a legal obligation to:

Always be of service to and protect the people as a whole; and

Always act in a way that benefits the welfare or well-being of the general public.

As the steering committee moves forward with consultation, we will be hearing from and working with both regulatory colleges and professional associations. And it is important to understand their different and important roles.

It is the responsibility of regulatory colleges to make decisions that protect the public interest. Colleges are statutory bodies created under the Health Professions Act.

Associations play an important role, but they are accountable to their members, not the public. Functions of associations include promoting and advocating on behalf of the profession.

However, a common theme throughout the Cayton report was that BC's regulatory framework is no longer adequate to ensure the public interest is always the number one priority of a regulatory body.

The Cayton report raised concerns that in some cases, the needs of the profession were given priority over public safety. Some of this was linked to the Health Professions Act and suggestions for improvement were put forward (For example - things like improvements to board governance – currently have very large boards with some elected professional members more focused on the profession than protecting the public).

Slide 5: Since April, the Steering Committee has worked to develop an approach to modernization. We have taken Mr. Cayton's recommendations and feedback from the public and drafted a carefully thought-out proposal to modernize health profession regulation in B.C.

First, I will touch on what the Steering Committee heard during an initial phase of public consultation following the release of the Cayton report

Next, I will spend some time going through the elements of reform the Steering Committee is proposing to modernize the provincial health profession regulatory framework.

The first opportunity for public consultation was held for one month, between May 9th and June 14th 2019.

That first round of public consultation provided an opportunity to respond to the Cayton Report's recommendations related to modernization (excluded feedback related to the College of Dental Surgeons).

Over 300 written submissions were received. We heard a lot of support for change from the public, including:

Support for fewer, but better resourced regulatory colleges;

Support for improved transparency and accountability throughout the regulatory system, especially related to complaints; and,

The need for greater oversight of regulatory colleges

Overall, there was broad support for modernization

Slide 6: Feedback from the initial public consultation helped the steering committee to identify and prioritize improvements to health profession regulation that are most important to British Columbians and health-sector stakeholders.

In considering how to modernize health profession regulation, we are guided by three objectives:

Improve patient safety and public protection.

Improve efficiency and effectiveness of the regulatory framework, and

Increase public confidence through transparency and accountability.

Slide 7: The steering committee is proposing a series of changes to the way that health professionals are regulated in B.C. These proposals include changes designed to:

Improve the governance of regulatory colleges through a competency-based appointment process for ALL board members, and to have an equal number of health professionals and public members on the boards of regulatory colleges.

Reduce the number of regulatory colleges (from 20 to 5) to improve their efficiency and support their improved effectiveness in protecting the public.

Strengthen the oversight of regulatory colleges by creating an oversight body.

Create a simpler and more transparent complaints and discipline process, and

Enable regulatory colleges to share information (between each other and with other agencies) where necessary for public safety and protection.

Slide 8: With regard to governance, each regulatory college has a board, which is made up of health professionals (who are registrants of the college) and public board members (who are non-registrants of the college).

Currently, health professional board members make up between a half and a third of boards. Health professional board members are chosen in elections by other health professionals who are registered with the regulatory college overseen by the board.

Elections for health professional board members can promote the misconception that these board members are accountable to those who have elected them, rather than accountable to protect British Columbians.

Therefore, it is proposed that all board members (health professionals and public members) be recommended for appointment through a competency-based process, which considers diversity, is independently overseen, and is based on clearly specified criteria and competencies.

It is also proposed that regulatory college boards have an equal number of health professional (registrant) and public (non-registrant) board members.

Having a competency-based appointment process and an equal number of health professional and public board members will ensure that regulatory colleges are putting the public interest and patient safety ahead of the professional interest.

Additional proposed changes include:

Reducing the size of regulatory college boards to improve functioning and effectiveness, and

Fairly and consistently compensating board and committee members (within and between colleges)

Slide 9: There are approximately 120,600 registrants across 20 regulatory colleges under the Health Professions Act. There is significant variation in size and financial resources available to fulfil their legislated mandate.

The smallest regulatory college, the College of Podiatric Surgeons of B.C., has just over 85 registrants and an annual revenue of about $330,000. The largest regulatory college, the B.C. College of Nursing Professionals, has more than 59,000 registrants and an annual revenue exceeding $25 million.

Amalgamation may also have benefits for registrants in the long term. Registrants of the College of Podiatric Surgeons pay the highest registration fees of regulated health professions, while registrants of the College of Nursing Professionals pay among the lowest.

College of Podiatric Surgeons of B.C. registrants pay amongst the highest fees, while B.C. College of Nursing Professional registrants are on the lower end.

Under the new model of 5 – colleges would be much larger

Nursing and Midwifery: 59,900 registrants

Physicians and Surgeons and Podiatric Surgeons: 13,800 registrants

Pharmacists: 8,800 registrants

Oral Health Professionals: 15,700 registrants

Multi-profession Regulator: 22,400 registrants

*Note: these numbers do not include Diagnostic and Therapeutic Professionals who are not currently regulated by a college.

Slide 10: As mentioned before, B.C. currently has 20 health profession regulatory colleges, governed by the Health Professions Act. The regulatory colleges vary significantly in their size and financial resources.

Some smaller regulatory colleges are struggling to meet their mandate due to resource challenges. In some cases, these resource constraints significantly hamper the regulatory college's ability to protect the public from harm.

To increase public protection, and improve efficiency and effectiveness of regulation, a reduction in the number of regulatory colleges from 20 to five is proposed.

This will support regulatory colleges to fulfill their mandate to protect the public, and would improve the effectiveness of regulatory colleges, giving smaller regulatory colleges more resources to protect the public.

Slide 11: It is proposed there be 5 colleges in total

The colleges of Physicians and Surgeons, Nursing Professionals, and Pharmacists will remain as standalone regulatory colleges.

A college of oral health professionals will be created.

And the steering committee is proposing the creation of a new multi-profession college - the College of Health and Care Professions

We expect most of the smaller colleges will join the College of Health and Care Professions (default option)

But some regulatory colleges may consider approaching the College of Physicians and Surgeons, the College of Pharmacists, or the College of Nursing Professionals about a possible merger.

This is similar to the approach taken by the College of Midwives and the College of Podiatric Surgeons:

Recently, the boards of directors of the College of Nursing Professionals and the College of Midwives jointly submitted a letter outlining their support and rationale for an amalgamation

Similarly, the boards of the College of Physicians and Surgeons and the College of Podiatric Surgeons have submitted a letter outlining their interest in merging.

Rationale:

When deciding on this new configuration, the steering committee first and foremost wanted colleges that were resourced in a manner that allowed them to regulate effectively.

Also wanted colleges that were large enough to gain experience and maintain competence in all areas of regulation.

Maintaining a focus on regulating single professions in isolation could limit regulatory colleges from responding to the increasing complexities of modern team-based care. Focus on a single profession also contributes to the regulatory college being overly focused on concerns of the profession.

A reduction in the number of regulators is intended to support more consistent standards across professions, enabling integrated care for patients and empowering professionals to better understand the scope of their role within a team.

Additional Rationale

The College of Nursing Professionals is already a large regulator with nearly 60,000 registrants. This college has been a change leader and has already been through a successful amalgamation. The willingness to come together with Midwives will continue this trend.

The College of Physicians and Surgeons, and the College of Pharmacists are large regulatory colleges, and also have unique jurisdiction and responsibilities. The College of Pharmacists has jurisdiction over the Drug Schedules Regulation and the operation of pharmacies in the province. The College of Physicians and Surgeons has jurisdiction over laboratory and diagnostic facilities and non-hospital medical and surgical facilities. These unique program responsibilities add to the need for these regulatory colleges to continue.

Adding podiatrists to the College of Physicians and Surgeons and midwives to the College of Nursing Professionals will give the prior smaller colleges more access to improved regulatory tools.

Bringing the four oral health professions together was a natural fit. Those professions share some similar expertise and sometimes have the same patients who need multiple services provided by the registrants of the 4 oral health profession colleges. This creates a unique opportunity to build a regulator that could really focus and develop expertise in regulation of oral health.

Also wanted to bring together the smaller colleges and so the steering committee is proposing creation of the College of Health and Care Professions. Some of the inspiration for this approach came from the UK where they have the Health and Care Professions Council which effectively regulates broad range of professions (16 professions).

Slide 12: In order to increase oversight of regulatory colleges, the steering committee is proposing the creation of a new, independent oversight body.

In the first round of public consultation, we heard a lot of support for the creation of a body to oversee the colleges. The oversight body would ensure that there is more information available to the public about the performance of colleges.

The steering committee has worked to carefully consider the roles and functions of a health profession oversight body. The oversight body would perform functions such as:

Conducting routine audits of regulatory colleges based on clear performance standards, and publicly reporting on those performance standards.

Conducting reviews and investigations into colleges and the overall performance of the system

Reviewing registration and complaint investigation decisions, and

Overseeing a competency-based appointment process for regulatory college board members.

It is envisioned that initial funding for the oversight body would be provided by government. The oversight body would be given the authority to collect fees from regulatory colleges in the future.

You may be aware of the Health Professions Review Board (HPRB). The HPRB is an independent, administrative tribunal that reviews concerns from the public and health care professionals related the decisions and activities of colleges' inquiry and registration committees (complaints and registration decisions).

It is envisioned the Health Professions Review Board would become a distinct arm of the oversight body – transition to the next slide.

Slide 13: While reducing the number of regulatory colleges is proposed, this change would not reduce the number of regulated health professions. All health professions which are now regulated will continue to be regulated.

Existing professions currently not under the HPA - Of course, not all regulated professions fall under the umbrella of the Health Professions Act. For example, emergency medical assistants are regulated by a government-appointed licensing board under the Emergency Health Services Act.

Some social workers are overseen by a regulatory college under the Social Workers Act, while other social workers are overseen by their employer, the Ministry of Children and Family Development. In the future, the new oversight body could assess and recommend whether the public interest could be better served if certain existing professions were to be regulated under the Health Professions Act and, if so, by which regulator.

New professions –the oversight body will also make recommendations to the minister and cabinet regarding regulation of new professions.

A reduction in the number of regulatory colleges does not create a barrier to regulation of new professions. Instead, the process will be streamlined through removal of the costly and time-consuming requirement to set up a new regulatory college each time a new profession is regulated. For example, in the proposed approach there would be no need to create a college for diagnostic and therapeutic professions.

The oversight body would recommend to the minister which, if any, unregulated occupations should become regulated, occupations like counselling therapists. This recommendation would be based on the level of risk the occupation's activities have on public health, considering both the likelihood of harm and its severity should harm occur. If the minister accepts a recommendation for regulation under the Health Professions Act it would go to cabinet for final decision.

The steering committee has noted that there is opportunity to consider improvements to how emergency medical assistants, social workers and counselling therapists are regulated. The oversight body may wish to prioritize review of these groups.

Slide 14: The next proposed changes relate to increasing transparency in complaints matters.

Concerns have been raised that the Health Professions Act does not enable enough transparency about complaints matters. The need for increased transparency in the complaints and discipline process was a frequent theme of feedback during the initial public consultation.

Therefore, greater transparency about complaints is proposed, to increase public confidence in the work of regulators to protect the public. This includes making more information about complaints public.

It is proposed that actions taken to resolve accepted complaints about health care professionals be made public (this would not include complaints that have been dismissed or those where no action is taken).

All actions resulting from agreements between registrants and regulatory colleges would become public (e.g. agreement that registrants complete additional training). These actions would be listed on the health care professional's name in the single online register and on the college's website.

Currently, regulatory colleges are responsible for all stages of the complaints process, including investigations and discipline.

The Cayton report found there is currently a lack of separation between the investigation stage of complaints and the disciplinary decision-making stage, and noted this separation is a common principle of law.

Therefore, a new independent disciplinary process is proposed to increase separation between the investigation and discipline stages of complaints. The new independent disciplinary process will be supported by the oversight body.

Slide 15: Regulatory colleges, along with all parts of the health system, must work together to improve patient safety and secure public trust in health professionals.

For example, at present it can be difficult for colleges to share information about a complaint, or to share information with health authorities.

Therefore, it is proposed that health profession regulatory colleges be enabled to share information (between each other and with other agencies) where necessary for public safety and protection.

Slide 16: The Steering Committee has prepared a consultation paper that discusses these elements of reform - including improvements to current structures and the creation of new structures - to strengthen the province's framework for health profession regulation.

This consultation paper will be released to the public this morning (Nov 27). Similar to the release of the Cayton report, we've scheduled a press release and will have time for media questions.

Members of the public, community groups and health-sector stakeholders are invited to submit feedback on the proposals to finalize recommendations for modernization of health profession regulation

Feedback on the proposals outlined in the consultation paper will be accepted from November 27, 2019 to January 10, 2020, and is open to all members of the public, health care professionals, and the regulatory colleges and associations.

Ways in which interested parties can provide feedback include: completing an online survey, or making a written submission.

In addition, meetings with key stakeholders are taking place (including health regulatory colleges, associations representing regulated health professions, and Indigenous representatives) . Regulators and professional associations will be engaged through targeted meetings as an additional method of engagement as the Steering Committee works to modernize the health profession regulatory framework.

Once feedback has been gathered and analysed, the steering committee will use that information to finalize a modernization proposal which the Minister of Health may bring to cabinet for consideration. We'll also post a summary highlighting the themes of consultation.

Thank you for joining me this morning to discuss this important work.

Modernizing the Provincial Health Profession Regulatory Framework

Presented to:

Date:

BRITISH COLUMBIA | Ministry of Health

Outline

BRITISH COLUMBIA | Ministry of Health

- Health profession regulation in B.C.
- The *Health Professions Act*
- Background for the Cayton Report
- Cayton Report
  - Observations
  - Suggestions
- Formation of Steering Committee
- Results from initial public consultation
- Elements of reform
  - Improved governance
  - Reduction in the number of regulatory colleges
  - Strengthening oversight
  - Complaints and adjudication
  - Information sharing
- Communications plan

Health Profession Regulation in B.C.

BRITISH COLUMBIA | Ministry of Health

- Goal is to **protect** the public by **limiting the risk of harm**
- **Public assurance** so the public can **trust** that professionals providing services are:
    - Competent
    - Identifiable
    - Ethical
    - Unimpaired
- Ensure a sufficient level of **quality**

The modern premise of professional regulation – whether of health or other professions – is the need to protect the public (patients, clients, customers) from negative consequences associated with an imbalance of knowledge and expertise. Professionals are considered experts in their field.

People seek out the advice and services of professionals because it isn't possible for everyone to have the expertise and knowledge necessary to perform certain tasks. This type of reliance provides a number of opportunities for harms to occur – harms that society deems to be contrary to the "public interest."

In order for us to have an orderly, efficient society, we want people to be able to trust – and actually trust - that the services and advice they receive from professionals are:

- Competent – they have the expertise and knowledge they say they have, and can effectively apply those to defined situations.
- Identifiable – members of the public can readily determine whether someone really has the expertise they claim, or whether they may be a charlatan.
- Ethical – have committed to a set of ethical principles to ensure that they do not take advantage of patients, clients or customers who do not have their specialized knowledge or skills.
- Unimpaired – that not only have they demonstrated competence, but they

only provide their specialized services when they have their full faculties. Impairment can be momentary, temporary or chronic, and can take multiple forms including insobriety, mental illness, physical illness, injury and others. Essentially anything that would put the principles above at risk

Health Professions Act

- In B.C., health profession **regulatory colleges** are responsible for ensuring that regulated health professionals provide services in a safe, competent, and ethical manner.
- There are 20 regulatory colleges established under B.C.'s *Health Professions Act (HPA)*
- The HPA provides **mandate and powers to regulatory colleges**

Professional regulation plays a vital role in B.C. by setting and enforcing the standards of professional behaviour, competence and ethics that underpin the day-to-day interactions patients and the public have with health professionals.
In B.C., health profession **regulatory colleges** are responsible for ensuring that regulated health professionals provide services in a safe, competent, and ethical manner. The primary function of the colleges is to ensure their registrants are qualified, competent and following clearly defined standards of practice and ethics. Regulatory colleges hold a register of professionals, set standards of practice, set and maintain standards of education and training, and investigate complaints and discipline **registrants.**

There are 20 regulatory colleges established under B.C.'s *Health Professions Act.* Colleges have a legal mandate under the Health Professions Act to protect the public.

Regulatory Colleges under the HPA

- Chiropractors (1,252)
- Dental Hygienists (4,012)
- Dental Technicians (995)
- Dental Surgeons (10,432)
- Denturists (268)
- Dietitians (1,318)
- Massage Therapists (4,759)
- Physicians and Surgeons (13,724)
- Midwives (379)
- Naturopathic Physicians (705)
- Nursing Professionals (59,493)
- Occupational Therapists (2,575)
- Opticians (1,011)
- Optometrists (815)
- Pharmacists (8,772)
- Physical Therapists (4,436)
- Podiatric Surgeons (85)
- Psychologists (1,331)
- Speech and Hearing Professionals (1,864)
- Traditional Chinese Medicine and Acupuncturists (2,361)

Of the 20 regulatory colleges under the *Health Professions Act*, there is significant variation in size. The smallest regulatory college, the College of Podiatric Surgeons of B.C., has just over 85 registrants. The largest regulatory college, the B.C. College of Nursing Professionals, has more than 59,000 registrants.

Background for the Cayton Report

BRITISH COLUMBIA | Ministry of Health

March 2018:

- "…in response to a series of unrelated complaints made against the college…"
- Minister Dix initiates an inquiry into the College of Dental Surgeons of British Columbia (CDSBC)
- Inquiry to be conducted by Harry Cayton
- Two deliverables:
  - Findings, advice and recommendations re CDSBC
  - Advice and recommendations re modernizing BC's overall framework for regulating health professions
- Report due December 2018

Cayton Report

BRITISH COLUMBIA | Ministry of Health

- Dec. 2018: Report delivered
- Apr. 2019: 2-part Cayton Report released
  - Part 1: **Recommendations to improve the operations and functioning of the CDSBC**
  - Part 2: **Possible approaches to modernizing BC's health profession regulatory framework**
- **Steering Committee focus is on Part 2**

Cayton Report Part 2
Observations and Suggestions

BRITISH COLUMBIA | Ministry of Health

Cayton Report Observations

BRITISH COLUMBIA | Ministry of Health

Public Safety is key

- **Lack of focus on public safety** is an overarching problem with BC's current HPA regulatory framework
- We need to:
  - Do a **better job of protecting the public** and focusing on public needs/safety
  - **Restore trust and public confidence** in regulation

Cayton Report Observations

BRITISH COLUMBIA | Ministry of Health

Protect the public

Current complaints/discipline process characterized by:

- Vague language in HPA for college guidance
  - Lack of clarity, inconsistent criteria and processes across colleges
- Inconsistent/overly complex complaints systems
  - consent agreements with registrants kept private, inappropriate use of fines, etc.
  - outcomes that do not instill public trust.
- HPRB has limited investigation powers

Cayton report Observations

BRITISH COLUMBIA | Ministry of Health

Governance

College challenges

- Smaller colleges may not have the resources to fulfill their mandate and effectively govern.
- Involvement with professional association - inappropriate mixing of public and professional interests.

Cayton Report Observations

BRITISH COLUMBIA | Ministry of Health

Governance

- Colleges not fully focused on their legislated duties
- College flexibility, agility, and operation hampered (too many committees, lengthy bylaw process, short terms of office)

Cayton Report Observations

BRITISH COLUMBIA | Ministry of Health

Oversight

Improving oversight needed. Currently:

- Limited ability to provide guidance & oversight—no official body/powers to recommend change based on best practice
- Ineffective reporting mechanisms—annual reports do not capture data relevant to measuring performance
- No ability to compare/benchmark data

Cayton Report Suggestions

BRITISH COLUMBIA | Ministry of Health

Governance

- **Reduce** the **size** of college boards
- **Independent board** appointment **process** for professional and public members

Cayton Report Suggestions

BRITISH COLUMBIA | Ministry of Health

Number of Regulatory Colleges

- Place a **moratorium** on creating any **new regulatory colleges**
- Encourage and facilitate regulatory **college mergers**

Cayton report Suggestions

BRITISH COLUMBIA | Ministry of Health

Improved Oversight

Improving oversight requires:

- **Improved checks and balances**—a need to self-initiate reviews (audits) into college decisions and processes.
- **An independent inquiry body**—conflicts of interest should be removed from committee and panel membership.

Cayton Report Suggestions

BRITISH COLUMBIA | Ministry of Health

Complaints and Adjudication

- **Increase transparency for public** about complaints and revise complaints/discipline process
- Establish **new registration** and **adjudication body**

Modernization of B.C.'s Health Profession Regulatory System
BRITISH COLUMBIA
Ministry of Health

Steering Committee

BRITISH COLUMBIA | Ministry of Health

Committee Members

- Chair: Honourable Adrian Dix, Minister of Health
- Member: Norm Letnick, health critic for the official Opposition
- Member: Sonia Furstenau, health critic and house leader for the BC Green Party caucus

In response to the suggestions outlined in Part Two of the Cayton report, the Minister of Health established and chairs the Steering Committee on Modernization of Health Professional Regulation.
Committee members include Norm Letnick, health critic for the official Opposition, and Sonia Furstenau, health critic and house leader for the BC Green Party caucus.

The steering committee was established to provide advice on an approach to modernize the regulatory framework for health professions.

Initial Public Consultation

BRITISH COLUMBIA | Ministry of Health

Results from first phase of consultation

- Held for one month, ending June 14, 2019
- Over 300 written submissions were received, indicating support for:
  - Fewer, but better resourced regulatory colleges
  - Improved transparency and accountability throughout the regulatory system, especially related to complaints
  - Greater oversight of regulatory colleges

The first opportunity for public consultation closed on June 14, 2019 and over 300 written submissions were received.

We heard a lot of support for change. Things like:

Support for fewer, but better resourced regulatory colleges

Support for improved transparency and accountability throughout the regulatory system, especially related to complaints.

The need for greater oversight of regulatory colleges was also frequently expressed.

Feedback from the initial public consultation helped us to identify and prioritize improvements to health profession regulation that are important to British Columbians and health-sector stakeholders.

Elements of Reform

BRITISH COLUMBIA | Ministry of Health

Elements of Regulatory Reform:

- Improved governance
- Reduction in the number of regulatory colleges
- Strengthening oversight of regulatory colleges
- Simplifying and increasing transparency in the complaints and disciplinary process
- Enable information sharing

Input from the initial public consultation assisted the steering committee to identify and prioritize elements of regulatory modernization that are important to British Columbians and health-sector stakeholders:

The steering committee is proposing a series of changes to the way that health professionals are regulated in B.C. These proposed changes include to:

Improve the governance of regulatory colleges through a merit-based appointment process for ALL board members and an equal number of health professionals and public members on boards of regulatory colleges.
Reduce the number of regulatory colleges (from 20 to 5) to improve their efficiency and support their improved effectiveness in protecting the public.
Strengthen the oversight of regulatory colleges by creating an oversight body.
Create a simpler and more transparent complaints and discipline process.
Enable regulatory colleges to share information (between each other and with other agencies) where necessary for public safety and protection.

The steering committee has taken Mr. Cayton's recommendations and feedback from the public and drafted a carefully thought-out proposal to modernize health profession regulation in B.C.

Improved Governance

BRITISH COLUMBIA | Ministry of Health

Proposed changes:

- No elections
- Regulatory college boards have an equal number of health professional (registrant) and public (non-registrant) board members
- All board members (health professionals and public members) be selected via a new merit-based appointment process
- Regulatory colleges compensate their board members in a consistent manner

Each regulatory college has a board, which is made up of health professionals (who are registrants of the college) and public board members (non-registrants of the college).
Health professional board members make up the majority of board members. They are chosen in elections by other health professionals who are registered with the regulatory college overseen by the board.
Public board members are appointed by the Minister of Health and ensure that the public's perspective is considered in strategic leadership and decision making.

Elections for registrant board members can promote the misconception that these board members are accountable to those who have elected them, rather than accountable to protect British Columbians.
Therefore, it is proposed that elections end,

It is also proposed that regulatory college boards have an equal number of health professional (registrant) and public (non-registrant) board members, and and that all board members (health professionals and public members) be selected via a new merit-based appointment process. Having a merit-based appointment process and an equal number of health professional and public board members will ensure that

regulatory colleges are putting the public interest and patient safety ahead of the professional interest.

It is also proposed that regulatory colleges compensate their board members in a fair and consistent manner.

Reducing the number of colleges

BRITISH COLUMBIA | Ministry of Health

Proposed changes:

- Reducing the number of regulatory colleges from 20 to five
- Creation of a new multi-profession college

Currently, B.C. has 20 health profession regulatory colleges, governed by the *Health Professions Act*. The regulatory colleges vary significantly in their size and financial resources.

Some smaller regulatory colleges are struggling to meet their mandate due to resource challenges. In some cases, these resource constraints significantly hamper the regulatory college's ability to protect the public from harm.

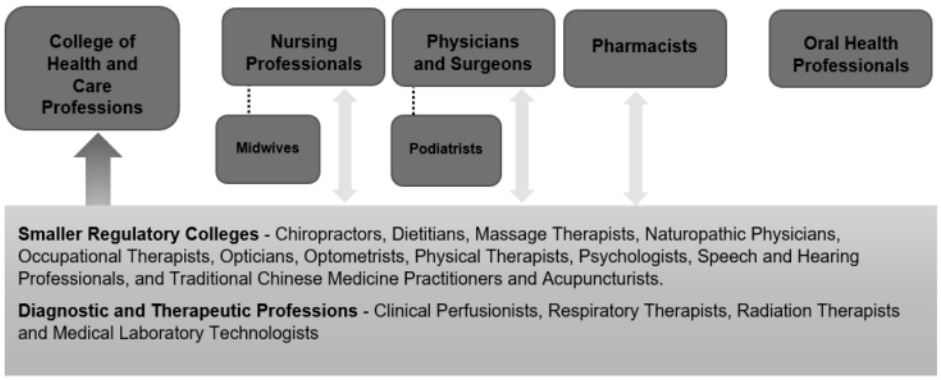
Having fewer, better resourced regulatory colleges is proposed.

This will support regulatory colleges to fulfill their mandate to protect the public, a reduction in the number of regulatory colleges from 20 to five is proposed. This would improve the effectiveness of regulatory colleges, giving now small regulatory colleges more resources to protect the public.

Reducing the number of colleges

BRITISH COLUMBIA | Ministry of Health

Proposed arrangement of regulatory colleges



We are proposing that 5 colleges remain

- The colleges of Physicians and Surgeons, Nursing Professionals, and Pharmacists will be remain.
- A college of oral health professionals will be created.
- And we are proposing creation of a new multi-profession college which we expect most of the smaller colleges will join - the College of Health and Care Professions.

All health professions which are now regulated will continue to be regulated. While reducing the number of regulatory colleges is proposed, this change would not reduce the number of regulated health professions.

Rationale:

- When deciding on this new configuration, we first and foremost wanted to ensure the colleges were resourced in a manner that allowed them to regulate effectively.
- We also wanted to ensure that colleges were large enough that to gain experience and maintain competence in all areas of regulation.
- When looking at the existing colleges, the College of Nursing Professionals is already a large regulator with nearly 60,000 registrants. This college has been a change leader and has already been through a successful amalgamation. We were

satisfied that it had sufficient resources and a strong track record to continue.

- The College of Physicians and Surgeons, and the College of Pharmacists are large regulatory colleges, and also have unique jurisdiction and responsibilities. The College of Pharmacists has jurisdiction over the Drug Schedules Regulation and the operation of pharmacies in the province. The College of Physicians and Surgeons has jurisdiction over laboratory and diagnostic facilities and non-hospital medical and surgical facilities. These unique program responsibilities add to the need for these regulatory colleges to continue.
- Bringing the four oral health professions together seemed like a natural fit. Those professions share some similar expertise which created a unique opportunity to create a regulator with that could really focus and develop expertise in regulation of oral health.
- We also wanted to bring together the smaller colleges and we decided to set up the College of Health and Care Professions. Some of the inspiration for this approach came from the UK where they have the Health and Care Professions Council which effectively regulates a broad range of professions.

Strengthening oversight of colleges

BRITISH COLUMBIA | Ministry of Health

Proposed changes:

- Creation of an oversight body to oversee health profession regulatory colleges
- Functions of oversight body:
  - Setting performance standards for regulatory colleges
  - Auditing regulatory colleges
  - Providing public reporting on regulatory college performance
  - Overseeing and recommending appointments to regulatory college boards

We are proposing the creation of an oversight body to oversee health profession regulatory colleges.

In the first round of public consultation we heard a lot of support for creation of a body to oversee the colleges. The Cayton report also suggested creation of an oversight body similar to the Office of the Superintendent of Professional Governance which was created in 2018 under by the Professional Governance Act.

The oversight body would ensure that there is a lot more information available in the public about the performance of colleges. The oversight body would do things like:

Routine audits of regulatory colleges based on clear performance standards and public reporting on those performance standards.

Reviews and investigations into colleges and the overall performance of the system. The oversight body could make recommendations which the minister may require colleges to implement.

Publish guidance on regulatory policy and practice.

Develop and manage a merit-based appointment process for regulatory college board members. The head of the oversight body would make recommendations to the minister on board appointments

Complaints and Discipline

BRITISH COLUMBIA | Ministry of Health

Proposed changes: New independent discipline process

- Creation of a new independent disciplinary process
  - Discipline panels separate from regulatory colleges would make decisions regarding regulated health professionals
- Regulatory colleges would continue to investigate complaints; however, disciplinary decisions would be made by a separate independent process
- The new discipline process would be supported by the oversight body

Currently, Regulatory colleges are responsible for all stages of the complaints process (including investigations and discipline), when a complaint is made to a regulatory college about one of its registrants.
A new independent disciplinary process is proposed in which discipline panels separate from regulatory colleges would make decisions regarding regulated health professionals.
Regulatory colleges would continue to investigate complaints; however, disciplinary decisions would be made by a separate independent process.
The new discipline process would be supported by the oversight body.

Complaints and Discipline

BRITISH COLUMBIA | Ministry of Health

Proposed changes: Increased transparency

- Actions taken to resolve accepted complaints about health professionals be made public
- All actions resulting from agreements between registrants and regulatory colleges become public
- Public notification would remain limited in some circumstances related to practitioner's ill health
- Regulatory colleges have the ability to make limited public comments about a complaint (if the complaint becomes known to the public)
- A professional's past history is taken into consideration in complaint and discipline decisions

Concerns have been raised that the Health Professions Act does not enable enough transparency about complaints matters. The Cayton report found the act protects health professionals' privacy but not the public.
The need for increased transparency in the complaints and discipline process was a frequent theme of feedback during the initial public consultation, specifically the need to disclose information regarding findings of complaints against professionals. Greater transparency about complaints matters is proposed, to increase public confidence in the work of regulators to protect the public.

- It is proposed that actions taken to resolve accepted complaints about health professionals would be made public. Accepted complaints are those that are not dismissed and where some action is being taken as a result of the complaint.
- All actions resulting from agreements between registrants and regulatory colleges would become public.
- Public notification would remain limited in some circumstances related to practitioner's ill health.
- It is proposed that to increase transparency and public confidence, regulatory colleges be able to make limited public comments about a complaint if the complaint becomes known to the public. Currently, at times, a complaint may

become known to the public through the media or other means. However, regulatory colleges may not provide public information due to interpretation of privacy provisions in the Health Professions Act. This may be perceived as a lack of transparency or inaction. This proposed change would allow regulatory colleges to disclose limited information publicly if a complaint became known to the public.

- In order to better protect patients from harm, it is proposed that complaint and discipline decisions must take into consideration the professional's past history.

Complaints and Discipline

BRITISH COLUMBIA | Ministry of Health

Proposed changes: Time limits and timeliness

- Time limits be set for stages of the investigation process. These may include:
  - A set number of days in which health professionals are required to respond to a complaint
  - A set number of days in which regulatory colleges must respond to and update the complainant
  - Time limits for negotiations between health professionals and regulatory college inquiry committees

The Health Professions Act sets time limits for how long regulatory colleges have to complete complaints investigations. The Cayton report found that these time limits do not take into account the complexity of cases, actions taken by health professions and lawyers, and circumstances outside of regulatory colleges' control.

It is proposed that instead of having a statutory time limit for the length of time that investigations must be completed in, time limits be set for stages of the investigation process.

Time limits for points in the complaints process would be set out, and may include:

- A set number of days in which health professionals are required to respond to a complaint.
- A set number of days in which regulatory colleges must respond to and update the complainant.
- Time limits for negotiations between health professionals and regulatory college inquiry committees.

MCH1

Information sharing

BRITISH COLUMBIA | Ministry of Health

Proposed changes:

- Health profession regulatory colleges be enabled to share information (between each other and with other agencies) where necessary for public safety and protection

In matters of multi-profession complaints (i.e., a complaint regarding care from a team of health professionals) and patient safety matters, information sharing is needed in order to protect the public. Regulatory colleges, along with all parts of the health profession regulatory system, must work together to improve patient safety and secure public trust in health professionals.

During public engagement, regulatory colleges noted that legislative barriers to information sharing made it difficult to work with other health system stakeholders. Information sharing between regulatory colleges, health authorities and other agencies is affected by multiple pieces of legislation. It was suggested that that statutory changes are required to allow effective communication among regulatory colleges and with other agencies. It was also suggested that regulatory colleges should be responsible for co-ordinating team-based care complaints, so that patients only have to connect with one regulator.

It is proposed that health profession regulatory colleges be enabled to share information (between each other and with other agencies) where necessary for public safety and protection.

Public Consultation- Phase Two

BRITISH COLUMBIA | Ministry of Health

Phase two of public consultation

BRITISH COLUMBIA | Ministry of Health

- Phase two of public consultation is seeking feedback on the steering committee's proposal to modernize health profession regulation in B.C.
- The consultation period closes on January 10, 2020 and is open to all members of the public, health care professionals and the regulatory colleges and associations

Communications Plan

BRITISH COLUMBIA | Ministry of Health

- **Launch date**: Wednesday, November 27, 2019
- **Consultation closes**: Friday, January 10, 2020
- **Audience**:
  - Associations
  - Regulatory Colleges
  - Public and health professionals
  - MLAs
  - Media

Communications Plan

BRITISH COLUMBIA | Ministry of Health

- **Methods of engagement**:
  - Pre-release meetings
  - Targeted letters to stakeholders
  - Online survey
  - Written submissions

Modernizing the Provincial Health Profession Regulatory Framework

Presented to: NDP Caucus

Date: November 26, 2019

BRITISH COLUMBIA | Ministry of Health

Good morning, and thank you for joining me.

Before I begin, I would like to acknowledge that we are gathered on the traditional territory of the Lekwungen [La-kwung-en] people and the Songhees and Esquimalt Nations.

I'm excited to share information in preparation for the launch of public consultation on modernizing health profession regulatory framework in BC.

When we talk about professional regulation in its current state, we are mostly talking about regulatory colleges. Today in British Columbia, there are 26 regulated health professions, of which 25 are governed by 20 regulatory colleges under the *Health Professions Act.*

Formation of Steering Committee

BRITISH COLUMBIA | Ministry of Health

Steering Committee on Modernization of Health Professional Regulation formed in response to Cayton report

Elements of Reform

1. Improved governance
2. Reduction in the number of regulatory colleges
3. Strengthening oversight of regulatory colleges
4. Simplifying and increasing transparency in the complaints and disciplinary process

- In March 2018, Mr. Harry Cayton (an international expert in professional regulation and then-head of the UK's Professional Standard's Authority) was invited to review the functioning and operations of the College of Dental Surgeons of BC, as well as the the model of health profession regulation in British Columbia, which is anchored in the *Health Professions Act*

- In response to the suggestions to modernize B.C.'s system of health profession regulation as outlined the Cayton report, the Minister of Health established the Steering Committee on Modernization of Health Professional Regulation.

- The steering committee was established to provide advice on an approach to modernize the regulatory framework for health professions and has been meeting regularly since April 2019.

- The steering committee has taken recommendations from the Cayton report and feedback from the an initial round of public consultation and drafted a carefully thought-out proposal to modernize health profession regulation in B.C.

- The first opportunity for public consultation was held for one month, between May

9th and June 14th 2019.

- Over 300 written submissions were received. And overall, there was broad support for modernization.

- Feedback from the initial public consultation helped my steering committee colleagues and I to identify and prioritize improvements to health profession regulation that are important to British Columbians and health-sector stakeholders. Change is needed to improve B.C.'s system of health professional regulation. We are looking at ways to:

1) Improve patient safety and public protection.
2) Improve efficiency and effectiveness of the regulatory framework.
3) Increase public confidence through transparency and accountability.

Input from previous public consultation helped to focus modernization on several key areas:

• Improve effectiveness of regulatory college boards and ensure boards are composed of members appointed based on merit and competence.
• Reduce the number of regulatory colleges to improve efficiency and effectiveness.
• Create a body to oversee regulatory colleges to improve public confidence and patient safety.
• Simplify and increase transparency in the complaints and disciplinary process.

I'll provide you with an overview of the key proposed changes

Improved Governance

BRITISH COLUMBIA | Ministry of Health

Proposed changes:

- No elections - All board members appointed through a competency-based process
- Equal number of public and professional board members
- Smaller boards
- Consistent board member compensation

With regard to governance, each regulatory college has a board, which is made up of health professionals (who are registrants of the college) and public board members (who are non-registrants of the college).
Currently, health professional board members make up between a half and a third of boards. Health professional board members are chosen in elections by other health professionals who are registered with the regulatory college overseen by the board. Elections for health professional board members can promote the misconception that these board members are accountable to those who have elected them, rather than accountable to protect British Columbians.

- Therefore, it is proposed that all board members (health professionals and public members) be recommended for appointment through a merit-based process, which considers diversity, is independently overseen, and is based on clearly specified criteria and competencies.
- It is also proposed that regulatory college boards have an equal number of health professional (registrant) and public (non-registrant) board members.
- Having a merit-based appointment process and an equal number of health professional and public board members will ensure that regulatory colleges are putting the public interest and patient safety ahead of the professional interest.

Additional proposed changes include:

- Reducing the size of regulatory college boards to improve functioning and effectiveness (like was done with the board of the College of Dental Surgeons), and
- Fairly and consistently compensating board and committee members (within and between colleges)

Fewer regulatory colleges

- Reduce the number of regulatory colleges from 20 to five
  - Increase public protection; improve efficiency and effectiveness of regulation
- No de-regulation
  - All health professions which are now regulated will continue to be regulated
  - Streamlined process for regulation of new professions

With regard to the number of regulators, B.C. currently has 20 health profession regulatory colleges, governed by the *Health Professions Act*. The regulatory colleges vary significantly in their size and financial resources.

- Some smaller regulatory colleges are struggling to meet their mandate due to resource challenges. In some cases, these resource constraints significantly hamper the regulatory college's ability to protect the public from harm.
- To increase public protection, and improve efficiency and effectiveness of regulation, a reduction in the number of regulatory colleges from 20 to five is proposed.
- This will support regulatory colleges to fulfill their mandate to protect the public, and would improve the effectiveness of regulatory colleges, giving smaller regulatory colleges more resources to protect the public.

While reducing the number of regulatory colleges is proposed, **this change would not reduce the number of regulated health professions**. **All health professions which are now regulated will continue to be regulated.**

A reduction in the number of regulatory colleges does not create a barrier to regulation of new professions. Instead, the process will be streamlined through removal of the costly and time-consuming requirement to set up a new regulatory

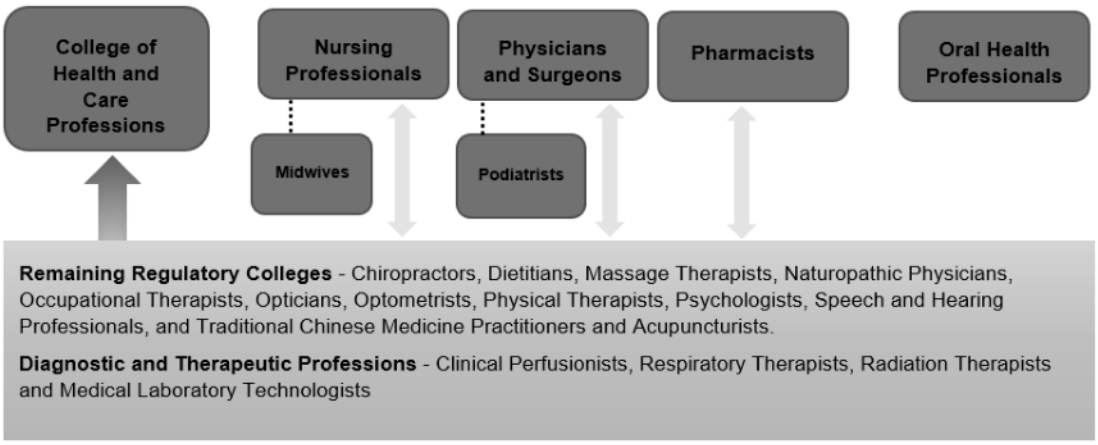
college each time a new profession is regulated. For example, in the proposed approach there would be no need to create a college for diagnostic and therapeutic professions.

Through the course of discussions, the steering committee has noted that there is opportunity to consider improvements to how emergency medical assistants, social workers and counselling therapists are regulated.

Fewer regulatory colleges

BRITISH COLUMBIA | Ministry of Health

Proposed arrangement of regulatory colleges



We are proposing there be 5 colleges in total (3 existing colleges would remain and 2 new colleges would be created)

- The colleges of Physicians and Surgeons, Nursing Professionals, and Pharmacists will remain as standalone regulatory colleges.
- A college of oral health professionals will be created.
- And we are proposing the creation of a new multi-profession college - the College of Health and Care Professions
    - We expect most of the smaller colleges will join the College of Health and Care Professions (default option)
    - But some regulatory colleges may consider approaching the College of Physicians and Surgeons, the College of Pharmacists, or the College of Nursing Professionals about a possible merger.
    - This is similar to the approach taken by the College of Midwives and the College of Podiatric Surgeons:
    - Recently, the boards of directors of the College of Nursing Professionals and the College of Midwives jointly submitted a letter outlining their support and rationale for an amalgamation
    - Similarly, the boards of the College of Physicians and Surgeons and the College of Podiatric Surgeons have submitted a letter to the minister

outlining their interest in merging.

Rationale:

- When deciding on this new configuration, we first and foremost wanted colleges that were resourced in a manner that allowed them to regulate effectively. By increasing the number of professionals in a regulatory college who contribute to paying fees, the additional funds can then be used to help pay for better ways to regulate in the public interest.
- We also wanted colleges that were large enough to gain experience and maintain competence in all areas of regulation.
- Maintaining a focus on regulating single professions in isolation could limit regulatory colleges from responding to the increasing complexities of modern team-based care. Focus on a single profession also contributes to the regulatory college being overly focused on concerns of the profession.
- A reduction in the number of regulators is intended to support more consistent standards across professions, enabling integrated care for patients and empowering professionals to better understand the scope of their role within a team.

Additional Rationale

- The College of Nursing Professionals is already a large regulator with nearly 60,000 registrants. This college has been a change leader and has already been through a successful amalgamation. The willingness to come together with Midwives will continue this trend.
- The College of Physicians and Surgeons, and the College of Pharmacists are large regulatory colleges, and also have unique jurisdiction and responsibilities. The College of Pharmacists has jurisdiction over the Drug Schedules Regulation and the operation of pharmacies in the province. The College of Physicians and Surgeons has jurisdiction over laboratory and diagnostic facilities and non-hospital medical and surgical facilities. These unique program responsibilities add to the need for these regulatory colleges to continue. Adding podiatrists to the College of Physicians and Surgeons and midwives to the College of Nursing Professionals will give the prior smaller colleges more access to improved regulatory tools.
- Bringing the four oral health professions together seemed like a natural fit. Those professions share some similar expertise and sometimes have the same patients who need multiple services provided by the registrants of the 4 oral health profession colleges. This creates a unique opportunity to build a regulator that could really focus and develop expertise in regulation of oral health.
- We also wanted to bring together the smaller colleges and we decided to set up the College of Health and Care Professions. Some of the inspiration for this approach came from the UK where they have the Health and Care Professions Council which effectively regulates broad range of professions (16 professions).

Strengthening oversight of colleges

BRITISH COLUMBIA | Ministry of Health

Proposed changes:

- Creation of a new oversight body
- Functions of oversight body include:
  - Routine audits of regulatory colleges based on clear performance standards
  - Review of registration and complaint investigation decisions
  - Oversee merit-based board member appointment process
- Health Professions Review Board would become distinct arm of the oversight body

In order to increase oversight of regulatory colleges, we are proposing the creation of a new, independent oversight body.

In the first round of public consultation, we heard a lot of support for the creation of a body to oversee the colleges. The oversight body would ensure that there is more information available to the public about the performance of colleges. This would be similar to the role of the Office of the Superintendent of Professional Governance under the Professional Governance Act.

The steering committee has worked to carefully consider the roles and functions of a health profession oversight body. The oversight body would perform functions such as:

- Conducting routine audits of regulatory colleges based on clear performance standards, and publicly reporting on those performance standards.
- Conducting reviews and investigations into colleges and the overall performance of the system
- Reviewing registration and complaint investigation decisions, and
- Overseeing a merit-based appointment process for regulatory college board members.

It is envisioned that initial funding for the oversight body would be provided by

government. The oversight body would be given the authority to collect fees from regulatory colleges in the future.

- You may be aware of the Health Professions Review Board (HPRB). The HPRB is an independent, administrative tribunal that reviews concerns from the public and health care professionals related the decisions and activities of colleges' inquiry and registration committees (complaints and registration decisions).
- It is envisioned the Health Professions Review Board would become a distinct arm of the oversight body.

Complaints and Discipline

BRITISH COLUMBIA | Ministry of Health

Proposed changes

- **Improve transparency** to increase public confidence that colleges will address complaints in the public interest
- **New discipline process to separate investigation and discipline** stages of complaints

- Our next proposed changes relate to increasing transparency in complaints matters.
- Concerns have been raised that the *Health Professions Act* does not enable enough transparency about complaints matters. The need for increased transparency in the complaints and discipline process was a frequent theme of feedback during the initial public consultation.
- Therefore, greater transparency about complaints matters is proposed, to increase public confidence in the work of regulators to protect the public. This includes making more information about complaints public.
- It is proposed that actions taken to resolve accepted complaints about health care professionals be made public (*this would not include complaints that have been dismissed or those where no action is taken*).
- All actions resulting from agreements between registrants and regulatory colleges would become public (e.g. agreement that registrants complete additional training). These actions would be listed on the health care professional's name in the single online register and on the college's website.

- Currently, regulatory colleges are responsible for all stages of the complaints process, including investigations and discipline.
- The Cayton report found there is currently a lack of separation between the

investigation stage of complaints and the disciplinary decision-making stage, and noted this separation is a common principle of law.

- Therefore, a new independent disciplinary process is proposed to increase separation between the investigation and discipline stages of complaints. The new independent disciplinary process will be supported by the oversight body.

Next Steps: Public Consultation

BRITISH COLUMBIA | Ministry of Health

Phase two of public consultation

- Feedback will be received from **November 27, 2019** to **January 10, 2020** via:
  1. Online survey
  2. Written submissions
- Targeted meetings with key stakeholders

- The Steering Committee has prepared a consultation paper that discusses these elements of reform - including improvements to current structures and the creation of new structures - to strengthen the province's framework for health profession regulation.
- This consultation paper will be released to the public this morning (Nov 27). Similar to the release of the Cayton report, we've scheduled a press release and will have time for media questions.

- Members of the public, community groups and health-sector stakeholders are invited to submit feedback on the proposals to finalize recommendations for modernization of health profession regulation
- Feedback on the proposals outlined in the consultation paper will be accepted from November 27, 2019 to January 10, 2020, and is open to all members of the public, health care professionals, and the regulatory colleges and associations.
- Ways in which interested parties can provide feedback include: completing an online survey, or making a written submission.

- In addition, **meetings with key stakeholders** are taking place (including health regulatory colleges, associations, and Indigenous representatives) . Regulators and

professional associations will be engaged through targeted meetings as an additional method of engagement as the Steering Committee works to modernize the health profession regulatory framework.

- Once feedback has been gathered and analysed, the steering committee will use that information to finalize a modernization proposal which the Minister of Health may bring to cabinet for consideration. We'll also post a summary highlighting the themes of consultation.

- **What can MLAs expect?** We do expect a lot of interest and reaction to the changes proposed in the consultation paper, and that's why we are moving forward with public consultation.
- You may be contacted by constituents, associations, and impacted stakeholders. **Please encourage interested constituents to share their views via the public consultation process.**

- **Thank you** for the opportunity to discuss this important work

Modernizing the Provincial Health Profession Regulatory Framework

Caucus Presentation

Date: November 26, 2019

BRITISH COLUMBIA | Ministry of Health

Good morning, and thank you for joining me.

Before I begin, I would like to acknowledge that we are gathered on the traditional territory of the Lekwungen [La-kwung-en] people and the Songhees and Esquimalt Nations.

I'm excited to share information in preparation for the launch of public consultation on modernizing health profession regulatory framework in BC.

When we talk about professional regulation in its current state, we are mostly talking about regulatory colleges. Today in British Columbia, there are 26 regulated health professions, of which 25 are governed by 20 regulatory colleges under the *Health Professions Act.*

Modernizing Professional Regulation

BRITISH COLUMBIA | Ministry of Health

Challenges of the current model:

- enabled cultures that can sometimes promote the interests of professions over the interests of the public;
- not keeping up with the changing health service delivery environment, particularly in relation to interprofessional team-based care;
- not meeting changing patient and family expectations regarding transparency and accountability; and
- inefficient.

There are 20 regulatory colleges established under B.C.'s *Health Professions Act*. This legislation provides a common regulatory framework for 25 health professions.

There have been criticisms that the current model of regulation, set out in the *Health Professions Act*:
has enabled cultures that can sometimes promote the interests of professions over the interests of the public;

- is not keeping up with the changing health service delivery environment, particularly in relation to interprofessional team-based care;
- is not meeting changing patient and family expectations regarding transparency and accountability; and
- is inefficient.

Further to this, there has been growing concern regarding the performance of some regulatory colleges in carrying out their mandate to protect the public from harm.

The Cayton report finds that the provincial regulatory framework for health professionals fails to support regulatory colleges in fulfilling their mandate, stating that the *Health Professions Act* "is no longer adequate for modern regulation."

Deficiencies with the current regulatory model are highlighted, including issues related to the governance of regulatory colleges, a complex complaints and discipline process, and lack of transparency of regulatory colleges.

There is also concern that the current model of regulation has allowed for promotion of the interests of the profession over the interests of the public. The report identifies a lack of public trust in regulators and a lack of "relentless focus on the safety of patients" as inadequacies of the current model. These themes are closely aligned with previous findings from a 2003 report conducted by the ombudsperson on self-governance in health professions in B.C.

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BRITISH COLUMBIA | Ministry of Health

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BRITISH COLUMBIA | Ministry of Health

Proposed changes:

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Current State: 20 Colleges

BRITISH COLUMBIA | Ministry of Health

Chiropractors	1,252
Dental Hygienists	4,012
Dental Technicians	995
Dental Surgeons	10,432
Denturists	268
Dietitians	1,318
Massage Therapists	4,759
Midwives	379
Naturopathic Physicians	705
Physicians and Surgeons	13,724

Nursing Professionals	59,493
Occupational Therapists	2,575
Opticians	1,011
Optometrists	815
Pharmacists	8,772
Physical Therapists	4,436
Podiatric Surgeons	85
Psychologists	1,331
Speech & Hearing	1,864
Traditional Chinese Medicine and Acupuncturists	2,361

There are approximately 120,600 registrants across 20 regulatory colleges

Of the 20 regulatory colleges under the *Health Professions Act*, there is significant variation in size and financial resources available to fulfil their legislated mandate. The smallest regulatory college, the College of Podiatric Surgeons of B.C., has just over 85 registrants and an annual revenue of about $330,000. The largest regulatory college, the B.C. College of Nursing Professionals, has more than 59,000 registrants and an annual revenue exceeding $25 million.

Amalgamation may also have benefits for registrants in the long term. Registrants of the College of Podiatric Surgeons pay the highest registration fees of regulated health professions, while registrants of the College of Nursing Professionals pay among the lowest.
College of Podiatric Surgeons of B.C. registrants pay about $3200 per year, while B.C. College of Nursing Professional registrants pay about $470 per year.

<u>Under the new model of 5 – colleges would be much larger</u>
Nursing and Midwifery: 59,900 registrants
Physicians and Surgeons and Podiatric Surgeons: 13,800 registrants

Pharmacists: 8,800 registrants
Oral Health Professionals: 15,700 registrants
Multi-profession Regulator: 22,400 registrants
*Note: these numbers do not include Diagnostic and Therapeutic Professionals who are not currently regulated by a college.

Fewer regulatory colleges

BRITISH COLUMBIA | Ministry of Health

- Reduce the number of regulatory colleges from 20 to five
  - Increase public protection; improve efficiency and effectiveness of regulation
- No de-regulation
  - All health professions which are now regulated will continue to be regulated
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With regard to the number of regulators, B.C. currently has 20 health profession regulatory colleges, governed by the *Health Professions Act*. The regulatory colleges vary significantly in their size and financial resources.

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college each time a new profession is regulated. For example, in the proposed approach there would be no need to create a college for diagnostic and therapeutic professions.

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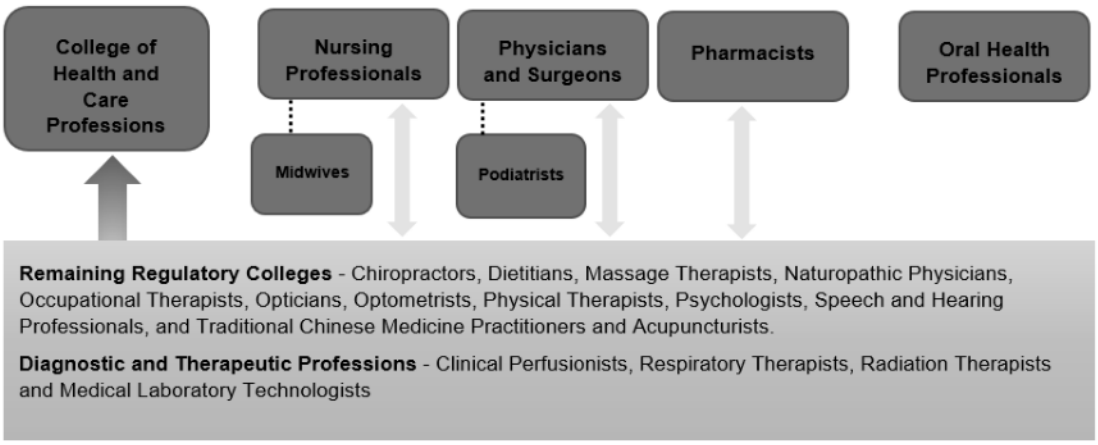
Fewer regulatory colleges

BRITISH COLUMBIA | Ministry of Health

Proposed arrangement of regulatory colleges



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    - But some regulatory colleges may consider approaching the College of Physicians and Surgeons, the College of Pharmacists, or the College of Nursing Professionals about a possible merger.
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outlining their interest in merging.

Rationale:

- When deciding on this new configuration, we first and foremost wanted colleges that were resourced in a manner that allowed them to regulate effectively. By increasing the number of professionals in a regulatory college who contribute to paying fees, the additional funds can then be used to help pay for better ways to regulate in the public interest.
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Strengthening oversight of colleges

BRITISH COLUMBIA | Ministry of Health

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  - Review of registration and complaint investigation decisions
  - Oversee merit-based board member appointment process
- Health Professions Review Board would become distinct arm of the oversight body

In order to increase oversight of regulatory colleges, we are proposing the creation of a new, independent oversight body.

In the first round of public consultation, we heard a lot of support for the creation of a body to oversee the colleges. The oversight body would ensure that there is more information available to the public about the performance of colleges. This would be similar to the role of the Office of the Superintendent of Professional Governance under the Professional Governance Act.

The steering committee has worked to carefully consider the roles and functions of a health profession oversight body. The oversight body would perform functions such as:

- Conducting routine audits of regulatory colleges based on clear performance standards, and publicly reporting on those performance standards.
- Conducting reviews and investigations into colleges and the overall performance of the system
- Reviewing registration and complaint investigation decisions, and
- Overseeing a merit-based appointment process for regulatory college board members.

It is envisioned that initial funding for the oversight body would be provided by

government. The oversight body would be given the authority to collect fees from regulatory colleges in the future.

- You may be aware of the Health Professions Review Board (HPRB). The HPRB is an independent, administrative tribunal that reviews concerns from the public and health care professionals related the decisions and activities of colleges' inquiry and registration committees (complaints and registration decisions).
- It is envisioned the Health Professions Review Board would become a distinct arm of the oversight body.

Complaints and Discipline

BRITISH COLUMBIA | Ministry of Health

Proposed changes

- **Improve transparency** to increase public confidence that colleges will address complaints in the public interest
- **New discipline process to separate investigation and discipline** stages of complaints

- Our next proposed changes relate to increasing transparency in complaints matters.
- Concerns have been raised that the *Health Professions Act* does not enable enough transparency about complaints matters. The need for increased transparency in the complaints and discipline process was a frequent theme of feedback during the initial public consultation.
- Therefore, greater transparency about complaints matters is proposed, to increase public confidence in the work of regulators to protect the public. This includes making more information about complaints public.
- It is proposed that actions taken to resolve accepted complaints about health care professionals be made public (*this would not include complaints that have been dismissed or those where no action is taken*).
- All actions resulting from agreements between registrants and regulatory colleges would become public (e.g. agreement that registrants complete additional training). These actions would be listed on the health care professional's name in the single online register and on the college's website.

- Currently, regulatory colleges are responsible for all stages of the complaints process, including investigations and discipline.
- The Cayton report found there is currently a lack of separation between the

investigation stage of complaints and the disciplinary decision-making stage, and noted this separation is a common principle of law.

- Therefore, a new independent disciplinary process is proposed to increase separation between the investigation and discipline stages of complaints. The new independent disciplinary process will be supported by the oversight body.

Next Steps: Public Consultation

BRITISH COLUMBIA | Ministry of Health

Phase two of public consultation

- Feedback will be received from **November 27, 2019** to **January 10, 2020** via:
  1. Online survey
  2. Written submissions
- Targeted meetings with key stakeholders

- The Steering Committee has prepared a consultation paper that discusses these elements of reform - including improvements to current structures and the creation of new structures - to strengthen the province's framework for health profession regulation.
- This consultation paper will be released to the public this morning (Nov 27). Similar to the release of the Cayton report, we've scheduled a press release and will have time for media questions.

- Members of the public, community groups and health-sector stakeholders are invited to submit feedback on the proposals to finalize recommendations for modernization of health profession regulation
- Feedback on the proposals outlined in the consultation paper will be accepted from November 27, 2019 to January 10, 2020, and is open to all members of the public, health care professionals, and the regulatory colleges and associations.
- Ways in which interested parties can provide feedback include: completing an online survey, or making a written submission.

- In addition, **meetings with key stakeholders** are taking place (including health regulatory colleges, associations, and Indigenous representatives) . Regulators and

professional associations will be engaged through targeted meetings as an additional method of engagement as the Steering Committee works to modernize the health profession regulatory framework.

- Once feedback has been gathered and analysed, the steering committee will use that information to finalize a modernization proposal which the Minister of Health may bring to cabinet for consideration. We'll also post a summary highlighting the themes of consultation.

- **What can MLAs expect?** We do expect a lot of interest and reaction to the changes proposed in the consultation paper, and that's why we are moving forward with public consultation.
- You may be contacted by constituents, associations, and impacted stakeholders. **Please encourage interested constituents to share their views via the public consultation process.**

- **Thank you** for the opportunity to discuss this important work

Modernizing the Provincial Health Profession Regulatory Framework

Presented to: [insert name]

Date: November 27, 2019

BRITISH COLUMBIA | Ministry of Health

***NOTE: Presentations will be personalized once approved, and tailored to the appropriate MLA**

Good morning, and thank you for joining me.

Today, I'll be sharing some information in preparation for the launch of public consultation on approaches to modernize the health profession regulatory framework in BC.

Before I begin, I would like to acknowledge that we are gathered on the traditional territory of the Lekwungen [La-kwung-en] people and the Songhees and Esquimalt Nations.

Outline

BRITISH COLUMBIA | Ministry of Health

- Role of the Steering Committee on Health Profession Modernization
- Results from initial public consultation
- Elements of proposed modernization
  - Improved governance
  - Reduction in the number of regulatory colleges
  - Strengthening the oversight of colleges
  - Complaints and adjudication
  - Information sharing

Over the next 20 minutes, I will provide some background on the role of the steering committee and why it was formed, and what we heard during an initial phase of public consultation on health profession regulation

Next, I will introduce and discuss the key elements of reform to modernize the provincial health profession regulatory framework, and end by telling you a little more about plans for public consultation

Formation of Steering Committee

BRITISH COLUMBIA | Ministry of Health

Steering Committee on Modernization of Health Professional Regulation

- Established to provide advice on an approach to modernize the regulatory framework for health professions in response to the Cayton report
- Chair: Honourable Adrian Dix, Minister of Health
- Member: Norm Letnick, health critic for the official Opposition
- Member: Sonia Furstenau, health critic and house leader for the BC Green Party caucus

- In March 2018, Mr. Harry Cayton (an international expert in professional regulation and then-head of the UK's Professional Standard's Authority) was invited to review the functioning and operations of the College of Dental Surgeons of BC, as well as the the model of health profession regulation in British Columbia, which is anchored in the *Health Professions Act*

- In response to the suggestions to modernize B.C.'s system of health profession regulation as outlined the Cayton report, the Minister of Health established the Steering Committee on Modernization of Health Professional Regulation.

- The steering committee was established to provide advice on an approach to modernize the regulatory framework for health professions and has been meeting regularly since April 2019.

College vs. Association

BRITISH COLUMBIA | Ministry of Health

Regulatory College	Professional Association
• Acts in the **interests of the public**	• Acts in the **interests of its members**

- Regulation of health professionals is part of the foundation of safe health care. When we talk about professional regulation in its current state, we are mostly talking about regulatory colleges.
- Today in British Columbia, there are 26 regulated health professions, of which 25 are governed by 20 regulatory colleges under the *Health Professions Act*.

- There is broad acknowledgement that acting in the public interest is foundational to the role of a regulatory college. According to the *Health Professions Act*, it is the responsibility of regulatory colleges to make decisions that protect the public interest. Regulatory colleges have a legal obligation to:
    - Always be of service to and protect the people as a whole; and
    - Always act in a way that benefits the welfare or well-being of the general public.

- As the steering committee moves forward with consultation, we will be hearing from and working with both regulatory colleges and professional associations. And it is important to understand their different and important roles.
    - It is the responsibility of regulatory colleges to make decisions that protect the public interest. Colleges are statutory bodies created under the Health

Professions Act.
    - Associations play an important role, but they are accountable to their members, not the public. Functions of associations include promoting and advocating on behalf of the profession.

- However, a common theme throughout the Cayton report was that BC's regulatory framework is no longer adequate to ensure the public interest is always the number one priority of a regulatory body.
- The Cayton report raised concerns that in some cases, the needs of the profession were given priority over public safety. Some of this was linked to the Health Professions Act and suggestions for improvement were put forward (For example - things like improvements to board governance – currently have very large boards with some elected professional members more focused on the profession than protecting the public. ess).

Initial Public Consultation

BRITISH COLUMBIA | Ministry of Health

Results from first phase of consultation

- Held for one month
  - Consultation opened: May 9, 2019
  - Consultation closed: June 14, 2019
- Over 300 written submissions were received, indicating support for:
  - Fewer, but better resourced regulatory colleges
  - Improved transparency and accountability throughout the regulatory system, especially related to complaints
  - Greater oversight of regulatory colleges

- Since April, the Steering Committee has worked to develop an approach to modernization. We have taken Mr. Cayton's recommendations and feedback from the public and drafted a carefully thought-out proposal to modernize health profession regulation in B.C.
- First, I will touch on what the Steering Committee heard during an initial phase of public consultation following the release of the Cayton report
- Next, I will spend some time going through the elements of reform the Steering Committee is proposing to modernize the provincial health profession regulatory framework.

- The first opportunity for public consultation was held for one month, between May 9th and June 14th 2019.
- That first round of public consultation provided an opportunity to respond to the Cayton Report's recommendations related to modernization (excluded feedback related to the College of Dental Surgeons).
- Over 300 written submissions were received. We heard a lot of support for change from the public, including:
  - Support for fewer, but better resourced regulatory colleges;
  - Support for improved transparency and accountability throughout the

regulatory system, especially related to complaints; and,

- The need for greater oversight of regulatory colleges
- Overall, there was broad support for modernization

Objectives of Reform

BRITISH COLUMBIA | Ministry of Health

1. Improve patient safety and public protection
2. Improve efficiency and effectiveness of the regulatory framework
3. Increase public confidence through transparency and accountability

Feedback from the initial public consultation helped my colleagues and I to identify and prioritize improvements to health profession regulation that are important to British Columbians and health-sector stakeholders.

In considering how to modernize health profession regulation, we are guided by three objectives:

1. Improve patient safety and public protection.
2. Improve efficiency and effectiveness of the regulatory framework, and
3. Increase public confidence through transparency and accountability.

Elements of Reform

BRITISH COLUMBIA | Ministry of Health

Elements of Regulatory Reform:

1. Improved governance
2. Reduction in the number of regulatory colleges
3. Strengthening oversight of regulatory colleges
4. Simplifying and increasing transparency in the complaints and disciplinary process
5. Enable information sharing

The steering committee is proposing a series of changes to the way that health professionals are regulated in B.C. These proposals include changes designed to:

- Improve the governance of regulatory colleges through a merit-based appointment process for ALL board members, and to have an equal number of health professionals and public members on the boards of regulatory colleges.
- Reduce the number of regulatory colleges (from 20 to 5) to improve their efficiency and support their improved effectiveness in protecting the public.
- Strengthen the oversight of regulatory colleges by creating an oversight body.
- Create a simpler and more transparent complaints and discipline process, and
- Enable regulatory colleges to share information (between each other and with other agencies) where necessary for public safety and protection.

Improved Governance

BRITISH COLUMBIA | Ministry of Health

Proposed changes:

- No elections - All board members appointed through a competency-based process
- Equal number of public and professional board members
- Smaller boards
- Consistent board member compensation

With regard to governance, each regulatory college has a board, which is made up of health professionals (who are registrants of the college) and public board members (who are non-registrants of the college).
Currently, health professional board members make up between a half and a third of boards. Health professional board members are chosen in elections by other health professionals who are registered with the regulatory college overseen by the board. Elections for health professional board members can promote the misconception that these board members are accountable to those who have elected them, rather than accountable to protect British Columbians.

- Therefore, it is proposed that all board members (health professionals and public members) be recommended for appointment through a merit-based process, which considers diversity, is independently overseen, and is based on clearly specified criteria and competencies.
- It is also proposed that regulatory college boards have an equal number of health professional (registrant) and public (non-registrant) board members.
- Having a merit-based appointment process and an equal number of health professional and public board members will ensure that regulatory colleges are putting the public interest and patient safety ahead of the professional interest.

Additional proposed changes include:

- Reducing the size of regulatory college boards to improve functioning and effectiveness, and
- Fairly and consistently compensating board and committee members (within and between colleges)

Fewer regulatory colleges

BRITISH COLUMBIA | Ministry of Health

Proposed changes:

- Reduce the number of regulatory colleges from 20 to five
  - Increase public protection; improve efficiency and effectiveness of regulation
- No de-regulation
  - All health professions which are now regulated will continue to be regulated

With regard to the number of regulators, B.C. currently has 20 health profession regulatory colleges, governed by the *Health Professions Act*. The regulatory colleges vary significantly in their size and financial resources.

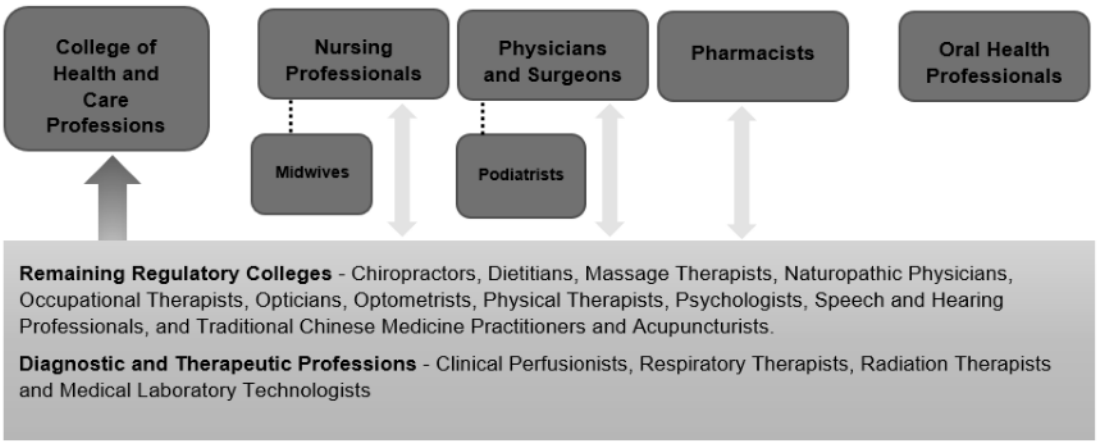
- Some smaller regulatory colleges are struggling to meet their mandate due to resource challenges. In some cases, these resource constraints significantly hamper the regulatory college's ability to protect the public from harm.
- To increase public protection, and improve efficiency and effectiveness of regulation, a reduction in the number of regulatory colleges from 20 to five is proposed.
- This will support regulatory colleges to fulfill their mandate to protect the public, and would improve the effectiveness of regulatory colleges, giving smaller regulatory colleges more resources to protect the public.

While reducing the number of regulatory colleges is proposed, **this change would not reduce the number of regulated health professions**. **All health professions which are now regulated will continue to be regulated.**

Fewer regulatory colleges

BRITISH COLUMBIA | Ministry of Health

Proposed arrangement of regulatory colleges



We are proposing there be 5 colleges in total

- The colleges of Physicians and Surgeons, Nursing Professionals, and Pharmacists will remain as standalone regulatory colleges.
- A college of oral health professionals will be created.
- And we are proposing the creation of a new multi-profession college - the College of Health and Care Professions
    - We expect most of the smaller colleges will join the College of Health and Care Professions (default option)
    - But some regulatory colleges may consider approaching the College of Physicians and Surgeons, the College of Pharmacists, or the College of Nursing Professionals about a possible merger.
    - This is similar to the approach taken by the College of Midwives and the College of Podiatric Surgeons:
    - Recently, the boards of directors of the College of Nursing Professionals and the College of Midwives jointly submitted a letter outlining their support and rationale for an amalgamation
    - Similarly, the boards of the College of Physicians and Surgeons and the College of Podiatric Surgeons have submitted a letter to the minister outlining their interest in merging.

Rationale:

- When deciding on this new configuration, we first and foremost wanted colleges that were resourced in a manner that allowed them to regulate effectively. By increasing the number of professionals in a regulatory college who contribute to paying fees, the additional funds can then be used to help pay for better ways to regulate in the public interest.
- We also wanted colleges that were large enough to gain experience and maintain competence in all areas of regulation.
- Maintaining a focus on regulating single professions in isolation could limit regulatory colleges from responding to the increasing complexities of modern team-based care. Focus on a single profession also contributes to the regulatory college being overly focused on concerns of the profession.
- A reduction in the number of regulators is intended to support more consistent standards across professions, enabling integrated care for patients and empowering professionals to better understand the scope of their role within a team.

Additional Rationale

- The College of Nursing Professionals is already a large regulator with nearly 60,000 registrants. This college has been a change leader and has already been through a successful amalgamation. The willingness to come together with Midwives will continue this trend.
- The College of Physicians and Surgeons, and the College of Pharmacists are large regulatory colleges, and also have unique jurisdiction and responsibilities. The College of Pharmacists has jurisdiction over the Drug Schedules Regulation and the operation of pharmacies in the province. The College of Physicians and Surgeons has jurisdiction over laboratory and diagnostic facilities and non-hospital medical and surgical facilities. These unique program responsibilities add to the need for these regulatory colleges to continue. Adding podiatrists to the College of Physicians and Surgeons and midwives to the College of Nursing Professionals will give the prior smaller colleges more access to improved regulatory tools.
- Bringing the four oral health professions together seemed like a natural fit. Those professions share some similar expertise and sometimes have the same patients who need multiple services provided by the registrants of the 4 oral health profession colleges. This creates a unique opportunity to build a regulator that could really focus and develop expertise in regulation of oral health.
- We also wanted to bring together the smaller colleges and we decided to set up the College of Health and Care Professions. Some of the inspiration for this approach came from the UK where they have the Health and Care Professions Council which effectively regulates broad range of professions (16 professions).

Strengthening oversight of colleges

BRITISH COLUMBIA | Ministry of Health

Proposed changes:

- Creation of a new oversight body
- Functions of oversight body include:
  - Routine audits of regulatory colleges based on clear performance standards
  - Review of registration and complaint investigation decisions
  - Oversee merit-based board member appointment process
- Health Professions Review Board would become distinct arm of the oversight body

In order to increase oversight of regulatory colleges, we are proposing the creation of a new, independent oversight body.

In the first round of public consultation, we heard a lot of support for the creation of a body to oversee the colleges. The oversight body would ensure that there is more information available to the public about the performance of colleges.

The steering committee has worked to carefully consider the roles and functions of a health profession oversight body. The oversight body would perform functions such as:

- Conducting routine audits of regulatory colleges based on clear performance standards, and publicly reporting on those performance standards.
- Conducting reviews and investigations into colleges and the overall performance of the system
- Reviewing registration and complaint investigation decisions, and
- Overseeing a merit-based appointment process for regulatory college board members.

It is envisioned that initial funding for the oversight body would be provided by government. The oversight body would be given the authority to collect fees from regulatory colleges in the future.

- You may be aware of the Health Professions Review Board (HPRB). The HPRB is an independent, administrative tribunal that reviews concerns from the public and health care professionals related the decisions and activities of colleges' inquiry and registration committees (complaints and registration decisions).
- It is envisioned the Health Professions Review Board would become a distinct arm of the oversight body.

Complaints and Discipline

BRITISH COLUMBIA | Ministry of Health

Proposed changes

- **Improve transparency** to increase public confidence that colleges will address complaints in the public interest
- **New discipline process to separate investigation and discipline** stages of complaints

- Our next proposed changes relate to increasing transparency in complaints matters.
- Concerns have been raised that the *Health Professions Act* does not enable enough transparency about complaints matters. The need for increased transparency in the complaints and discipline process was a frequent theme of feedback during the initial public consultation.
- Therefore, greater transparency about complaints matters is proposed, to increase public confidence in the work of regulators to protect the public. This includes making more information about complaints public.
- It is proposed that actions taken to resolve accepted complaints about health care professionals be made public (*this would not include complaints that have been dismissed or those where no action is taken*).
- All actions resulting from agreements between registrants and regulatory colleges would become public (e.g. agreement that registrants complete additional training). These actions would be listed on the health care professional's name in the single online register and on the college's website.

- Currently, regulatory colleges are responsible for all stages of the complaints process, including investigations and discipline.
- The Cayton report found there is currently a lack of separation between the

investigation stage of complaints and the disciplinary decision-making stage, and noted this separation is a common principle of law.

- Therefore, a new independent disciplinary process is proposed to increase separation between the investigation and discipline stages of complaints. The new independent disciplinary process will be supported by the oversight body.

Information sharing

BRITISH COLUMBIA | Ministry of Health

Proposed changes:

- Health profession regulatory colleges be enabled to share information where necessary for public safety and protection

- Regulatory colleges, along with all parts of the health system, must work together to improve patient safety and secure public trust in health professionals.
- For example, at present it can be difficult for colleges to share information about a complaint, or to share information with health authorities.
- Therefore, it is proposed that health profession regulatory colleges be enabled to share information (between each other and with other agencies) where necessary for public safety and protection.

Next Steps: Public Consultation

BRITISH COLUMBIA | Ministry of Health

Phase two of public consultation

- Feedback will be received from **November 27, 2019** to **January 10, 2020** via:
  1. Online survey
  2. Written submissions
- Targeted meetings with key stakeholders

- The Steering Committee has prepared a consultation paper that discusses these elements of reform - including improvements to current structures and the creation of new structures - to strengthen the province's framework for health profession regulation.
- This consultation paper will be released to the public this morning (Nov 27). Similar to the release of the Cayton report, we've scheduled a press release and will have time for media questions.

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professional associations will be engaged through targeted meetings as an additional method of engagement as the Steering Committee works to modernize the health profession regulatory framework.

- Once feedback has been gathered and analysed, the steering committee will use that information to finalize a modernization proposal which the Minister of Health may bring to cabinet for consideration. We'll also post a summary highlighting the themes of consultation.

- **What can MLAs expect?** We do expect a lot of interest and reaction to the changes proposed in the consultation paper, and that's why we are moving forward with public consultation.
- You may be contacted by constituents, associations, and impacted stakeholders. **Please encourage interested constituents to share their views via the public consultation process.**

- **Thank you** for joining me this morning to discuss this important work. I look forward to your support as we move this work forward.

Modernizing the Provincial Health Profession Regulatory Framework

BRITISH COLUMBIA | Ministry of Health

Good morning, and thank you for joining me.

Today, I'll be sharing some information in preparation for the launch of public consultation on approaches to modernize the health profession regulatory framework in BC.

Before I begin, I would like to acknowledge that we are gathered on the traditional territory of the **Lekwungen [La-kwung-en]** people and the **Songhees** and **Esquimalt Nations**.

Outline

BRITISH COLUMBIA | Ministry of Health

- Role of the Steering Committee on Health Professional Modernization
- Results from initial public consultation
- Elements of proposed modernization

Over the next 20 minutes, I will provide some background on the role of the steering committee on health professional modernization - why it was formed, and what its purpose is - and what the public had to say during an initial phase of public consultation on health profession regulation

Next, I will introduce and discuss the key elements of reform to modernize the provincial health profession regulatory framework, and end by telling you a little more about plans for this next round of public consultation

Formation of Steering Committee

BRITISH COLUMBIA | Ministry of Health

Steering Committee on Modernization of Health Professional Regulation

- Established to provide advice on an approach to modernize the regulatory framework for health professions in response to the Cayton report
- Chair: Honourable Adrian Dix, Minister of Health
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- In March 2018, Mr. Harry Cayton (an international expert in professional regulation and then-head of the UK's Professional Standard's Authority) was invited to review the functioning and operations of the College of Dental Surgeons of BC, as well as the the model of health profession regulation in British Columbia, which is anchored in the *Health Professions Act.*
- We are pleased to have Harry on the line today.

- In response to the suggestions to modernize B.C.'s system of health profession regulation outlined the Cayton report, the Minister of Health established the Steering Committee on Modernization of Health Professional Regulation.

- The steering committee was established to provide advice on an approach to modernize the regulatory framework for health professions and has been meeting regularly since April 2019.

College vs. Association

BRITISH COLUMBIA | Ministry of Health

Regulatory College	Professional Association
• Acts in the **interests of the public**	• Acts in the **interests of its members**

- Before we go any further, I wanted to touch on the important role of health profession regulation

- Regulation of health professionals is part of the foundation of safe health care. When we talk about professional regulation in its current state, we are mostly talking about regulatory colleges.
- Today in British Columbia, there are 26 regulated health professions, of which 25 are governed by 20 regulatory colleges under the *Health Professions Act*.

- There is broad acknowledgement that acting in the public interest is foundational to the role of a regulatory college. According to the *Health Professions Act*, it is the responsibility of regulatory colleges to make decisions that protect the public interest. Regulatory colleges have a legal obligation to:
    - Always be of service to and protect the people as a whole; and
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- As the steering committee moves forward with consultation, we will be hearing from and working with both regulatory colleges and professional associations. And it is

important to understand their different and important roles.

- It is the responsibility of regulatory colleges to make decisions that protect the public interest. Colleges are statutory bodies created under the Health Professions Act.
- Associations play an important role, but they are accountable to their members, not the public. Functions of associations include promoting and advocating on behalf of the profession.

- However, a common theme throughout the Cayton report was that BC's regulatory framework is no longer adequate to ensure the public interest is always the number one priority of a regulatory body.
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Initial Public Consultation

BRITISH COLUMBIA | Ministry of Health

Results from first phase of consultation

- Held for one month
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- Over 300 written submissions were received, indicating support for:
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  - Improved transparency and accountability throughout the regulatory system, especially related to complaints
  - Greater oversight of regulatory colleges

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  - Support for improved transparency and accountability throughout the

regulatory system, especially related to complaints; and,

- The need for greater oversight of regulatory colleges
- Overall, there was broad support for modernization

Objectives of Reform

BRITISH COLUMBIA | Ministry of Health

1. Improve patient safety and public protection
2. Improve efficiency and effectiveness of the regulatory framework
3. Increase public confidence through transparency and accountability

Feedback from the initial public consultation helped the steering committee to identify and prioritize improvements to health profession regulation that are most important to British Columbians and health-sector stakeholders.

In considering how to modernize health profession regulation, we are guided by three objectives:

1. Improve patient safety and public protection.
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Elements of Reform

BRITISH COLUMBIA | Ministry of Health

Elements of Regulatory Reform:

1. Improved governance
2. Reduction in the number of regulatory colleges
3. Strengthening oversight of regulatory colleges
4. Simplifying and increasing transparency in the complaints and disciplinary process
5. Enable information sharing

The steering committee is proposing a series of changes to the way that health professionals are regulated in B.C. These proposals include changes designed to:

- Improve the governance of regulatory colleges through a competency-based appointment process for ALL board members, and to have an equal number of health professionals and public members on the boards of regulatory colleges.
- Reduce the number of regulatory colleges (from 20 to 5) to improve their efficiency and support their improved effectiveness in protecting the public.
- Strengthen the oversight of regulatory colleges by creating an oversight body.
- Create a simpler and more transparent complaints and discipline process, and
- Enable regulatory colleges to share information (between each other and with other agencies) where necessary for public safety and protection.

Improved Governance

BRITISH COLUMBIA | Ministry of Health

Proposed changes:

- No elections - All board members appointed through a competency-based process
- Equal number of public and professional board members
- Smaller boards
- Consistent board member compensation

- With regard to governance, each regulatory college has a board, which is made up of health professionals (who are registrants of the college) and public board members (who are non-registrants of the college).
- Currently, health professional board members make up between a half and a third of boards. Health professional board members are chosen in elections by other health professionals who are registered with the regulatory college overseen by the board.
- Elections for health professional board members can promote the misconception that these board members are accountable to those who have elected them, rather than accountable to protect British Columbians.

- Therefore, it is proposed that all board members (health professionals and public members) be recommended for appointment through a competency-based process, which considers diversity, is independently overseen, and is based on clearly specified criteria and competencies.
- It is also proposed that regulatory college boards have an equal number of health professional (registrant) and public (non-registrant) board members.
- Having a competency-based appointment process and an equal number of health professional and public board members will ensure that regulatory colleges are putting the public interest and patient safety ahead of the professional interest.

Additional proposed changes include:

- Reducing the size of regulatory college boards to improve functioning and effectiveness, and
- Fairly and consistently compensating board and committee members (within and between colleges)

Fewer regulatory colleges

BRITISH COLUMBIA | Ministry of Health

Proposed changes:

- Reduce the number of regulatory colleges from 20 to five
  - Increase public protection; improve efficiency and effectiveness of regulation

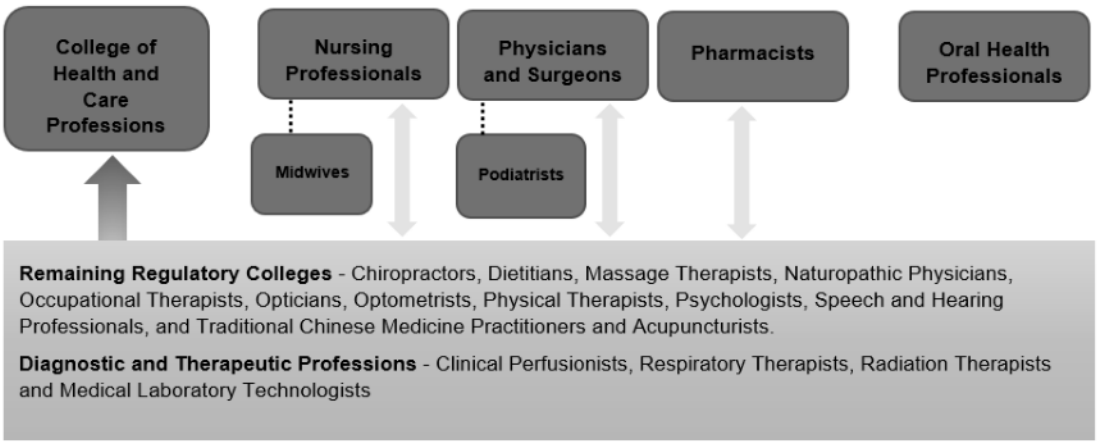
As mentioned before, B.C. currently has 20 health profession regulatory colleges, governed by the *Health Professions Act*. The regulatory colleges vary significantly in their size and financial resources.

- Some smaller regulatory colleges are struggling to meet their mandate due to resource challenges. In some cases, these resource constraints significantly hamper the regulatory college's ability to protect the public from harm.
- To increase public protection, and improve efficiency and effectiveness of regulation, a reduction in the number of regulatory colleges from 20 to five is proposed.
- This will support regulatory colleges to fulfill their mandate to protect the public, and would improve the effectiveness of regulatory colleges, giving smaller regulatory colleges more resources to protect the public.

Fewer regulatory colleges

BRITISH COLUMBIA | Ministry of Health

Proposed arrangement of regulatory colleges



It is proposed there be 5 colleges in total

- The colleges of Physicians and Surgeons, Nursing Professionals, and Pharmacists will remain as standalone regulatory colleges.
- A college of oral health professionals will be created.
- And the steering committee is proposing the creation of a new multi-profession college - the College of Health and Care Professions
    - We expect most of the smaller colleges will join the College of Health and Care Professions (default option)
    - But some regulatory colleges may consider approaching the College of Physicians and Surgeons, the College of Pharmacists, or the College of Nursing Professionals about a possible merger.
    - This is similar to the approach taken by the College of Midwives and the College of Podiatric Surgeons:
    - Recently, the boards of directors of the College of Nursing Professionals and the College of Midwives jointly submitted a letter outlining their support and rationale for an amalgamation
    - Similarly, the boards of the College of Physicians and Surgeons and the College of Podiatric Surgeons have submitted a letter outlining their interest in merging.

Rationale:

- When deciding on this new configuration, the steering committee first and foremost wanted colleges that were resourced in a manner that allowed them to regulate effectively.
- Also wanted colleges that were large enough to gain experience and maintain competence in all areas of regulation.
- Maintaining a focus on regulating single professions in isolation could limit regulatory colleges from responding to the increasing complexities of modern team-based care. Focus on a single profession also contributes to the regulatory college being overly focused on concerns of the profession.
- A reduction in the number of regulators is intended to support more consistent standards across professions, enabling integrated care for patients and empowering professionals to better understand the scope of their role within a team.

Additional Rationale

- The College of Nursing Professionals is already a large regulator with nearly 60,000 registrants. This college has been a change leader and has already been through a successful amalgamation. The willingness to come together with Midwives will continue this trend.
- The College of Physicians and Surgeons, and the College of Pharmacists are large regulatory colleges, and also have unique jurisdiction and responsibilities. The College of Pharmacists has jurisdiction over the Drug Schedules Regulation and the operation of pharmacies in the province. The College of Physicians and Surgeons has jurisdiction over laboratory and diagnostic facilities and non-hospital medical and surgical facilities. These unique program responsibilities add to the need for these regulatory colleges to continue.
- Adding podiatrists to the College of Physicians and Surgeons and midwives to the College of Nursing Professionals will give the prior smaller colleges more access to improved regulatory tools.
- Bringing the four oral health professions together was a natural fit. Those professions share some similar expertise and sometimes have the same patients who need multiple services provided by the registrants of the 4 oral health profession colleges. This creates a unique opportunity to build a regulator that could really focus and develop expertise in regulation of oral health.
- Also wanted to bring together the smaller colleges and so the steering committee is proposing creation of the College of Health and Care Professions. Some of the inspiration for this approach came from the UK where they have the Health and Care Professions Council which effectively regulates broad range of professions (16 professions).

Strengthening oversight of colleges

BRITISH COLUMBIA | Ministry of Health

Proposed changes:

- Creation of a new oversight body
- Functions of oversight body include:
  - Setting performance standards for regulatory colleges
  - Auditing regulatory colleges
  - Public reporting on regulatory college performance
  - Overseeing a competency-based appointment process for regulatory college board members
- Health Professions Review Board would become distinct arm of the oversight body

In order to increase oversight of regulatory colleges, the steering committee is proposing the creation of a new, independent oversight body.

In the first round of public consultation, we heard a lot of support for the creation of a body to oversee the colleges. The oversight body would ensure that there is more information available to the public about the performance of colleges.

The steering committee has worked to carefully consider the roles and functions of a health profession oversight body. The oversight body would perform functions such as:

- Conducting routine audits of regulatory colleges based on clear performance standards, and publicly reporting on those performance standards.
- Conducting reviews and investigations into colleges and the overall performance of the system
- Reviewing registration and complaint investigation decisions, and
- Overseeing a competency-based appointment process for regulatory college board members.

It is envisioned that initial funding for the oversight body would be provided by government. The oversight body would be given the authority to collect fees from regulatory colleges in the future.

You may be aware of the Health Professions Review Board (HPRB). The HPRB is an independent, administrative tribunal that reviews concerns from the public and health care professionals related the decisions and activities of colleges' inquiry and registration committees (complaints and registration decisions).

It is envisioned the Health Professions Review Board would become a distinct arm of the oversight body – transition to the next slide.

Strengthening oversight

- No de-regulation
  - All health professions which are now regulated will continue to be regulated
  - Streamlined process for regulation of new professions with no requirement to create a college to regulate new professions.

While reducing the number of regulatory colleges is proposed, this change would not reduce the number of regulated health professions. **All health professions which are now regulated will continue to be regulated.**

Existing professions currently not under the HPA - Of course, not all regulated professions fall under the umbrella of the *Health Professions Act*. For example, **emergency medical assistants** are regulated by a government-appointed licensing board under the *Emergency Health Services Act*.

Some **social workers** are overseen by a regulatory college under the *Social Workers Act*, while other social workers are overseen by their employer, the Ministry of Children and Family Development. In the future, the new oversight body could assess and recommend whether the public interest could be better served if certain existing professions were to be regulated under the *Health Professions Act* and, if so, by which regulator.

New professions –the oversight body will also make recommendations to the minister and cabinet regarding regulation of new professions.

A reduction in the number of regulatory colleges does not create a barrier to regulation of new professions. Instead, the process will be streamlined through removal of the costly and time-consuming requirement to set up a new regulatory college each time a new profession is regulated. For example, in the proposed approach there would be no need to create a college for **diagnostic and therapeutic professions.**

The oversight body would recommend to the minister which, if any, unregulated occupations should become regulated, occupations like **counselling therapists**. This recommendation would be based on the level of risk the occupation's activities have on public health, considering both the likelihood of harm and its severity should harm occur. If the minister accepts a recommendation for regulation under the *Health Professions Act* it would go to cabinet for final decision.

The steering committee has noted that there is opportunity to consider improvements to how **emergency medical assistants**, **social workers** and **counselling therapists** are regulated. The oversight body may wish to prioritize review of these groups.

Complaints and Discipline

BRITISH COLUMBIA | Ministry of Health

Proposed changes

- **Improve transparency** to increase public confidence that colleges will address complaints in the public interest
- **New discipline process to separate investigation and discipline** stages of complaints

- The next proposed changes relate to increasing transparency in complaints matters.
- Concerns have been raised that the *Health Professions Act* does not enable enough transparency about complaints matters. The need for increased transparency in the complaints and discipline process was a frequent theme of feedback during the initial public consultation.
- Therefore, greater transparency about complaints is proposed, to increase public confidence in the work of regulators to protect the public. This includes making more information about complaints public.
- It is proposed that actions taken to resolve accepted complaints about health care professionals be made public (*this would not include complaints that have been dismissed or those where no action is taken*).
- All actions resulting from agreements between registrants and regulatory colleges would become public (e.g. agreement that registrants complete additional training). These actions would be listed on the health care professional's name in the single online register and on the college's website.

- Currently, regulatory colleges are responsible for all stages of the complaints process, including investigations and discipline.
- The Cayton report found there is currently a lack of separation between the

investigation stage of complaints and the disciplinary decision-making stage, and noted this separation is a common principle of law.

- Therefore, a new independent disciplinary process is proposed to increase separation between the investigation and discipline stages of complaints. The new independent disciplinary process will be supported by the oversight body.

Information sharing

BRITISH COLUMBIA | Ministry of Health

Proposed changes:

- Health profession regulatory colleges be enabled to share information where necessary for public safety and protection

- Regulatory colleges, along with all parts of the health system, must work together to improve patient safety and secure public trust in health professionals.
- For example, at present it can be difficult for colleges to share information about a complaint, or to share information with health authorities.
- Therefore, it is proposed that health profession regulatory colleges be enabled to share information (between each other and with other agencies) where necessary for public safety and protection.

Next Steps: Public Consultation

BRITISH COLUMBIA | Ministry of Health

Phase two of public consultation

- Feedback will be received from **November 27, 2019** to **January 10, 2020** via:
  1. Online survey
  2. Written submissions

- The Steering Committee has prepared a consultation paper that discusses these elements of reform - including improvements to current structures and the creation of new structures - to strengthen the province's framework for health profession regulation.
- This consultation paper will be released to the public this morning (Nov 27). Similar to the release of the Cayton report, we've scheduled a press release and will have time for media questions.

- Members of the public, community groups and health-sector stakeholders are invited to submit feedback on the proposals to finalize recommendations for modernization of health profession regulation
- Feedback on the proposals outlined in the consultation paper will be accepted from November 27, 2019 to January 10, 2020, and is open to all members of the public, health care professionals, and the regulatory colleges and associations.
- Ways in which interested parties can provide feedback include: completing an online survey, or making a written submission.

- In addition, **meetings with key stakeholders** are taking place (including health regulatory colleges, associations representing regulated health professions, and

Indigenous representatives) . Regulators and professional associations will be engaged through targeted meetings as an additional method of engagement as the Steering Committee works to modernize the health profession regulatory framework.

- Once feedback has been gathered and analysed, the steering committee will use that information to finalize a modernization proposal which the Minister of Health may bring to cabinet for consideration. We'll also post a summary highlighting the themes of consultation.

- **Thank you** for joining me this morning to discuss this important work.