



College of Pharmacists
of British Columbia

January 10, 2020

Members of the Steering Committee
The Honourable Adrian Dix, M.L.A.
Minister of Health
Ms. Sonia Furstenau, M.L.A.
Health Critic and House Leader for the BC Green Party
Mr. Norm Letnick, M.L.A.
Official Opposition Health Critic

Mark MacKinnon
Executive Director, Professional Regulation and Oversight, Ministry of Health
3rd Floor, 1515 Blanshard Street
PO BOX 9649 STN Prov Govt
Victoria, BC V8V 9P4
PROREGADMIN@gov.bc.ca

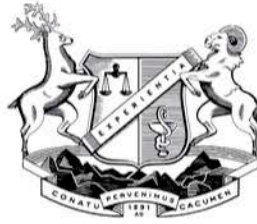
Re: Feedback on “*Modernizing the provincial health profession regulatory framework: A paper for consultation*”

Dear Members of the Steering Committee:

As Board Chair and Registrar of the College of Pharmacists of British Columbia (“CPBC”), we are writing to you in response to your request for feedback on “*Modernizing the provincial health profession regulatory framework consultation paper*” (“the consultation paper”).

CPBC has a duty to serve the public by regulating pharmacists and pharmacy technicians as well as licensing the pharmacies where they practice, which is aligned with the government’s goal of increasing transparency, patient safety, accountability and public confidence in the health profession regulatory framework.

Our Board met on November 29 and December 20, 2019 to discuss the consultation paper and a CPBC response. We have outlined our feedback and recommendations to each consultation question in the attached enclosure to assist with your deliberations.



Similar to the recommendations made by Harry Cayton in his report, *An Inquiry into the College of Dental Surgeons and the Health Professions Act*, many of the proposals in the consultation paper resonated with us, as they reinforced current practices underway at CPBC. Where possible within our response, we have provided recommendations from our perspective as a high-performing college within existing legislation. For example, the consultation paper proposes that regulatory college boards move to a more consistent and smaller size. CPBC's current board is comprised of only twelve members and our feedback is provided with this experience in mind.

Similarly, one of the major themes of the consultation paper is simplifying the complaints and discipline process in order to provide a clear focus on patient safety, public protection and strengthening public trust in regulation. CPBC's current disciplinary process has been developed to be as independent as possible to ensure procedures are objective, impartial and fair and we offer our feedback for best-practices from this experience.

We support amending the *Health Professions Act* or replacing it, to better enable efficient and effective health profession regulation in the public interest. Also, we support moving toward greater public accountability and transparency in line with privacy and human rights legislation. Further, we support increasing public protection and improving the efficiency and effectiveness of regulation. As health care delivery shifts from individual professions to team-based care, the regulatory framework must also evolve. Where there is alignment between professions, amalgamation makes sense for efficiencies. We are supportive of reducing the number of regulatory colleges, but we are concerned that five regulatory colleges may be too few and may result in public confusion due to a lack of alignment amongst amalgamated colleges as currently proposed. Any amalgamation should be conducted to better enable public navigation of health care regulation. We recommend that the Steering Committee consider the contemplated changes through the public lens to guide the rational alignment of colleges. We would suggest that any mergers between existing regulatory colleges should be conducted to increase ease of access and public understanding.



In light of the health care regulation reform work being conducted at this time, the Steering Committee may wish to consider taking a principle-based approach to naming each regulatory body that increases transparency and provides clarity to the public on who to turn to. We recommend that a college name reflect the profession(s) they regulate in order to enhance transparency and support easy patient navigation. In addition, we suggest that the Steering Committee consider replacing the word “College” in each regulatory body’s title to avoid confusion with any educational or academic organizations.

We commend the Steering Committee for their foresight and leadership, and for their work to reform health profession regulation in the public interest. We look forward to participating in this consultation process, and we are committed to assisting you in any way that we can.

Please do not hesitate to contact us if you have any questions or if we can be of any further assistance to you in your deliberations.

Best Regards,

Christine Antler, B.Sc., B.Sc.(Pharm.)
Chair and Board Member

Bob Nakagawa, B.Sc.(Pharm.), RPEBC, FCSHP, ACPR
Registrar

Enclosures

cc: David Byres, Associate Deputy Minister, Clinical Leadership

Response to Modernizing the Provincial Health Profession Regulatory Framework Consultation Paper

We have organized our response to the consultation paper to align with its five themes: improved governance, improved efficiency and effectiveness through a reduction in the number of regulatory colleges, strengthening the oversight of regulatory colleges, complaints and adjudication, and information sharing to improve patient safety and public trust. Each theme has been broken down into subjects, including the specific proposals and stakeholder consultation questions from the consultation paper. The College of Pharmacists of BC's response is provided for each of these.

Proposal included in <i>Modernizing the provincial health profession regulatory framework</i>	Stakeholder Consultation Questions	CPBC Response/Recommendations
1. Improved Governance		
<i>Competency-based board appointments and balanced board membership</i>		
It is proposed that regulatory college boards have equal numbers of registrant and public members.	Q1a. Do you support an equal number (50/50) of public and professional board members?	The College of Pharmacists of BC (CPBC) supports an equal number (50/50) of public and professional board members. The CPBC recognizes the important role of public members on the board in carrying out the College's duty to protect the public. It is also important for the board to have professional expertise to succeed. The proposed equal number (50/50) of public and professional board members provides that balance and reflects the board's commitment to the public.
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.	Q1b. Are there any possible challenges to the proposed approach, and if so, how can they be addressed?	<p>The CPBC supports a competency-based process to select all board members. The CPBC recognizes that elections create the potential for misunderstanding, because registrants elected to the board do not serve those who elected them – they serve to protect the public. The CPBC recognizes that a competency-based process would ensure the board is comprised of a diverse group of people with the necessary expertise, skills and knowledge. When establishing criteria for a competency-based appointment process, the CPBC recommends considering geographical, demographic, cultural background, practice area and practice experience (for professional members) as well as governance literacy or board experience.</p> <p>The CPBC also recommends that the competency-based process be a transparent and non-partisan process. We recommend that the Steering</p>

Proposal included in <i>Modernizing the provincial health profession regulatory framework</i>	Stakeholder Consultation Questions	CPBC Response/Recommendations
		<p>Committee utilize any existing best-practices within colleges to develop the competency-based process.</p> <p>As identified in our June 2019 submission to the Steering Committee, we also believe that there are opportunities to help build the capacity of potential board members. The CPBC currently expends considerable resources educating and training board members on their roles. In considering changes to the appointment process, the Steering Committee should consider the use of education and training for appointees before they join a board to help ready them to serve on boards. Providing an appropriate level of education and training to these individuals on the role of boards and board members may assist with developing the capacity to serve more effectively and more quickly on the boards they are appointed to. It will also be important to ensure knowledge transfer by the staggering appointments of all board members in an effort to minimize significant turnover and maintain historical background.</p>
<i>Size of boards</i>		
To improve functioning and effectiveness, it is proposed that regulatory college boards move to a more consistent and smaller size.	Q1c. Do you support reducing the size of boards?	The CPBC supports an optimal board size of 12 members. The CPBC's current board is comprised of twelve members and in our experience, this number has produced an effective board with appropriate representation and perspectives. We note that any fewer board members may reduce the board diversity (e.g. varied cultural, regional and practice experience) that supports effective board decision making.
	Q1d. Are there any possible challenges to reducing board size, and if so, how can they be addressed?	The CPBC's current board is comprised of public members, pharmacists and a pharmacy technician, each bringing specific expertise and knowledge to the board. In addition, the CPBC's current election process for professional members ensures different practice areas and regional perspectives are represented on the board. One challenge the CPBC has identified in reducing board size is ensuring a small board has appropriate representation of different professions, practice areas and regions. We would suggest that the Steering

Proposal included in <i>Modernizing the provincial health profession regulatory framework</i>	Stakeholder Consultation Questions	CPBC Response/Recommendations
		<p>Committee consider practice areas and location of practice in the competency-based appointment process in order to ensure a good mix of skills, backgrounds and competencies are represented at the board to better protect the public.</p> <p>Another challenge the CPBC has identified in reducing board size is ensuring efficiency and effectiveness is not reduced by reducing the number of professional members on the board. The CPBC notes that sufficient professional representation is needed on a board to ensure appropriate subject matter expertise at the board table. Sufficient professional representation allows questions to be asked and answered in real time at the board table, rather than having to refer to professional subcommittees and incurring delays and potential loss of insight.</p>
<i>Board member compensation</i>		
It is proposed that board and committee members be fairly and consistently compensated (within and between colleges) and move away from volunteerism.	Q1e. Do you support fair and consistent compensation for board and committee members?	The CPBC is generally supportive of fair and consistent compensation for board and committee members. Please see our below comments regarding Q1g outlining our concerns for further explanation.
	Q1f. What are the benefits of this approach?	Fair and consistent compensation for board and committee members, regardless of appointment type, establishes equity among board members and promotes equal contribution and work. Compensation also acknowledges the important work completed by board and committee members and appropriately reimburses them for their time.
	Q1g. What are challenges and how can they be addressed?	When determining a consistent compensation rate between colleges, it will be important to ensure that compensation attracts experienced and competent individuals from all professions. We understand that currently there is a range of compensation rates set across colleges (ranging from no compensation to high compensation). If one compensation rate is determined for all colleges, it will be important to consider a fair level of compensation that allows members from all professions to see the time they invest in board and college activities

Proposal included in <i>Modernizing the provincial health profession regulatory framework</i>	Stakeholder Consultation Questions	CPBC Response/Recommendations
		are valued and worthwhile. Otherwise, individuals from higher-paid professions may not agree to board appointment and individuals from lower-paid professions may apply in higher numbers, motivated by finances rather than contribution. In our view, compensation should reflect what is paid in the profession being regulated and should encourage altruism.
2. Improved efficiency and effectiveness through a reduction in the number of regulatory colleges		
<i>Reduction in the number of regulatory colleges – from 20 to five</i>		
<p>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.</p> <p>Maintain:</p> <ul style="list-style-type: none"> • College of Physicians and Surgeons of B.C. • College of Pharmacists of B.C. • B.C. College of Nursing Professionals. <p>Create:</p> <ul style="list-style-type: none"> • oral health regulatory college • College of Health and Care Professions of B.C. 	<p>Q2a. Are you supportive of the proposed approach to reduce the number of regulatory colleges from 20 to five?</p>	<p>The CPBC supports increasing public protection and improving the efficiency and effectiveness of regulation. The province 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 individual professionals to team-based care, the regulatory framework must also evolve. Where there is alignment between professions, amalgamation makes sense for efficiencies.</p> <p>Five regulatory colleges may be too few. We believe that a single College of Health and Care Professions may result in public confusion due to lack of alignment amongst amalgamated colleges as currently proposed. Any amalgamation should be conducted to better enable public navigation of health care regulation. Amalgamation of aligned colleges may present opportunities to educate the public and registrants on the public protection role of colleges rather than the existing focus on complaints and discipline. The CPBC recommends developing a framework using the public lens to guide the rational alignment of colleges. We suggest that the Steering Committee give some consideration to developing a framework that considers the impact on the public, alignment in models of care or other commonalities and the likelihood of enhanced efficiencies.</p>
	<p>Q2b. Please share your concerns with this approach,</p>	<p>The CPBC is supportive of increasing public protection and improving the efficiency and effectiveness of regulation. However, removing self-regulation</p>

Proposal included in <i>Modernizing the provincial health profession regulatory framework</i>	Stakeholder Consultation Questions	CPBC Response/Recommendations
	as well as your suggestions to address challenges.	<p>entirely (or restricting it), may hamper the board to use its professional experience to ask the right questions, particularly in cases of multi-disciplinary Colleges. A proposed suggestion could be to reduce the number of colleges by grouping professions or realm of practice.</p> <p>In addition, in order to ensure ease of navigation of the system by members of the public, the Steering Committee may wish to consider the importance of college titles or communication strategies to assist the public in identifying which college to refer to regarding different professionals. For instance, the proposed 'College of Health and Care Professionals', will likely have over 22,000 registrants from eleven different professions, none of which are identifiable within the proposed name. In fact, 'Health and Care Professionals' could arguably encompass <i>all</i> health professions in the province.</p>
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.	Q2c. Are you supportive of a moratorium on the creation of new regulatory colleges?	The CPBC is supportive of a moratorium on the creation of new regulatory colleges given the proposed commitment to a reduction in the number of regulatory colleges. However, the Steering Committee may wish to consider ensuring flexibility, when necessary, to allow new professions to enter regulation in the future by developing a process and framework to assess for their "fit" within existing regulatory bodies.
<i>Legislative change to support amalgamations</i>		
The creation of broader legislated merger provisions to minimize disruption resulting from future amalgamations is proposed.	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?	The CPBC acknowledges that merging regulatory colleges will likely cause a level of disruption. The Steering Committee may wish to consider clear communication to existing staff and the public, and establishing clear transition timelines. This is a lengthy project that requires existing regulation to continue during the transition period, so there should also be clear communication to registrants on the matter.
<i>Subcommittees to ensure clinical expertise</i>		

Proposal included in <i>Modernizing the provincial health profession regulatory framework</i>	Stakeholder Consultation Questions	CPBC Response/Recommendations
It is proposed that sub-committees will be created within multi-profession regulatory colleges to address matters requiring profession-specific clinical expertise.	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?	<p>The CPBC agrees with the importance of and continued reliance on profession-specific clinical expertise. In our experience, profession-specific expertise aids in all areas of effective regulation, providing context and essential information to decision-making on committees and college program areas such as: complaints and investigation, practice review, registration, policy and legislation.</p> <p>The CPBC notes that the consultation paper states that board members will be unable to serve on subcommittees. The CPBC recommends that board members be allowed to serve on subcommittees to ensure alignment of subcommittee activities with college mandates.</p>
3. Strengthening the oversight of regulatory colleges		
<p>Creation of a new oversight body with the following responsibilities is proposed:</p> <ol style="list-style-type: none"> 1. Routine audits of regulatory colleges based on clear performance standards. 2. Public reporting on common performance standards. 3. Conducting systemic reviews and investigations. 4. Review of registration and complaint investigation decisions. 5. Publishing guidance on regulatory policy and practice. 6. Identify core elements of shared standards of ethics 	Q3a. Do you support the creation of an oversight body?	<p>The CPBC supports enhanced accountability of the Ministry of Health to the Legislative Assembly. However, the CPBC is concerned that the oversight body may increase bureaucratic overhead by adding an extra layer of accountability. Steps should be taken to prevent duplication/redundancy in the accountability structure, and the Steering Committee should consider the burdens and the costs of added bureaucracy.</p> <p>The CPBC recommends considering establishing the oversight body as a standard-setting body rather than a governing body over all colleges. The steering committee may also wish to consider making some of the functions of the oversight body a temporary measure only through the transition to a reduction in the number of regulatory colleges. The Steering Committee may wish to reconsider after amalgamations have occurred whether all functions of the oversight body are necessary on an ongoing basis.</p>
	Q3b. Do you agree with the functions listed above?	The CPBC generally agrees with the functions listed as responsibilities of the new oversight body. Please see our comments directly below regarding Q3c outlining our concerns for further explanation.

Proposal included in <i>Modernizing the provincial health profession regulatory framework</i>	Stakeholder Consultation Questions	CPBC Response/Recommendations
<p>and conduct across professions.</p> <p>7. Establishing a range of standards of professional practice.</p> <p>8. Development of model bylaws and oversight of the process for the bylaw amendments.</p> <p>9. Overseeing a board member appointment process.</p> <p>10. Recommending health occupations that should be regulated under the <i>Health Professions Act</i>.</p> <p>11. Holding a list (single register) of all regulated health professionals.</p> <p>12. Oversight of systemic progress on timeliness of the complaint process.</p> <p>13. Collection of fees.</p>	<p>Q3c. Do you have any concerns and if so, what are they?</p>	<p>In regard to function 7 of the oversight body, the CPBC recommends clarifying which standards of professional practice will be established by the oversight body.</p> <p>In regard to function 9 of the oversight body, please see our previous comments regarding establishing a competency-based board member appointment process outlined in our response to improved governance (theme one).</p> <p>In regard to function 11 of the oversight body, that proposes the creation of a single register of all regulated health professionals, the CPBC recognizes the importance of an online list of all regulated health professionals that is publicly-accessible and easy to search. The register of the colleges is foundational to their work. At our college, we use register information within our key functions (e.g., registration, licensure, competency assurance and investigative processes, etc.). In addition to the information required of a register as set out in the <i>Health Professions Act</i>, the CPBC's register also contains information gathered under the <i>Pharmacy Operations and Drug Scheduling Act</i> such as the names of pharmacy managers. As identified in our June 2019 submission to the Steering Committee, the creation of a single register, while having many benefits, will affect all areas of the colleges. The Steering Committee may wish to consider involving all colleges on the development of a single register to ensure all technical and functional aspects are considered.</p> <p>In regard to function 13 of the oversight body, the CPBC is concerned that the collection of fees to support the oversight body may mean increasing registrant fees. The CPBC recommends that funding of the oversight body be independent of registrants to minimize expectations or pressures from health professionals or health service corporations and influence from different government political mandates. The Steering Committee may wish to consider a model</p>

Proposal included in <i>Modernizing the provincial health profession regulatory framework</i>	Stakeholder Consultation Questions	CPBC Response/Recommendations
		similar to the Office of the Ombudsperson which is funded through the Legislative Assembly.
<i>Increased accountability to the Legislative Assembly</i>		
It is proposed that annual reports of regulatory colleges and the oversight body be provided to the Legislative Assembly by the Minister of Health.	Q3d. Do you support increased accountability by requiring regulatory colleges' annual reports to be filed with the Legislative Assembly?	<p>The CPBC supports increased accountability of the regulatory colleges through the filing of annual reports to the Legislative Assembly.</p> <p>As indicated in our June 2019 submission to the Steering Committee, we also believe colleges would benefit from clear expectations from the government with respect to the type of information that must be included in annual reports. This would be especially important once annual reports are filed with the Legislative Assembly, allowing for comparison across the colleges.</p>
	Q3e. Should annual reports of the oversight body also be filed with the Legislative Assembly?	The CPBC supports requiring the oversight body to file annual reports to the Legislative Assembly.
4. Complaints and adjudication		
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.		
<i>New independent discipline process</i>		
A new disciplinary process is proposed in which independent discipline panels would make decisions regarding regulated health professionals.	Q4a. Do you support the creation of a new disciplinary process which would be independent from regulatory colleges?	The CPBC supports the creation of a disciplinary process independent from regulatory colleges. The CPBC's current disciplinary process is informed by current legislation and has been developed to be as independent as possible to ensure procedures are objective, impartial and fair. For example, the CPBC's discipline committee is comprised of entirely different members than the inquiry committee. In addition, the discipline committee is supported by external legal counsel, so the only communication the discipline committee has with the CPBC is regarding meeting or hearing logistics (scheduling, date and time, etc.) and reimbursement.

Proposal included in <i>Modernizing the provincial health profession regulatory framework</i>	Stakeholder Consultation Questions	CPBC Response/Recommendations
		<p>The CPBC appreciates that the proposed disciplinary process would ensure professional expertise on discipline panels. The CPBC supports including at least one health professional with clinical competence in the same health profession as the registrant facing the hearing. In the CPBC's experience, professional members are essential to discipline panel deliberation, providing context and explanation to the issues in question. A similar practice is currently used by the CPBC as the discipline committee must be comprised of at least one public member and at least one pharmacist for a pharmacist hearing and one pharmacy technician for a pharmacy technician hearing.</p>
	<p>Q4b. What are the benefits of such an approach?</p>	<p>A disciplinary process in which independent discipline panels make decisions regarding regulated health professionals eliminates any bias or appearance of bias with the creation of a neutral hearing process separate from the regulatory body. It would also increase public trust and provide consistency across all regulated health professions.</p>
	<p>Q4c. What are possible challenges and ways to address these?</p>	<p>The Steering Committee may wish to consider how costs are processed and distributed. The Steering Committee may also wish to consider the need for procedural fairness with respect to other non-health disciplines serving the public.</p>
<i>Regulatory college roles in the complaints process</i>		
<p>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.</p>	<p>Q4d. Do you support regulatory colleges continuing to investigate complaints regarding health professionals?</p>	<p>The CPBC supports regulatory colleges continuing to investigate complaints. We believe it is essential to the investigation that the investigator have professional expertise and knowledge. Investigators are responsible for conducting a fair investigation and for drafting a recommendation for the inquiry committee's disposition with reasons in each case. To do this, investigators must have a thorough understanding of college requirements (relevant legislation, bylaws, standards of practice, etc.) as well as professional experience in order to identify any practice deficiencies and assess the severity of public safety risk.</p>

Proposal included in <i>Modernizing the provincial health profession regulatory framework</i>	Stakeholder Consultation Questions	CPBC Response/Recommendations
	<p>Q4e. Do you support improvements to the composition of inquiry committees?</p> <p>Note: “improvements” include – membership considers competence, merit and diversity, members undertake regular training/appraisal</p>	<p>The CPBC supports the proposed improvements to the composition of the inquiry committee. The CPBC’s current process of appointing members to the inquiry committee is already competency-based, requiring an application and the use of a criteria matrix to determine a candidate’s suitability for the position. In addition, current legislation mandates that one third of the inquiry committee be public members.</p> <p>When determining improvements to the composition of inquiry committees, the CPBC recommends that the appointment process for any professional members also include consultation with the appropriate college in order to ensure that the appointee is in good standing.</p>
Transparency		
<p>It is proposed that actions taken to resolve accepted* complaints about health professionals be made public.</p> <p>*Accepted complaints are those that are not dismissed, and where some action is being taken as a result of the complaint.</p>	<p>Q4f. Do you support publishing actions taken to resolve accepted complaints about health professionals?</p>	<p>The CPBC generally supports publishing actions taken to resolve accepted complaints about health professionals. The Steering Committee may wish to consider developing criteria to establish a threshold for evidence and/or severity of the complaint prior to publication.</p> <p>In addition to complete information, there should be a consistent, standardized and plain language summary of the outcome including the issue, actions taken, etc. which focuses on making this information meaningfully accessible to the public. There should also be standardized tracking of complaints issues and increased metadata on types of complaints (sexual assault, assault, racism, etc.). The CPBC notes that the proposed transparent process is similar to the current court system.</p>
	<p>Q4g. Do you support all actions resulting from agreements between</p>	<p>The CPBC supports being as transparent as possible. When discussing whether to support all actions resulting from agreements between registrants and regulatory colleges to become public, two sides to this issue emerged and were discussed extensively. The board was unable to reach consensus on this topic.</p>

Proposal included in <i>Modernizing the provincial health profession regulatory framework</i>	Stakeholder Consultation Questions	CPBC Response/Recommendations
	registrants and regulatory colleges being public?	<p>Key points on either side of the discussion are included below for the Steering Committee's consideration.</p> <p><i>Complete Transparency</i> Complete transparency is necessary to gain public trust, and all actions resulting from agreements between registrants and the regulatory college should be made public because:</p> <ul style="list-style-type: none"> • The decreasing societal acceptance of non-transparency; • Patients can only make informed choices about care providers with full information; • Public interest – not all colleges handle complaints and adjudication well; and • Impetus for the Cayton inquiry was lack of public trust in self-regulation and the perception of “closed-door” decision making. <p><i>Transparency Commensurate with Seriousness of Incident</i> The current process, which provides transparency proportional to the seriousness of the incident, should be maintained because:</p> <ul style="list-style-type: none"> • This allows public disclosure of case information and registrant name when necessary; • There is already full transparency between complainant and registrant throughout the complaints process where the complainant could disclose case information to the media if they so choose; • It considers rehabilitation and restitution; • Consent agreements, which may preserve the anonymity of the registrant involved, are valuable for expediency which creates increased public confidence in health care; and • Privacy laws must be upheld.
<i>Enable regulatory colleges to make public comments about known complaints</i>		

Proposal included in <i>Modernizing the provincial health profession regulatory framework</i>	Stakeholder Consultation Questions	CPBC Response/Recommendations
It is proposed that regulatory colleges be able to make limited public comments if a complaint under investigation becomes known to the public.	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?	The CPBC is generally supportive of allowing regulatory colleges to make limited public comments about a complaint under investigation. We recognize that commenting on a complaint under investigation will increase transparency and public confidence. The CPBC agrees with the structured model of the Law Society of British Columbia (as identified in the consultation paper) which permits that the Law Society <i>may</i> disclose the existence of a complaint, subject matter, status and any interim undertakings when necessary.
	Q4i. What are the benefits of such an approach?	The CPBC recognizes that acknowledging a complaint under investigation may provide transparency to the public on the investigation process. If following the Law Society model, acknowledgement would not be an obligation and college discretion would be permitted.
	Q4j. What are the challenges, and how can these be addressed?	Acknowledging a complaint under investigation can impose professional consequences for the registrant involved prior to the completion of a fair investigation. At the investigation phase, nothing has been proven. The Steering Committee may wish to establish criteria such as subject matter, level of risk and level of public interest, for determining whether to release information regarding any issues if there is compelling public interest to disclose.
<i>Ensuring past conduct is considered</i>		
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.	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?	The CPBC supports requiring regulatory colleges and disciplinary panels to consider a registrant's relevant past history of complaints and discipline when making decisions on a current complaint. We recognize that considering a professional's past history ensures that repeat offenders are identified and appropriately handled.

Proposal included in <i>Modernizing the provincial health profession regulatory framework</i>	Stakeholder Consultation Questions	CPBC Response/Recommendations
	Q4l. What are the benefits of such an approach?	The CPBC believes that considering a professional's relevant past history assists the inquiry committee in making informed decisions based on all available information. Considering a professional's relevant past history addresses chronic behaviour and making the best decision to protect the public from future harm.
	Q4m. What are the challenges and how can they be addressed?	The CPBC recognizes that considering a professional's relevant past history could create bias or the appearance of bias among panel members. However, we believe any real or perceived bias could be addressed through thorough reasoning within the committee's decision.
<i>Responses to sexual abuse and sexual misconduct</i>		
The steering committee is seeking feedback to help establish consistency across regulatory colleges in relation to how they address sexual abuse and sexual misconduct.	Q4n. What measures should be considered in relation to establishing consistency across regulatory colleges regarding how they address sexual abuse and sexual misconduct?	<p>The CPBC supports adopting specific measures to address sexual abuse by health professionals to create consistency across all regulatory colleges. In general, this should include trauma-informed care and cultural humility and safety training. It would also be important for measures to be transparent in order to build public confidence.</p> <p>In regard to requiring mandatory cancellation of practice for sexual abuse, the CPBC recommends recognizing that there is a spectrum of severity, and decisions should be "right-touch" based on the seriousness of each individual case. The CPBC notes that requiring a mandatory cancellation for sexual abuse identifies sexual abuse as different from other serious matters that may also be at the same spectrum of severity related to public safety such as racism or other forms of violence.</p> <p>In regards to requiring regulatory colleges to fund counselling for victims, the CPBC agrees overall that there should be support for counselling and support for victims. However, we recommend that it may be more appropriate for funding to come from British Columbia's existing resources for victims (such as the Crime Victim Assistance Program).</p>

Proposal included in <i>Modernizing the provincial health profession regulatory framework</i>	Stakeholder Consultation Questions	CPBC Response/Recommendations
5. Information sharing to improve patient safety and public trust		
<p>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.</p>	<p>Q5a. What are the benefits of enabling regulatory colleges to more easily share information?</p>	<p>The CPBC supports enabling regulatory colleges to more easily share information where necessary for public safety and protection. Increased communication among colleges likely produces more efficient regulation and also reflects the current and increasing team-based care approach to health care. Increased collaboration between colleges and looking at incidents and opportunities for improvements across the continuum of health care can be beneficial. In addition, by having the opportunity to share best practices, colleges can help each other better protect the public.</p> <p>The CPBC also believes that this will help remove barriers and challenges the public faces in making complaints where multiple different health professionals are involved. As outlined in our June 2019 submission to the Steering Committee, currently, the <i>Health Professions Act</i> limits colleges regarding what investigation information they can share with other colleges on the same issue. For instance, if a patient makes a complaint about one matter that involved a physician, nurse and pharmacist, the complaint would proceed to three different colleges who would each investigate their registrant only. Each college would carry out their own investigation, and could not share investigative approaches, findings or recommendations. This not only creates inefficiencies, but also reduces the ability of the colleges to learn from each other, and often causes frustration to the patient who made the complaint. As such, the CPBC believes investigations would be more efficient and effective if the colleges were permitted to share information amongst each other on related matters. With the commonality of team-based care and a collaborative approach to health care, this issue is only likely to increase in the future and it is therefore timely to implement amendments to the <i>Health Professions Act</i> on this issue now. Sharing complaint information would make it easier for the public to participate in the complaints process and only require the public to make one</p>

Proposal included in <i>Modernizing the provincial health profession regulatory framework</i>	Stakeholder Consultation Questions	CPBC Response/Recommendations
		complaint (rather than having to repeatedly tell their story) aiding in reducing duplicative trauma and any stress associated with making multiple complaints.
	Q5b. What are the challenges of this approach and how can they be addressed?	While the CPBC is supportive of enabling regulatory colleges to more easily share information, a process should be developed in line with applicable privacy legislation for sharing and ensuring the confidentiality and security of information to avoid any privacy breaches.
	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?	Other organizations that the CPBC thinks regulatory colleges should share information with in order to protect the public from future harm, or address past harms include: <ul style="list-style-type: none"> • Other regulators within BC; • Health Canada; • Law enforcement (e.g. police) both provincially and nationally; • Media, where appropriate; and • Other provincial regulators (especially when considering a registration application from another province).