



To:

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

The Honorable Adrian Dix, Minister of Health; Norm Letnick, MLA: Kelowna Lake Country, Official Opposition: Health Critic; Sonia Furstenau: MLA: Cowichan Valley, House Leader BC Green Party

From:

- Canadian Association of Medical Radiation Technologists – BC (previously the BC Association of Medical Radiation Technologists), representing Radiation Therapists, Medical Radiographers, Nuclear Medicine Technologists and Magnetic Resonance Technologists
- British Columbia Society of Laboratory Science, representing Medical Laboratory Technologists, Medical Laboratory Assistants
- British Columbia Society of Respiratory Therapists
- Perfusionists of BC

Our Working Group, representing four Diagnostic and Therapeutic Health Professions, came together as part of a larger working group for unregulated health professions seeking regulation in the province. Following a 2016 announcement from the Ministry of Health regarding the establishment of Phase 1 of a new umbrella college, the working group has been collaborating closely with the Ministry to establish Phase 1 of this umbrella college.

The working group is making this submission in response to the open call for consultation on the Ministry's report: "Modernizing the provincial health profession regulatory framework: A paper for consultation".

Overall, we as a Working Group, were encouraged with the directions identified in the report. Our issue all along has been the desire to be regulated health professions. Although a stand-alone College would have been preferred, under the circumstances, regulation by a larger umbrella college will meet our goals and objectives as a collective. We will be happy to be part of the College of Health and Care Professions (CHCP).

Generally, we support the principles of improving efficiency and ensuring colleges are large enough to be self-sustaining, and the goal to implement consistent practices across the regulated health care professions in BC. We were particularly pleased with the acknowledgment on page 11, referencing the previous approval of our umbrella college and all the efforts made in pursuit of that college to date:

*“Prior to the release of the Cayton report, cabinet approved creation of a diagnostic and therapeutic professions regulatory college [CDTHP] to oversee respiratory therapists, radiation therapists, clinical perfusionists and medical laboratory technologists.”*

We considered as individual professional groupings, the possibility as put forward in the paper to “to determine if there is rationale to support regulation by a regulatory college other than the College of Health and Care Professions.” After careful consideration, each of the members of our working group has indicated its preference and willingness to proceed as part of the proposed College of Health and Care Professions (CHCP). We, as a Working Group, feel that we are capable of being one of the first groups to become part of the CHCP in that the regulations for our four professions are already complete and ready for posting as a result of our previous work. As new professions we are unencumbered and are ready to work with Ministry staff to make the transition to the CHCP in a timely and cost-effective manner.

We were also encouraged to read that *“a reduction in the number of regulatory colleges does not create a barrier to regulation of new professions.”* This is of particular importance to our group, since our original proposal to create the CDTHP included several additional professions including a number that are closely (and historically) associated to the professions in the working group, notably the three remaining medical radiation technology disciplines, and laboratory assistants. In 2016, a commitment was made to introduce these other professional groups in a “phase two” of the new College. The fact that these professions could be considered in the future is also very positive, and by our understanding of the new model proposed, their addition to the college would be a more straightforward proposition with most of the elements of college establishment having taken place with the larger college structure.

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In the comments that follow, we address some of our observations and highlight some potential concerns about the information presented in the ministry paper in greater detail. We used the questions posed in the consultation paper as a guide for our commentary, but concentrated our analysis on those areas in which we have direct experience and expertise as a group, or to elements related to the larger umbrella college (the proposed College of Health and Care Professions (CHCP)) in which our four professional groups will reside.

## **Size of the college**

While we agree in principle with the reduction in the number of colleges overall, and with the idea that many professions can be regulated through an interprofessional college, we do have some concern that in practice the proposed College of Health and Care Professions (CHCP) may be very large and very complex for the effective regulation of the professions included in it (both now and in the future). Although the number of regulated professionals may be fewer than some other proposed colleges, the sheer number of professions proposed to fall under the umbrella of the CHCP, as well as the vast differences between the practices of these professional groups will make for great complexity. Specific issues and concerns include the following:

### ***Committee Structure***

We note that very little information has been provided around the committee structure and panels that would report to the board. Given the diversity of practice between the professions in our own group as well as others proposed for inclusion in the larger CHCP, we think the structure of committees and panels below the Board of Directors will be of great importance to the success of such a large and diverse college. It would be at this level where we see the value of profession-specific expertise in the reporting structure to the board, setting of scopes of practice, quality assurance, standards and investigations. As a group, we are most interested in hearing more from the ministry on this proposed structure once it is available for sharing.

### ***Proposal for Board of Directors, with 12 members***

Our group understands more than most the complexity of working with diverse professions under one umbrella. We generally agree that a Board of 12 (6 professionals and 6 members of the public) should be enough to manage a college long term. But we have some questions as to whether a 12-member board will be able to handle the initial workload related to implementing the CHCP. With need for wide professional representation through committees in the initial phase, the workload is likely to be substantial during implementation and operational amalgamation oversight. We suggest that the ministry consider the addition of two or more Board members for the implementation stages to ease the initial workload until a steady state is achieved.

As it relates to the Board, we also support 50/50 public and professional board member composition and a competency-based appointment process. We do note that it will be difficult for a college with substantially more than 6 professional groups under its umbrella to ensure equitable representation of its constituent professions on a board that is limited to 6 professionals Board members. Specifically, we would like to get more information on the

proposed mechanism for Board make up, as well as member selection and rotation for the representation of professions.

### ***Room for future professions***

Future professions being regulated – is the assumption that all new professions will fit into one of these 5 proposed colleges? Will the CHCP eventually be too unwieldy and inefficient and eventually have to be broken up? In the consultation report, there is no mention of alternate, regulatory mechanisms for health professions which may not meet the Ministry’s threshold for being registrants of a regulatory college. This is potentially an issue for groups within Diagnostics and Therapeutic professions such as the Medical Lab Assistants. There may need to be a continuum of regulatory options detailed in the HPA.

### **Timing and other aspects of the implementation process**

Now that this important study and consultation has been completed, we believe that timelines need to be established so colleges are not held up. We note that not much detail has yet been given as to how long it will take to revise the HPA, bring all professions under the same umbrella, and at what stage will our professions be brought in.

### ***Currently unregulated professions which are designated for regulation***

The goal of professional regulation is protection of the public and ensuring the care they receive is safe and effective. The four professions in our working groups are unique amongst those discussed in the paper, in that they will remain unregulated until the establishment of the new college. While we accept this process will take time, we propose that our four professions could be added in a first cohort to avoid any further delay in professional regulation.

As mentioned above, we, as a Working Group, feel that we are capable of being one of the first groups to become part of the CHCP in that the regulations for our four professions are already complete and ready for posting as a result of our previous work. As newly regulated professions within a new environment, we could set the stage/lay the groundwork for continued inclusion of the other professions. This would build on the principles the government has espoused regarding modernization of health professions regulation in BC -public safety and protection and increased public confidence.

### ***Costs***

We have some questions as they relate to costs, specifically how fees will be determined, and when the transition will be made for the colleges to incur cost. There are also questions

regarding the cost of the oversight body and financial obligations of the existing colleges which are part of amalgamation.

## **Oversight body**

In general, we support the ideas being put forward for an oversight body. We had several comments on its suggested structure and function.

### ***A single oversight body***

We agree that ideally there should be one oversight body for all five regulatory colleges to ensure consistency but express the desire that this body should have a clear purpose and not just become another layer of bureaucracy.

### ***Function of the oversight body***

Members of our group expressed the view that efforts should be made to ensure the oversight body is not duplicating work and/or slowing down the workflow for the colleges. It should maintain a focus on oversight. As it relates to conducting systemic reviews and investigations, our group believes that subcommittees should be doing most of this type of review and probably not very often (i.e., when there is a request to change in scope). As to reviews of registration and complaint investigation decisions (Health Professions Review Board), we agree that an oversight body should be performing some reviews but should not have to review every registration or complaint. As to the establishment of a range of standards of professional practice, we agree some requirement should be upheld for the regulatory colleges to create or update certain standards of professional practice, but do not believe routine monitoring of emerging practice issues would be practical. This would require hiring someone to do work already being done by the regulator and by staff.

## **Moratoriums and the regulation of other unregulated professional groups**

As mentioned, we are generally supportive of the proposed approach described in the report and agree that new single-profession colleges would not be established under this new model. That said, we are not supportive of a general moratorium on either the creation of a new, interprofessional college, nor on the introduction of new professions into any existing college. We note that in the former case, structural challenges may arise with such big groupings that would make the option for an additional college outside of the proposed 5 necessary – we believe this should not be ruled out, should there be substantial rationale for this option, such as implementation barriers. In the case of new professions becoming regulated, we continue to hold the position that the regulation of healthcare professions should be undertaken in answer

to public need for safe and effective healthcare, and that there should continue to be options for new professions to become regulated. Indeed, we believe the structure being proposed will make it easier for the introduction of an unregulated group, since many of the aspects of college establishment will no longer be required.

## **Other Comments**

### ***Board compensation***

In general, we agree with the suggestions in the paper as they were laid out for board member compensation.

### ***Complaints, Investigation, & Discipline***

In general, our working group members believe that complaints, investigation and discipline should be a function of the regulatory college, but with monitoring from the oversight body. This is because we support investigation of complaints from the body within which the discipline-specific expertise lies to take advantage of professional expertise and professional judgement in the evaluation.

### ***Public records***

We agree that all records should be public for transparency, and that this process should be consistent across all colleges. We note that this could include a registrant's history of good behaviour and conduct, as well as other relevant history.

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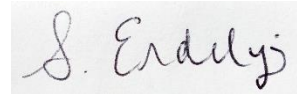
## **Conclusion**

In conclusion, we want to thank and commend the government for providing the opportunity for comment into this process. We look forward to working closely with ministry staff in the upcoming period to begin the work of college implementation.

The proposed modernization of the regulation of health professions in BC can be seen as the opportunity to achieve the long-term outcome of fewer, more robust regulatory colleges in the province; all patient-centric with patient safety first. Our professions are pleased to be working in close consultation during this process.

We appreciate your careful consideration.

Sincerely,

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Canadian Association of Medical Radiation Technologists – BC

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British Columbia Society of Laboratory Science

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British Columbia Society of Respiratory Therapists

*A. Davenport*

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Perfusionists of BC