

June 6, 2019

The Honourable Adrian Dix, M.L.A.
Minister of Health
Chair, Steering Committee on Health Professions Regulation

Dear Minister Dix:

The British Columbia Pharmacy Association (the BCPhA) thanks the BC Ministry of Health for the opportunity to provide this submission to the Steering Committee (the “Committee”) established to respond to Part Two of the Cayton Report (the “Cayton Report”).

The British Columbia Pharmacy Association (BCPhA) supports and advances the professional and economic interests of community pharmacists and pharmacies in the province. The BCPhA’s membership includes more than 3,200 practicing pharmacists and more than 900 community pharmacies that are in communities large and small across the province. Membership in the Association is voluntary.

Our primary goal is to support pharmacists and pharmacy owners in the day-to-day delivery of pharmacy services and to advocate for the profession and the business of community pharmacy in B.C. with government and other payers. The Association takes a leadership role in supporting and expanding use of pharmacist expertise in the health-care system. The BCPhA is a not-for-profit organization governed by the *BC Societies Act*.

The Goal of this Submission

We understand that the Steering Committee intends to develop a proposal for modernization of the health regulatory regime in order to protect the public interest and enable high quality care and that this may include reducing the number of regulatory colleges in B.C. The Steering Committee’s public consultation will be undertaken in phases, and at this initial phase, the Steering Committee is seeking to understand what issues to prioritize and focus on as they move through this regulatory modernization project. Our comments are provided in this context and are intended to set out the high-level principles and key issues that we believe to be of central importance to ensuring the health care system can meet the needs of British Columbians into the future.

We look forward to continuing the discussion and participating in subsequent consultations as this major reform initiative moves ahead.

First Priorities

It will be necessary for the Steering Committee to establish and publish its Terms of Reference, to enable stakeholders to understand the scope of the work to be done and the extent of the Committee’s remit. This will enable us to provide targeted, specific and useful comments which would best support effective consultation.

Those Terms of References should include a clear definition of the term “public interest” in order to enable all stakeholders to understand the focus and objectives for this work. We believe that one of the core problems with the way in which the regulatory regime is currently structured is the way that the meaning of the term “public interest” has shifted over time. We believe that as the future of our health-care system will involve increasing complexity – involving more cost, expertise and pressures – the concept of “public interest” will become similarly complex. To that end we have provided here what we suggest is a useful way of thinking about the public *interests* that will be served by this reform initiative.

Defining ‘the public interest’

We believe that the public interest can be broadly divided into four distinct but connected categories:

1. **Matters related to patients:** These relate to ensuring appropriate levels of professional competence, ethical standards and conduct; patient safety and minimizing patient risk; maximizing quality; and enabling patient choice, freedom and access to care.
2. **Matters related to professionals:** These relate to enabling professionalism (setting professional standards for licensing, conduct and practice); avoiding regulatory complex “red tape” that doesn’t support quality or safety; supporting innovation and expanded scope of practice (which supports inter-professional collaboration); ensuring regulatory clarity, transparency, fairness and flexibility.
3. **Matters related to the health-care system:** These relate to managing costs, supporting inter-professional collaboration, system flexibility, availability and efficiency; and reducing the impact of the regulatory and care delivery silos that exist throughout the sector.
4. **Matters related to fairness and justice:** These relate to ensuring the public trust is earned and maintained through improved governance and oversight. This will involve more clearly defining regulators’ mandate to avoid “mission creep”; simplifying the adjudication, complaints and discipline regimes; ensuring regulators are more engaged with the public, more transparent, and more efficient; enhancing Board independence and professionalism; and improving how regulators track and report key metrics.

In our view, British Columbians would be best served by reform that is made with a view to advancing the definition of the public *interests* as set out above.

Priorities for the Initial Phases

It will be important for the Ministry not to overburden regulators with the sort of poorly defined mandates that led the current challenges. As identified in the *Cayton Report*, the core of the problem faced by many colleges is the vagueness and breadth of their mandate. The BC Pharmacy Association therefore believes that effective reform begins with defining the mandate of the Colleges more specifically. We will not propose specific language at this time, as we believe that would be premature.

First, it is necessary for the Steering Committee to develop the principles on which this reform project is founded and determine the scope of the problem that the reforms will address. Reform that is founded on a set of clear principles is more effective and long-lasting than one that is merely reactive to current circumstances. We support an approach to regulation based on the notion of “right-touch regulation.” We agree that improving transparency is essential, as is reducing the scope of regulation so that it is evidence-based, targeted to real risks, is consistent and fairly applied. We believe that the values of British Columbians should inform this process, to ensure that the principles are consistent with equity, fairness, justice and reconciliation.

Once these principles are agreed upon, it will be essential to clearly identify the problems that the Steering Committee will address. To this end, we would suggest that one way to do that is to do a gap assessment on the *Health Professions Act*, assessing the HPA framework against the principles. A gap assessment would comport with the *right-touch regulation* principle that when designing regulation for the future, clarity about the object and purpose of the regulation is necessary. In other words, we must clearly understand the problem we are trying to solve.

Having identified the principles on which reform will be based, and the problems that reform is meant to solve, the Steering Committee would then be well-placed to conduct further consultation on specific priorities and solutions.

We urge the Ministry to ensure that in the zeal to respond to problems identified at some colleges, it doesn’t “throw the baby out with the bathwater.” Professional self-regulation can co-exist with a “relentless focus on the safety of patients” and indeed, we would argue, professionals *should* be directly engaged in their own regulation because of the specialized knowledge and training involved in the practice and their understanding of the risks to patients caused by the failure to meet appropriate standards of practice. As technical and scientific advances in each health profession continue to accelerate, the skills, knowledge and expertise of the health professionals themselves will remain essential to developing standards of practice and preventing and adjudicating breaches.

We recognize the complexity of this reform project and the ambition for system reform that it represents. While this initiative grew out of the inquiry into the performance of one health college, there is broad agreement that the existing model of professional regulation is reaching the end of its usefulness. Professional regulation impacts health delivery throughout the system. We believe that whatever model emerges must reduce the isolation and silos that have evolved in the current framework. For this to happen, the Steering Committee should take a whole-system approach and remain alert to the potential system impacts of its proposals.

Accordingly, the BCPhA believes that at the initial stage, the Ministry should prioritize the following matters:

1. Define the Terms of Reference for the Steering Committee and make them public;
2. Articulate the principles on which a new 21st century regulatory regime for British Columbians can be built. These principles should enable a regulatory regime that is responsive to the values of British Columbians and is proportionate, consistent, targeted, transparent, accountable and agile;
3. Leveraging the work done by Mr. Cayton, conduct a gap assessment of the existing HPA regime to identify the problems that exist that a new regulatory framework would be designed to address. This would lead to developing a 21st century mandate for the Colleges;
4. Circulate the results of the gap assessment for comment and consultation with stakeholders;
5. Determine in order of importance which matters can be best addressed within the regulatory reform project and which are best left to be dealt with elsewhere;
6. Ensure that the specialized professional knowledge and expertise within the professions continues to be leveraged to ensure appropriate standards for entry to practice, professional care and ethical practice; and
7. Take a whole-system approach to avoid planning this in isolation.

Yours Sincerely,



Geraldine Vance
CEO

cc. Mr. Norm Letnick, M.L.A Kelowna-Lake Country
Committee Member, Steering Committee on Health Professions Regulation

cc. Ms. Sonia Furstenau, M.L.A - Cowichan Valley
Committee Member, Steering Committee on Health Professions Regulation