Recommendations to modernize the provincial health profession regulatory framework

Steering Committee on Modernization of Health Professional Regulation

August 2020

BRITISH COLUMBIA

Contents

Introduction 3

- Role of regulation 4
- Cayton report findings 4
- Results from public consultation 5
  - Initial public consultation: May 9, 2019 – June 14, 2019 5
  - Phase two of public consultation: Nov. 27, 2019 – Jan. 10, 2020 6

Modernization recommendations 6

- 1. Commitment to cultural safety and humility 6
- 2. Improved governance 7
  - Competency-based board appointments and balanced board membership 7
  - Size of boards 8
  - Board member compensation 9
- 3. Improved efficiency and effectiveness through a reduction in the number of regulatory colleges 9
  - Reduction in the number of regulatory colleges – from 20 to six 10
  - Legislative change to support amalgamations 13
  - Profession-specific councils to ensure profession-specific expertise 14
  - Naming convention of health profession regulatory colleges 14
- 4. Strengthening the oversight of regulatory colleges 14
  - Creation of an oversight body 14
  - Functions of the oversight body 15
  - Pathway to regulation under the *Health Professions Act* 16
  - Health Professions Review Board 17
  - Increased accountability to the Legislative Assembly 17
- 5. Complaints and adjudication 18
  - New independent discipline process 18
  - Regulatory college roles in the complaints process 19
  - Transparency 20
  - Enable regulatory colleges to make public comments about known complaints 22
  - Ensuring past conduct is considered 22
  - Timeliness of the complaints process 22
  - Responses to sexual abuse and sexual misconduct 23
- 6. Information sharing to improve patient safety and public trust 24

Next steps 25

Appendix A: List of regulatory colleges and regulated professions in British Columbia 26

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.

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[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.

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[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

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[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

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[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.

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[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.

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.[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

[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.

surgical facilities. These unique program responsibilities add to the need for these regulatory colleges to continue.

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

[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.

merger, including that board chairs of both colleges would be required to write to the Minister of Health 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).

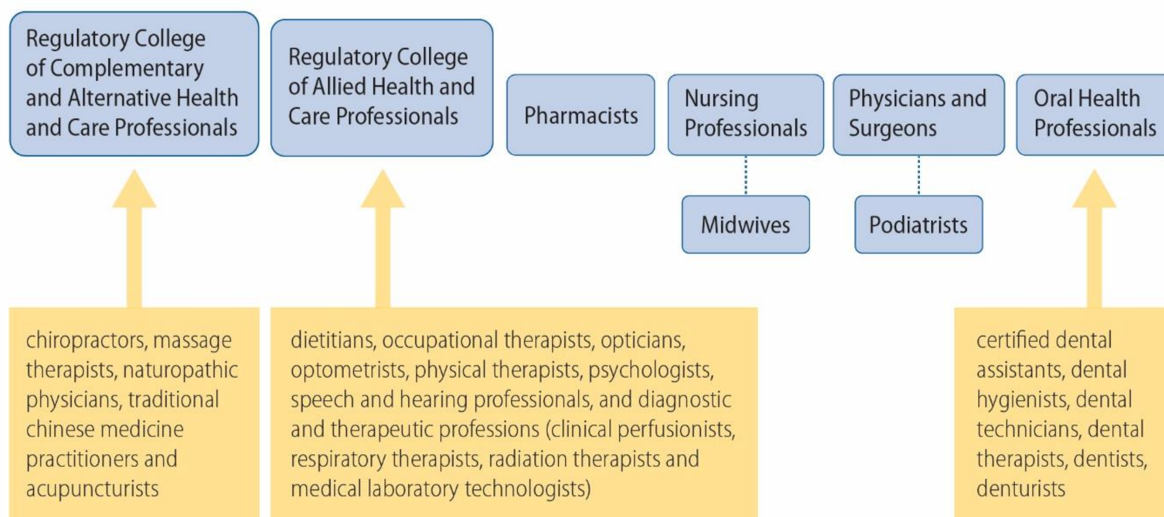
Creation of an oral health regulatory college. The results of phase two of public consultation highlighted some of the historical tensions outlined in Part 1 of the Cayton Report. The steering committee is encouraged to see that work is underway to address these tensions and remains supportive of amalgamation 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]

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[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.

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[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]

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[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

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[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)
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

[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 Optometrists of B.C.	2019	848	851
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