

An Overview of Governance and Profession-Specific Expertise at CHCPBC



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December 18, 2024

Territorial Acknowledgement

The offices of the College of Health and Care Professionals of British Columbia are located on the ancestral and unceded territories of the Coast Salish Peoples — specifically:

- **the x^wməθk^wəyəm (Musqueam), S^kwxwú7mesh (Squamish) and səlilwətał (Tsleil-Waututh) Nations**
- **the lək^wəŋən (Lekwungen) Peoples — represented today by the Songhees and x^wsepsəm (Esquimalt) Nations, and**
- **the WSÁNEĆ (Saanich) Peoples — including the BOKÉĆEN (Pauquachin), STÁ,UTW (Tsawout), WJOŁEŁP (Tsartlip), and WŚÍKEM (Tseycum) Nations.**

As the College regulates the practice of multiple healthcare professions across what is now commonly referred to as British Columbia, we acknowledge and honour all First Nations territories across these lands.

We are conscious of the privilege we hold that allows us to carry out our important work on these territories, where the First Peoples have maintained a special relationship with the lands and waters for thousands of years — since time immemorial — and where this relationship continues today.



Designing CHCPBC's Governance Framework

Bradley Chisholm

Founder + Principle

The Regulator's Practice

Bradley@regulatorspractice.com

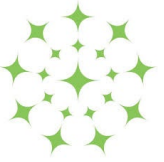
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What is governance?

*The **structures, policies** and **processes** we put in place to make decisions, together.*





Principles For Framework's Design

To ensure that all of the relevant aspects necessary for the new college's governance and decision-making were considered when developing this framework, the following principles were established and adhered to:



The Perspectives Informing Decisions



| | GOVERNANCE (decision-making) | | | CONSULTATION (decision-informing) |
|---------------------------|--|---|---|---|
| | College Board | College Committees | College Staff | <i>Increased capacity of both colleges will enable more robust consultation with registrants and the public as part of standards and policy development.</i> |
| Professional Perspectives | <p>50% of the board will be made up of college registrants.</p> <p>Likely, not all professions will be “represented” on the College board.</p> | <p>Regulatory committees and panels of these committees will include professional-specific knowledge.</p> <p>A new committee is being proposed: Professional Practice and Standards Advisory Committee that will be a critical profession-specific input for decision-makers.</p> | <p>Through full time staff, part time staff and external advisors, staff will have access to profession-specific knowledge and expertise and incorporate this profession-specific knowledge and practice experience into decisions and recommendations.</p> | <p>Engaging with diverse registrants will be a critical element of the regulatory policy and standards development process.</p> |
| Public(s) Perspectives | <p>50% of the board will be composed of members of the public (not current or past registrants of the college).</p> | <p>All committees and panels of these committees will include public members.</p> | <p>Although staff are members of the public, they are not seen to bring a “public” perspective – but rely on robust consultation for this.</p> | <p>Multiple avenues of consultation will be developed to meaningfully engage members of the public in regulatory policy and standards decisions of the college.</p> |
| Indigenous Perspectives | <p>Indigenous leaders, both registrant and public members, will be recruited to serve on the College Board.</p> <p>The organization will endeavor to create inclusive space at the Board table, furthering the outcomes of the Safe Spaces Initiative.</p> | <p>Each regulatory committee will benefit from Indigenous members – both registrant and public members.</p> <p>Committees will be inclusive spaces furthering the outcomes of the Safe Spaces Initiative.</p> | <p>Indigenous leadership will be incorporated into the leadership structure of the College. College leadership will benefit from Indigenous colleagues, advisors and consultants to inform their work.</p> | <p>The colleges will develop meaningful relationships with BC Indigenous communities to support meaningful, mutually beneficial engagement opportunities.</p> |



The Perspectives Informing Decisions

- **Board** will benefit from 50% Registrant, 50% Public members
- Not all 9 professions regulated will have a "seat " at the table (or the Board would have to be 18 people – outside of the HPOA limit)
- **Professional Practice and Standards Advisory Committee** created to work in panels to ensure that profession-specific decisions have profession-specific input
- All regulatory committees will work in **panels** ensuring that profession-specific knowledge is informing every regulatory decision
- **Public members** will serve on ALL committees and panels – regulatory and board-support
- The **staff** will include or have access to professional expertise from each profession
- Board and staff decisions will benefit from broader and better **consultation** with the professions, the public, and Indigenous communities and organizations
- **Indigenous perspectives and capacity** will be increased at the Board, committee and staff levels

Board Composition - Structure



6 Registrant Members

- Not more than one member from each profession
- Not all professions will have a seat on the Board



6 Public Members

- Appointed by the Minister of Health

In accordance with the Board composition matrix, members will bring diverse practice, lived experience, provincial geography, and professional skills to the table. Of the 12 Board members, the goal is to have at least two Indigenous members.

Board Composition - Matrix

Knowledge and skill coming to the table with or willingness to learn

- *Anti-racism / allyship*
- *Collaboration / diplomacy*
- *Confidentiality*
- *Cultural safety and humility*
- *Financial literacy*
- *First Nations and Indigenous Context*
- *Information analysis and decision-making*
- *Organizational decision making*
- *Regulatory / Board governance*
- *Self-awareness*
- *Systems thinking*

The diverse perspectives that would support public-interest decision making:

- *First Nations / Indigenous*
- *Ableness*
- *Age*
- *Culture*
- *Education*
- *Gender and Sexual Orientation*
- *Region*
- *Registrant Professions*
- *Sector*
- *Socio-economic background*
- *Users of diverse regulated professions*
- *Workplace*

The specialized knowledge and skillsets that would benefit public-interest decision making ...

- *Board leadership*
- *Business acumen*
- *Equity, diversity and Inclusion*
- *Change management*
- *Executive HR*
- *Financial oversight*
- *IT, IT Transformation oversight*
- *Innovation oversight*
- *Internationally educated professional*
- *Legal*
- *Public relations*
- *Risk oversight*
- *Strategy oversight*

Pre-Amalgamation Board Appointment Process

2023

- Expression of Interest Development
- Board Composition Matrix Development
- Coordination of Board Appointment Committee (Amalgamation Lead)
 - Amalgamation Lead
 - Former Board Members / Leaders
 - CABRO Representative
 - Indigenous Leadership

Spring 2024

- Call for Expressions of Interest from current boards
- Review Expressions of Interest vs. Composition Matrix (Board Appointment Committee)
- Interview of short-listed candidates if required (Board Appointment Committee)
- Make recommendation to the Minister (Board Appointment Committee)
- Board Appointment (Minister)

May-June 2024

- Board orientation (Amalgamation Lead / CEO)

Pre-Amalgamation Committee Appointment Process

2023

- Expression of Interest Development
- Committee Composition Matrix Development
- Composition Matrix Approval (Amalgamation Lead)

Spring 2024

- Call for Expressions of Interest from current board and committee members
- Review of Expressions of Interest vs. Composition Matrix (Gov Workstream)
- Identify Gaps – recruit if required (Gov Workstream)
- Recommendation to Amalgamation Lead – Regulatory Committees
- Committee Appointment- Regulatory Committees (Amalgamation Lead)

Post Amalgamation
June-Dec 2024

- Regulatory Committee orientation
- Board facilitated Board Support Committee Appointments

How To Get Involved

Regulatory committees

Board Support committees

Consultation requests

Board expression of interest

Thank you

Questions?



Regulatory Committees



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Kathy Davidson, Executive Director
Strategy, Governance & Social Accountability

Five Regulatory Committees

- Some of the regulatory committees are “statutory” meaning required in legislation (or “statute”)
- The Health Professions Act requires four statutory committees:
 - Inquiry Committee
 - Quality Assurance Committee
 - Registration Committee
 - Discipline Committee
- We have one additional regulatory committee:
 - Professional Practice and Standards Advisory Committee (PPSAC)

Regulatory Committees

- The CHCPBC Bylaws set out those committees and their responsibilities.
- All have both public members and registrant members

Regulatory Committees

- All have a Chair and multiple Vice Chairs
- Single or multi-profession panels
- Bylaws outline how panels are formed
- See [Regulatory Committee Panels](#) Guidelines on the website
- Vice Chairs usually are the panel Chairs (except PPSAC)



Membership

Inquiry Committee

39 members (10 public, 29 registrants)

| Profession | Number of registrant members |
|----------------------------------|------------------------------|
| Audiologists | 3 |
| Dietitians | 3 |
| Hearing instrument practitioners | 3 |
| Occupational therapists | 3 |
| Opticians | 3 |
| Optometrists | 5 |
| Physical therapists | 4 |
| Psychologists | 5 |
| Speech-language pathologists | 2 |

Membership

Quality Assurance Committee

22 members (5 public, 17 registrants)

| Profession | Number of registrant members |
|----------------------------------|------------------------------|
| Audiologists | 1 |
| Dietitians | 2 |
| Hearing instrument practitioners | 2 |
| Occupational therapists | 2 |
| Opticians | 2 |
| Optometrists | 2 |
| Physical therapists | 2 |
| Psychologists | 2 |
| Speech-language pathologists | 2 |

Membership

Registration Committee

37 members (12 public, 25 registrants)

| Profession | Number of registrant members |
|----------------------------------|------------------------------|
| Audiologists | 3 |
| Dietitians | 3 |
| Hearing instrument practitioners | 2 |
| Occupational therapists | 3 |
| Opticians | 3 |
| Optometrists | 2 |
| Physical therapists | 3 |
| Psychologists | 4 |
| Speech-language pathologists | 3 |

Membership

Discipline Committee

28 members (13 public, 15 registrants)

| Profession | Number of registrant members |
|----------------------------------|------------------------------|
| Audiologists | 0 |
| Dietitians | 1 |
| Hearing instrument practitioners | 1 |
| Occupational therapists | 2 |
| Opticians | 3 |
| Optometrists | 2 |
| Physical therapists | 2 |
| Psychologists | 3 |
| Speech-language pathologists | 1 |

Regulatory Committee

Professional Practice and Standards Advisory Committee (PPSAC)

- Not required in legislation
- New – not something that existed in legacy colleges
- This committee is how the Board/staff receives profession-specific advice and recommendations



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Professional Practice and Standards Advisory Committee

- Also works in panels
- Panels are chaired by staff
- Single or multi-profession panels are convened for particular profession-specific purposes



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Membership

Professional Practice and Standards Advisory Committee

44 members (8 public, 36 registrants)

| Profession | Number of registrant members |
|----------------------------------|------------------------------|
| Audiologists | 3 |
| Dietitians | 6 |
| Hearing instrument practitioners | 4 |
| Occupational therapists | 5 |
| Opticians | 4 |
| Optometrists | 5 |
| Physical therapists | 5 |
| Psychologists | 4 |
| Speech-language pathologists | 3 |

Joining a committee

- When we have a gap, we circulate an Expression of Interest (EOI)
- Fall 2024 – we have just appointed total 11 new registrant committee members to three of the regulatory committees
- As terms of office expire, we will recruit others
- Watch social media, the registrant newsletter and your own inbox for notices



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Thank you

Questions?

Quality Practice



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Cathy Silversides, Manager
Quality Assurance & Professional Practice

Principles of Quality Practice



Quality Practice's Ecosystem



Quality Assurance Programs

- ✓ The **requirements** of each profession's Quality Assurance program are **unchanged**.
- ✓ All program **elements** and **submission due dates** that applied to each profession prior to the amalgamation to create CHCPBC **remain** in place.



Practice Advisors: Roles & Responsibilities



Practice Advisors

| Staff | Profession |
|--|-------------------------------|
| Tigerson Young, RPsych | Psychology |
| Sabreena Sunner, RHIP | Hearing Instrument Dispensing |
| Cindy Huang, RD Elaine van Oosten, RD | Dietetics |
| Sue Murphy, RPT Jeannette Lim, RPT | Physical Therapy |
| AJ Hildebrand, RSLP | Speech-Language Pathology |
| Joan Hansen, OD | Optometry |
| Nick Grundmann, RAUD, RHIP | Audiology |

Common Practice Support Topics

- **Obtaining clinical consent**
- **Documentation & records management**
- **Scope of practice**
- **Interprofessional collaborative practice**
- **Marketing & advertising**
- **Virtual care**



Practice Support Questions (examples)

- *“Can I diagnose?”*
- *“What are the documentation requirements specific to obtaining consent?”*
- *“How do I respond to a client/patient that declines my recommended treatment plan?”*
- *“Can I treat a family member?”*
- *“How long do I need to retain a client/patient health record?”*
- *“What is the process to delegate to a non-registrant?”*
- *“Can I provide virtual health services to a client/patient who is in another province?”*

Questions about your QA program?

www.chcpbc.org

1.877.742.6715 - extension 3

QAPrograms@chcpbc.org

How to contact Practice Support

www.chcpbc.org

1.877.742.6715 - extension 3

PracticeSupport@chcpbc.org



Cathy Silversides
Manager, Quality Assurance & Professional Practice

Thank you

Questions?