



January 10, 2020

Members of the Steering Committee on Modernization
of Health Professional Regulation
c/o Room 337 Parliament Buildings
Victoria, BC V8V 1X4

via email: PROREGADMIN@gov.bc.ca

Dear Minister Dix, MLA Letnick, and MLA Furstenu,au,

RE: Input—Modernizing the provincial health profession regulatory framework

We are writing on behalf of the Canadian Association of Physician Assistants (CAPA), which represents more than 650 certified physician assistants (PAs) across Canada, including more than 25 civilian and military PAs who live in British Columbia, and many others who hail from B.C. but live elsewhere in Canada because they are not eligible to practice medicine in their home province.

In June 2019 we provided feedback on Part Two of the Cayton Report and its proposed approaches to regulatory reform in British Columbia. We are pleased to now have the opportunity to provide input on the new document, [Modernizing the provincial health profession regulatory framework: A paper for consultation](#). In this case, we have limited our comments to sections of the consultation paper where our insight is most relevant and based on our organizational experience.

We particularly appreciate the acknowledgement in the new paper that the current model of regulation is inefficient and “not keeping up with the changing health service delivery environment, particularly in relation to interprofessional team-based care”. This issue is felt acutely by PAs, who remain excluded from the *Health Professions Act* and are unable to work in the province, contribute to team-based care, and improve the wellbeing of British Columbians.

Modernization Proposals

1—Improved Governance

CAPA supports the proposal to have equal numbers of registrants and public members make up regulatory college boards and that these members should be appointed by the Minister of Health through a competency-based process. Diversifying board composition will bring new perspectives and lead to better decision making. A transparent, deliberate, and strategic approach to identifying diverse candidates and encouraging their participation will be essential to gaining public trust in the process. (Q1a)

CAPA also supports reducing the size of boards to improve coordination, decision making, and oversight. A smaller board will be able to analyze issues in more depth and make it easier for independent views to be shared. (Q1c)

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Additionally, we support the fair and consistent compensation for board and committee members. This is in keeping with the current shift towards valuing and respecting public involvement in health care governance, and enhancing fairness and representation. (Q1e-f)

2—Improved efficiency and effectiveness through a reduction in the number of regulatory colleges

Our Association is pleased that the consultation paper states that a reduction in the number of regulatory colleges will not create a *barrier to regulation of new professions* in the province. As we stated in our Cayton Report submission, CAPA strongly supports the recommendation for potential new occupations (like PAs) to be regulated by *an existing college*.

In fact, this model of oversight for PAs has been in place for over a decade in Manitoba and New Brunswick, where the profession is regulated by the respective provincial Colleges of Physicians and Surgeons. The same approach is being used in a Nova Scotia pilot project, it is nearing completion in Alberta, and it is also under discussion in Ontario. The British Columbia College of Physicians and Surgeons is strongly in favour of the model for the province.

CAPA would be very pleased to share details about the efficiency and effectiveness of this approach to PA regulation with the Steering Committee. Further, Committee members may refer to [page eight of our information brief](#) for a summary of PA regulation in Canada and links to relevant legislation, bylaws and registries maintained by the colleges.

With regards to the proposed creation of a multi-profession regulatory college, referred to as the College of Health and Care Professions (CHCP) and modeled on a similar organization in the United Kingdom, CAPA agrees that this would create efficiencies for many professions. However, we would not support the future regulation of PAs under the CHCP for a variety of reasons.

Globally, PAs are most often successfully regulated under physician-led regulatory bodies. The United Kingdom, which has invested heavily in growing its PA workforce, [consulted on the regulation of its “medical associate professionals” in 2019](#). The majority of individual and organizational respondents favoured the [General Medical Council](#) (over the country’s Health and Care Professions Council) as the preferred regulator.

The rationale is clear—physicians and PAs are aligned in terms of their education, training, practice, and supervision and they work together as part of the medical team. Further, regulation under physician colleges also confers professional credibility and instills public confidence in the role. All four United Kingdom governments agreed and [in July the Department of Health and Social Care announced its decision in support of the GMC regulating PAs](#).

In the United States, where more than 123,000 PAs practice today, PAs are typically licensed by the state medical licensing board. In these cases, the medical board includes a designated PA seat and/or has an established PA advisory council.

3—Strengthening the oversight of regulatory colleges

CAPA is broadly supportive of the creation of a new body that would oversee the health regulatory colleges, as well as the functions and responsibilities proposed in the consultation paper (Q3a-b).

Further, as it relates to item 10 in the list of responsibilities (p. 14) we agree that the oversight body should recommend which, if any, unregulated professions should be regulated. The assignment of this responsibility would bring considerable transparency to a process that is currently difficult to scrutinize by those outside of the Ministry of Health.

Conclusions

Our interpretation of the Cayton Report is that the status quo is no longer a tenable option for health professional regulation in British Columbia. CAPA applauds the Government and Steering Committee for using Mr. Cayton's blueprint to create a consultation paper that will help start the process of modernization. The paper clearly outlines the significant improvements that are needed to improve patient safety, protect the public, drive efficiencies, and bolster public confidence in the system.

We also appreciate the transparent and inclusive approach you have taken to consulting on this project. While PAs remain unrecognized in British Columbia, CAPA believes that our experience in other provinces with a collaborative, physician-led regulatory process provides the Committee with valuable information to consider.

And, as the health needs of patients evolve and demand for care continues to skyrocket, we hope that this process will also create opportunities to consider the regulation of PAs in British Columbia. CAPA will continue to advocate, on behalf of all our members, for British Columbia to introduce and regulate PAs.

Sincerely,



Eric Demers, CCPA
Past-President
Victoria, BC



Patrick Nelson
Executive Director
Ottawa, ON