The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) appreciates this opportunity to provide input during the consultation period ending January 10, 2020, in response to the British Columbia government’s proposed changes to modernize the provincial health profession regulatory framework. Neighbourhood Pharmacies also appreciates contributing our feedback to support the work of the Steering Committee on Modernization of Health Professional Regulation to refine their proposal on how to modernize the regulatory framework for health professions in B.C.

In recent years, B.C.’s pharmacy sector has provided the government with guidance to deliver on a range of policy objectives focused on enhancing quality patient care. Over 1300 pharmacies are operating in B.C., employing 17,300 British Columbians, providing $600 million in labour income and generating GDP of $903 million in the province.

Neighbourhood Pharmacies and its members remain committed to continued dialogue and collaboration with your government to ensure British Columbians have access to the pharmacy services required to optimize health outcomes.

**Supporting Patient and Health System Needs**

Criticisms of the current model identified in your paper include its inability to keep up with the changing health service delivery environment, and the perception that it promotes the interests of the profession over the interests of the public.

Changing the current model to allow it to keep pace with the shifting health delivery environment will, first and foremost, greatly benefit from conducting ongoing scans/reviews of the environment in which health care professionals serve patients. The professions should be designated as key contributors to this activity. Identifying gaps in health systems, and addressing these gaps through expanding scope of practice where appropriate is a public safety issue that needs to be addressed. To ensure these scans are carried out in a manner that leverages the unique perspective and expertise of each respective health profession, we also propose these reviews be carried out by each regulatory body/committee, as well as by the oversight body.

The rationale for both the oversight body and regulatory body/committees participating in routine environmental scans is to ensure frequent, productive interaction between these two entities; to provide greater breadth in analytical perspective and to allow for a multidisciplinary and interprofessional approach based on meaningful comparison/consideration of joint observations.
It’s also critically important, in our view, that a healthy, transparent and results-oriented working relationship is fostered between the regulatory body/committees and the oversight body. This interplay between the two is vital to promote greater efficiency and accountability, two additional criticisms cited in your paper.

**Supporting Patient Safety**

With patient safety identified as the chief concern among all health system stakeholders (e.g. the public, government, and health care providers), it’s important to note that *patient safety is promoted through a system that enables health care professionals to determine how best to deliver the services their patients need in a safe, timely, effective and coordinated way.*

A renewed focus on transparency and accountability to ensure the ability to meet changing patient/family expectations (identified as a criticism in your paper) necessarily requires supporting and enabling care that meets *patient* needs – as opposed to establishing a “shame-and-blame” culture for health professionals who are focused on delivering quality care to their patients.

We support the disciplinary process where a complaint has been fairly adjudicated, and where it has been determined that discipline is required. We also support a culture and environment centered on a robust Continuous Quality Improvement (CQI) framework; appropriately balancing transparency and fairness.

This focus on reporting and shame and blame is in contrast to most trends and much of the evidence that points towards anonymous error reporting which truly promotes and focuses on CQI.

At this time, the central issue of patient safety appears to be secondary, in the framework outlined in this paper, to that of creating new processes and system efficiencies. This is particularly the case with regards to complaints, adjudication and disciplinary processes discussed in section 4 (pg. 16-21) of your paper, notwithstanding the subsection entitled "Responses to sexual abuse and sexual misconduct," a process with which we are in firm agreement.

If an excessive amount of attention is dedicated to reviewing errors and standards, this may come at the cost of dedicating focus towards reviewing the scope and how to best situate health care professionals to serve the public. More so than any other aspect of this discussion, if patients cannot access the care they need, *this* is a public safety issue.

**Supporting Transparency**

There are many aspects of transparency to consider with regard to the issues discussed in your consultation paper. However, among the most important is ensuring the highest possible degree of transparency where it pertains to board and committee appointments associated with the modernized structure you propose.
For the modernized framework to achieve transparency from the ground level up, significant consideration is required to determine the composition of the colleges, boards, and committees; particularly because the principle of balance is key to ensuring the transparent operation of these new entities.

To summarize our perspective on the issue of transparency as it relates to the composition of colleges, boards, and committees, our key considerations include:

- Focusing on the size of the board, instead of focusing on the diversity of its members; noting that a smaller board does not always result in more effective group dynamics and there are pitfalls to a one-size-fits-all approach (e.g. the college of physicians and surgeons has a much more diverse group than the college of pharmacists).

- Determining how best to promote transparency in the appointment process.

- A 50-50 split of public-professional members is neither the only nor necessarily the optimal way to achieve balance, particularly given the goal is to achieve a more transparent, balanced perspective, not simply numerically-even representation.

- Establishing who is responsible for determining the competencies required to be a successful candidate and who will participate in the screening and final decision-making process to ultimately select members.

- Evaluating the importance of geographical representation vs. representation based on areas of practice expertise (e.g. for pharmacy: retail, hospital, specialty, long-term care, etc.).

- Determining appropriate compensation for board members, including whether/how this impacts registration dues and public vs. professional members.

Reducing the Number of Regulatory Colleges – from 20 to five

Finally, Neighbourhood Pharmacies would like to take this opportunity to share our perspective on the aspect of the proposal that involves grouping the colleges to reduce the overall number from 20 to 5. Notably, this is a considerable contraction in the overall number of colleges currently interacting in B.C.’s health care space.

Insofar as one of the criticisms identified in your consultation paper is that the current model of regulation is inefficient, we understand the initial instinct to consider the number of colleges operating in the current landscape, and the seemingly straightforward reaction to rapidly decrease the number of players by consolidating/reorganizing.

In our view, a sudden reduction from 20 down to 5 colleges as a first step is indeed ambitious and, to achieve the desired outcomes, would need to be pursued cautiously – with much attention paid to the optimal groupings for these professions. Considerations around grouping might include whether the colleges themselves might ‘self-select’ or seek to coordinate the new design among
themselves; or whether the organization would ultimately be decided by the regulatory body/committees.

As you are certainly aware, there is a risk associated with carrying out this significant reduction too rapidly as it could create challenges and implications for the delivery of patient care (interprofessional care specifically). We appreciate the unquestionable value that can result from promoting collaboration and, in turn, in working collaboratively. However, we advise pursuing a more stepwise approach to this reduction, involving the colleges as part of the process early on, and bringing together “like” colleges as an initial step.

Neighbourhood Pharmacies Welcomes the Opportunity to Continue Working with You

Neighbourhood Pharmacies supports the B.C. government’s decision to modernize the provincial health profession regulatory framework and we welcome the opportunity to continue working closely with you to improve access to medicines and pharmacy services for all British Columbians.

We trust that this call for feedback (deadline January 10, 2020) represents the first in a series of consultations that will take place related to the proposed modernization of B.C.’s provincial health profession regulatory framework. In this initial response, we have focused on providing a principles-based consideration of the changes proposed. In subsequent calls for feedback on this proposal, we look forward to the opportunity to offer detailed feedback on the more technical and procedural aspects associated with these changes.

Neighbourhood Pharmacies represents Canada’s leading pharmacy organizations that deliver high value, quality care to Canadians in all models including chain, banner, long-term care, specialty, and independent pharmacies as well as grocery chains and mass merchandisers with pharmacies. Our members are home to the most trusted providers of drug therapies, pharmacy-based patient services, and innovative healthcare solutions. We advocate for community-based care through our members’ high accessibility and proven track record of providing optimal patient care closer to where patients live, work and play. By leveraging over 10,500 points of care with pharmacies conveniently located in every neighbourhood across Canada, Neighbourhood Pharmacies aims to advance sustainable healthcare for all stakeholders.

Sincerely,

[Signature]

Sandra Hanna
Chief Executive Officer