

The Cayton Report: The Wolf Finally Arrives

by Rebecca Durcan
May 2019 - No. 236

For years observers have been saying that regulators of professions are under intense scrutiny and unless they regained public confidence then self-regulation without systematic oversight would end in Canada. Over time it has become easier to ignore these pleas as self-regulation continued to muddle along, but no longer. While the analogy to the little boy who cried wolf is imperfect (no one would call the author of the report or his agency's ideas "wolves"), the concept of snubbing previous warnings and subsequently facing real consequences is relevant.

On April 11, 2019, the long awaited report of the Professional Standards Authority (PSA) (headed at the time it was written by Harry Cayton) on the Inquiry into the College of Dental Surgeons of British Columbia was released. On the same day the Minister of Health gave the College thirty days to deliver an implementation plan for the recommendations directed at it. The Minister also announced that he has set up a steering committee to examine the recommendations related to the oversight of all regulated health professions.

Governance

Some of the key observations in the report about governance include the following:

- Boards should focus on three things:

- ensuring the College complies with its mandate and the law
 - setting strategy and monitoring performance and
 - holding the registrar and chief executive to account for delivery.
- Boards should dispense with formal rules of procedure (e.g., motions and votes) and, with rare exceptions, operate through consensus.
 - Secret ballots have no place in a public body.
 - Secret meetings (in the absence of staff) should be extremely rare and require centrally maintained minutes.
 - The Board should partner with staff to achieve the organization's mandate; staff do not just administratively implement Board directions.
 - Dysfunction in an organization occurs when Board members and staff no longer respect and trust each other.

The report's recommendations include:

- Candidates for selection to the Board from within the profession should be required to participate in an "induction programme" before being chosen.
- Officers or representatives from the professional association or similar bodies should have a three-year cooling off period before they can serve with the regulator.
- The governance committee should be abolished and Board officers should not attend audit committee meetings unless invited.
- Board members should not procure goods or services directly. Procurement should be through staff pursuant to appropriate policies.
- "The Board must stop seeing itself as the College and recognise that its role is to govern

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the College and oversee its performance but that the College is run and managed by its professional staff.”

Measuring Regulatory Performance

The report assessed the performance of the College according to the criteria that the PSA uses for the bodies it oversees. The following areas were found to have not met the standard:

- Standards of practice do not identify mandatory expectations upon practitioners and are unclear in some areas.
- There is not a systematic and accountable process for identifying and developing new or revised standards.
- Standards are not clearly worded nor are they effectively communicated to the profession and to the public.
- Complaints are not appropriately assessed for risk and prioritized upon receipt.
- The complaints process is not transparent, fair, proportionate and focused on public protection because of its composition, and because of the excessive role of staff and because of the misuse of undertakings option.
- Complaints are not dealt with promptly with a view to preventing harm to the public while in process.
- Insufficient reasons are provided for actions taken on complaints.
- The regulator does not have an effective process for identifying, assessing, escalating and managing organizational risks.
- Board oversight does not include the effective use of key performance indicators and a corporate risk register.

- The regulator does not collect and use performance and outcomes information about patients and the public as a part of its strategic planning.
- The Board does not work cooperatively, with an appropriate understanding of its role as a governing body and members’ individual responsibilities.

External Relationships

The report identified a broad lack of understanding of the role of the College to regulate the profession in the public interest. This was demonstrated by the election campaign statements, the perceptions of Board members from the profession and in the history of various regulatory initiatives. Examples of the regulatory initiatives of concern was the failure to implement a standard preventing dentists from treating their spouses and the challenges faced by attempts to implement an enhanced quality assurance program. The report states:

The College needs to build a different relationship with its dentist registrants: one of both mutual respect and distance. It cannot do so when its Board is elected by registrants and partially subject to their control. It is hard for it to build a new relationship with the profession when it is so closely tied financially and through personal contact and individuals to the [professional association] and other dental organisations. An independent, effective, efficient, fair and public focussed regulator is good for the dental community as a whole. It is especially good for skilled and ethical dentists who never have a complaint.

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A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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The report stated plainly that the relationship between the regulator and the professional association was too close and strongly recommended the severing of many of those ties (e.g., the regulator cease collecting annual fees for membership in the professional association).

The report commended the affiliation of the regulator with the other health regulators in a loose umbrella organization as a model of collaboration.

The report indicated that while the regulator had regular contact with the government, one aspect of the relationship that was not working well was the appointment of public members to the Board. The criteria used in making such appointments were uncertain and there were too many vacancies.

In terms of engaging the public, the report noted a reluctance of the Board to engage with the public and the lack of a strategy to more effectively obtain the input and perspective of the very people it is mandated to protect.

Protecting the Public

This portion of the report is perhaps the most hard-hitting. It definitively states that regulators have no advocacy role. It also says:

A concern for the well-being of dentists rather than a single-minded focus on patient safety and public protection is still a part of College culture.

After providing some quotations of statements made to the inquiry by leaders in the profession, including those working for the regulator, the report states:

I don't think these perspectives are typical but for dentists who are active in the College and dental community to express them suggests a profound misunderstanding of the purpose of professional regulation and lack of concern for the safety and well-being of patients.

The report noted that the mandate of the regulator "to serve and protect the public" was broad. The report expressed concern that the regulator was reading the mandate too broadly. The report suggests that the mandate of regulators "does not ask regulators to be responsible for public health or for access to health professionals".

The report recommends that the mandate of regulators be narrowed to read:

To protect the safety of patients, to prevent harm and promote the health and well-being of the public.

The report illustrates these concerns. One instance was the failure of the regulator to establish, as required by the legislation, a patient relations committee and a program dealing with sexual abuse. The only sexual abuse guideline developed by the regulation was permissive rather than restrictive in nature (i.e., enabling dentists to treat their spouses).

Another example provided was the failure to effectively enforce the standard related to sedation and anaesthesia. This discussion included an example where a young patient experienced permanent brain damage by a practitioner who had disregarded many of the most basic requirements yet was permitted to remain in the profession.

Legislative Reform

In addition to the recommendations described above some of the more significant recommendations for legislative reform for all health regulators include the following:

- Boards be reduced to twelve members, all of whom are appointed (not through the current government process) on the basis of demonstrated skills with only half being members of the profession.
- Smaller regulators should be merged into fewer, larger ones.
- A simplified complaints system with three components: triage, investigation, and adjudication.
- An expanded duty to report publicly on all operations of the regulator including complaints outcomes.
- The Review Board should be able to initiate, on its own, a review of a complaint outcome even if there is no appeal.

Longer term reforms would include:

- Having a single set of ethical rules and conduct expectations for all health professions.
- Removing adjudication of disciplinary disputes from the regulators, to be performed by an independent body.
- That same independent body would also maintain a single register of every health practitioner in the province.
- There should be a separate independent oversight body that reviews the performance of regulators, approves some of the standards

developed by them and manages the Board member selection process.

- The independent oversight body would also employ an occupational risk assessment process that would be used to recommend which professions require formal statutory regulation.

Conclusion

In summary, the Cayton report contains a detailed review of the performance of the College of Dental Surgeons of British Columbia. It identified serious deficiencies in the governance of the regulator. It also concluded that there were gaps in the regulatory performance of the regulator in eleven areas. It commented on a number of areas for improvement in its external relationships with various groups. It concluded that the regulator was not focussed exclusively on its public interest mandate, particularly in the area of public safety.

The report makes a number of sweeping short term and long term proposals for regulatory reform for all health professional regulators. These include a completely appointed Board of twelve people, half of whom are public members, merging regulators, separating out the adjudication of discipline matters and the operation of a single public register, and the creation of an oversight agency that would review and report on the regulatory performance of the regulators.

This report is broadly consistent with recent developments in British Columbia, and other provinces including Ontario and Nova Scotia and the regulatory regime that has existed in Quebec for many years.

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A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

The Cayton Report can be found at:

<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf>.