College of
COMPLEMENTARY HEALTH
PROFESSIONALS OF BC

Regulatory Philosophy

CCHPBC

CCHPBC's regulatory philosophy provides an overview of the work we do and how we approach it, and how we interact, communicate, and engage. It is informed by a clear understanding of our organization and its role.

This philosophy considers CCHPBC's statutory authority and public protection mandate. It incorporates current standards for good regulation, including right-touch and risk-based thinking, to ensure our decisions focus on outcomes, are proportionate to the level of risk identified, and balance professional autonomy and regulatory oversight.

The regulatory philosophy defines CCHPBC's character as a regulator, providing the lens through which its staff, committees and Board approach the design, delivery, and evaluation of regulatory programs, tools, processes and policies. All regulatory colleges act in accordance with their governing legislation, but this regulatory philosophy defines the distinct essence of CCHPBC's approach and orientation to regulation, which is informed by a clear understanding of our organization and its role.

Our philosophy includes the following elements:

- Vision
- Regulatory values
- Regulatory principles
- Mandate

Our regulatory philosophy is depicted as a tree, with roots (a mandate) anchoring it in the earth, a sturdy trunk (principles) standing firm even in the winds of adversity, branches (values) which are flexible to adapt with emerging trends and technologies but strong, growing towards the sun (vision), signaling our constant aspiration to continuously strive for regulatory excellence.


Vision: To be a re-imagined regulator, continuously striving for regulatory excellence
Fairness
Putting people first
Anti-discrimination
Principle 1: Manage risk to improve health outcomes
Principle 2: Results oriented
Principle 3: Regulate with compassion
Principle 4: Data-informed decisions
Principle 5: Collaborate
Mandate: Protect the public from harm and discrimination

CCHPBC's Regulatory Philosophy

Vision:

CCHPBC's vision is to be a **re-imagined regulator**, continuously striving for regulatory excellence as we deliver on our mandate to protect the public from harm and discrimination.

Regulatory Values:

Our branches are our *core values*, built on a strong set of principles:

1. **Putting people first:** We act with compassion and respect towards all registrants (licensees), applicants, patients, and others participating in our processes.
2. **Fairness:** We treat everyone fairly, considering the requirements of procedural fairness and natural justice, and act without conflict of interest or bias. We are accountable, and our regulatory processes are consistently applied.
3. **Anti-discrimination:** We take and promote anti-discrimination measures. We believe in justice, equity, diversity, and inclusion in the regulation of health professionals. We also believe in upholding the rights of Indigenous Peoples as set out in the United Nations Declaration on the Rights of Indigenous People (UNDRIP).

Regulatory Principles:

Our *regulatory principles* guide us in how we approach our regulatory work and inform our regulatory decision-making. The principles help registrants (licensees), the public, and interested parties understand what they can expect from CCHPBC and how CCHPBC makes regulatory decisions.

1. **We improve health outcomes by managing risk:** We assess risk when determining whether regulatory intervention is necessary. We set standards that support professional autonomy and professional discretion in appropriate clinical decision-making and conduct, and are proportionate to the inherent risk of specific aspects of health care. We manage risk by focusing on the prevention of harm to patients. We seek to reduce the potential for harm by being proactive and agile. When appropriate, we use proportionate regulatory force to mitigate or manage identified risks.
2. **We are results oriented:** We seek to evaluate and continuously improve our work. We are always learning, improving, and growing. We establish and meet performance measures and standards, to support our vision of being a reimagined

regulator and optimize our impact to protect patients and improve health outcomes.

3. We deliver regulatory programs with compassion: We are trauma-informed and compassionate in our regulatory work. We intentionally focus on the people, including registrants (licensees) and patients, that interact with us and our programs. In delivering our regulatory programs with compassion, we emphasize empathy and take into account a person's context, while regulating with clearly communicated boundaries and expectations. To do so, we lean into curiosity and an agile, problem-solving mindset.

4. We engage in data-informed decision making: We believe in collecting and measuring relevant data and evidence to inform our understanding of risks and help guide and inform our decision-making.

5. We are collaborative: We engage and collaborate with the public we serve, and other health system partners. We aim to build and maintain positive, healthy relationships with our partners, and to resolve conflicts where possible.

Mandate

Our roots are our *role and mandate* as a regulator. CCHPBC's mandate is to protect the public from harm and discrimination. We serve the public by regulating approximately 13,000 complementary health professionals (Massage Therapists, Naturopathic Physicians, Chiropractors, Traditional Chinese Medicine Practitioners, and Acupuncturists), to ensure the delivery of safe, ethical, and patient-centered care. We make regulatory decisions in the public interest and are accountable to patients and the public of B.C.

Appendix 1 – Glossary of Terms

This glossary provides key definitions for terms related to health regulation and serves as a guide to navigate and understand the essential concepts in CCHPBC's Regulatory Approach.

Anti-discrimination: Policies and practices designed to prevent discrimination based on characteristics such as race, ethnicity, gender, sexual orientation, or other protected attributes within the health care regulatory framework.

Fair: Just and impartial treatment without favoritism or discrimination, ensuring equal opportunities and outcomes for all health care professionals and interested parties.

Health System Partners: The suite of organizations, authorities, and groups within the ecosystem of governance, delivery, regulation, and continuous improvement of health services in British Columbia. These partners share a collective responsibility for promoting safe, equitable, and culturally appropriate care for all people in the province. Health system partners include, but are not limited to, the Ministry of Health, provincial and regional health authorities, other health regulatory colleges and oversight bodies, educational institutions, health profession associations, and research institutions.

Public protection: The primary goal of health regulation, emphasizing measures and interventions that safeguard the health and well-being of the public by maintaining safe health care practice.

Right-touch thinking: Ensuring that interventions and requirements are proportionate to the level of risk identified, avoiding any unnecessary regulatory burdens that may impede the delivery of quality health care. Striking a balance between professional autonomy and regulatory oversight, recognizing that right-touch thinking involves respecting the expertise of health care professionals while intervening when necessary to protect public safety.

Risk: The probability of harm or adverse events occurring as a result of health care practices or regulatory decisions. Risk is assessed by a combination of the likelihood an event will occur and the prospective impact, severity, or consequences of that event if it does occur.

Risk-based regulation: A regulatory approach that assesses and addresses risks to public health, safety, and well-being, tailoring interventions based on the level of identified risk.

Statutory authority: The legal power granted to a regulatory body by legislation, outlining its jurisdiction, duties, and responsibilities in overseeing and regulating health care professionals. This involves a clear understanding of the legal framework, respecting the boundaries set by legislation, and ensuring decisions are within the scope of the authority granted.

Trauma: A psychological (mental or emotional) injury caused by experiences of violence or other threatening events.

Trauma-informed: Regulatory practices that consider the potential impact of trauma on individuals and integrate trauma-sensitive approaches to ensure compassionate and supportive interactions.