

Submission to the Steering Committee on Modernization of Health Professional Regulation

Responding to Modernizing the Provincial Health Profession Regulatory Framework: A Paper for Consultation. (Released November 27, 2019)

The Honourable Adrian Dix, Minister of Health,
Ms. Sonia Furstenau, MLA for Cowichan Valley
Mr. Norm Letnick, MLA for Kelowna-Lake Country

Via email: PROREGADMIN@gov.bc.ca

The following report is respectfully submitted to the Ministry of Health Steering Committee by the British Columbia College of Social Workers (BCCSW) in response to the paper “Modernizing the Provincial Health Profession Regulatory Framework: A Paper for Consultation.”¹ It is the duty of the BCCSW to serve and protect the public and to superintend the practice of social work.

The Modernizing the Provincial Health Profession Regulatory Framework paper outlines a comprehensive plan to modernize the regulation of BC’s health professions. The key goals of the plan are to improve transparency, patient safety, public trust and regulatory effectiveness. The paper proposed changes to the twenty BC health regulatory colleges under the umbrella of the BC Health Professions Act.

The BCCSW’s intention in providing this submission to the Steering Committee is to highlight the important and integral roles social workers play in multiple health care systems in British Columbia. The BCCSW urges the Steering Committee to not omit Social Work from its deliberations, or from plans to modernize BC’s health regulatory framework.

The BCCSW would also appreciate direct collaboration with the Steering Committee to discuss the nuances of regulating social work in BC. Ultimately, we see this process as an opportunity to open discussions between the Ministry of Health (MOH) and the Ministry of Children and Family Development (MCFD), the BCCSW and its stakeholders, to optimize a system of regulation for BC social workers that will fulfill the mandate of public protection, to prevent harm and to promote health and well-being.

The BCCSW Board of Directors respectfully note the following:

¹ Modernizing the provincial health profession regulatory framework: a paper for consultation. (2019) retrieved from <https://engage.gov.bc.ca/app/uploads/sites/578/2019/11/Modernizing-health-profession-regulatory-framework-Consultation-Paper.pdf>

- The BCCSW is a member of the BC Health Regulators but is administered under the *Social Workers Act* by the Ministry of Children and Family Development (MCFD).
- The BCCSW is, and always has been, fully committed to its mandate of public protection. In order to support this, the BCCSW separated from the BC Association of Social Workers (BCASW) in 1996 and remains at arms-length.
- Social workers play an integral role in many of BC's health systems, and a significant number of our 4,926 registrants are directly or indirectly working in health care.
- The BC *Social Workers Act* was principally designed around the BC Health Professions Act.
- The BCCSW has been working on embedding Indigenous Cultural Safety in social work regulation. The BCCSW requests that when deliberating reform of health regulation, policy makers consult with Indigenous organizations and communities, including the BC First Nations Health Authority to ensure the best possible outcomes of public protection for BC's Indigenous service users.

The BCCSW Board of Directors respectfully propose the following:

- The BCCSW requests that the Steering Committee to carefully consider the position and function of the BCCSW as a regulating body for Social Workers in BC.
- The BCCSW requests that the Steering Committee facilitate discussion between the Ministry of Health (MOH), the Ministry of Children and Family Development (MCFD), the BCCSW, and its stakeholders to explore options for modernizing and optimizing public protection through social work regulation in BC.

The Importance of Social Work in British Columbia's Health Systems:

Social Work is a profession with a wide scope of practice as set out in the BCCSW Standards of Practice: *Social work means the assessment, diagnosis, treatment and evaluation of individual, interpersonal and societal issues through the use of social work knowledge, skills, interventions and strategies, to assist individuals, couples, families, groups, organizations and communities to achieve optimum psychological and social functioning.*

Social work education often adopts a micro, mezzo and macro approach to the skills and knowledge required to analyse the intersections between human development and social, economic and cultural factors that inform the unique approach of social work practice. Social workers' perspectives are vital components in the delivery of quality, cost-effective health care services.

Social work roles include:

- counsellors, facilitators, care coordinators, patient advocates, program managers, mediators, educators, and community development consultants.
- experts in family dynamics, trained to address complex family issues that may interfere with progress and effective use of health care resources.
- using a strengths-based systems lens when working with individuals and families to address psycho-emotional and social issues that affect well-being.

Social work specialized skills include:

- Many social workers are Designated Responders to abuse or self-neglect concerns under Adult Guardianship legislation.
- Many social workers are Qualified Health Care Providers, able to complete incapability assessments under the Adult Guardianship legislation.
- Many social workers have the additional qualification of Registered Clinical Social Worker, allowing them to independently use the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in the assessment, diagnosis, treatment, and prevention of mental, emotional, and behavioral disorders and conditions.²

It should be noted that social workers work in many settings, some of which include: health care, community-based, residential facilities, and hospital based; mental health and substance use, community social service agencies; Provincial Ministries including child protection, family services, resources, guardianship, adoptions and foster care; as well as Ministries providing family law, court services, and correctional programs, and forensic services; in addition to educational programs at universities and colleges; plus private practice, not-for-profits, mediation, research and social policy for government and social agencies.

Exemptions to Social Work Registration in BC

The original BC Social Workers Act that was passed in 1968 contained a number of exemptions to registration for some social workers in BC. When the Social Workers legislation was updated in 2008, the exemptions were moved into the Social Workers Regulation to make their removal easier in the future. The *Social Workers Act* restricts the use of the title 'social worker' or 'registered social worker' or 'registered clinical social worker' to persons registered with the BC College of Social Workers (BCCSW) *unless* they are exempted from registration [section 18 (2) of the Social Workers Act Regulation].

The following persons are prescribed as exempt for the purpose of section 18 (2) of the Act:

- (a) a person who is employed as a social worker by
 - (i) Canada or the government or an agent of either,
 - (ii) a board, other than a regional health board, commission or other body any member of which is appointed by Canada or the government,
 - (iii) a municipality, regional district or board of education,
 - (iv) an Indian band, a tribal council, a treaty first nation, the Nisga'a Nation or a Nisga'a Village, or
 - (v) an agency, other than an adoption agency as defined in the [Adoption Act](#), to whose staff is delegated any or all of a director's powers, duties or functions under the [Child, Family and Community Service Act](#) or the [Adoption Act](#), or
 - (vi) Repealed. [B.C. Reg. 211/2015, s. 34 (b).]

² Health Care Social Workers – information Sheet (2015) BC Association of Social Workers

(b) a person who teaches or is engaged in research as a social worker under an academic appointment or program in a university, college or institute.

The BCASW has lobbied for the removal of the exemptions since the creation of the first Social Work Act in 1968 and has continued with the new legislation. Following the exemptions section being moved to the Regulation, the BCCSW was successful in 2012 in removing the exemption for Health Authority social workers; however, this was only for Title Protection and not scope of practice.

Where exemptions apply under section 18 (2) of the Social Workers Act Regulation, registration is still required for social workers in health to carry out certain health care provider functions where the requirement to be registered is regulated through other Acts.

Under the Health Care (Consent) and Care Facility (Admission) Act (HCCCFAA) a Social Worker must be registered to:

- Determine if an adult is incapable of giving consent to health care (HCCCFAA s. 7)
- Develop a plan for minor health care (HCCCFAA s. 15)
- Obtain substitute consent from a Temporary Substitute Decision Maker (HCCCFAA s. 16)
- Comply with an advance directive in an emergency (HCCCFAA s. 12.1)
- Provide an opinion for 'medically appropriate' refusal of life sustaining health care (HCCCFAA s. 18 -2)
- Determine whether a Temporary Substitute Decision Maker has followed the rules for substitute decision makers (HCCCFAA s.19)
- Triage health care or undertake a preliminary examination without informed consent (HCCCFAA s. 13)

Under Part 3 of the Adult Guardianship Act (AGA) a Social Worker must be registered to:

- Enter the premises to determine if the adult requires health care (AGA s. 49)
- Develop a Support and Assistance Plan (AGA s. 53-2) ³

Under Part 2 of the Infants' Act, Consent of infant to medical treatment (section 17 (1))
A Social Worker participating in components of this act must be registered as:

- "health care" means anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health related purpose, and includes a course of health care;
- "health care provider" includes a person licensed, certified or registered in British Columbia to provide health care.

The primary focus of the BCCSW is the protection of the public, however, the exemptions to social work registration in the current legislation make maintaining the integrity of the profession and building public trust in the regulation of social workers challenging.

³ * 'Social Work Registration in Health Care Why it Matters'. An information paper from the Health Practice Committee of the BC Association of Social Workers

As highlighted in this submission, the protected title of social worker is written into multiple pieces of BC legislation⁴ and changes to the regulation of social work should be analysed carefully to avoid unexpected negative consequences of change.

This information is provided to the Steering Committee to highlight some of the complexities of proposing legislative changes to the BC *Social Workers Act* or inclusion of Social Workers under a future version of the *Health Professions Act*.

For the Steering Committee's Consideration - Modernization Proposal Question Selected Responses:

Please note these responses are informed by the BCCSW's knowledge of the BC Social Workers Act which was principally designed around concepts in the BC Health Professions Act.

1. Improved Governance
 - a. Q1a. Do you support an equal number of public and professional board members?
 - i. *The BCCSW is open to the concept of equal representation of public and professional board members.*
 - b. Q1c. Do you support reducing the size of boards?
 - i. *The BCCSW board consists of twelve individuals, eight professional members and four public members. The twelve-member board seems to be effective and efficient. The BCCSW advocates that boards be comprised of twelve individuals for the purpose of effective strategic planning and committee work.*
 - c. Q1e. Do you support fair and consistent compensation for board and committee members?
 - i. *Yes, the BCCSW supports fair and consistent compensation for board and committee members.*
2. Improved efficiency and effectiveness through a reduction in the number of regulatory colleges.
 - a. Q2a. Are you supportive of the proposed approach to reduce the number of regulatory colleges from 20 to five?
 - i. *The BCCSW advocates direct collaboration with the Steering Committee and the regulatory colleges to discuss the nuances of regulating health care professionals and social workers in BC. The final number of colleges comprising the modernized regulatory framework should be the result of measured communication, analysis and planning.*
 - ii. *Ultimately in regard to social work regulation, modernizing the Provincial Health Professional Regulatory Framework is an opportunity to open discussions between the Ministry of Health, the Ministry of Children and Family Development, stakeholders and regulatory colleges, to optimize a system of health profession regulation that will fulfill the mandate of public protection as well as prevent harm and to promote health and well-being.*
 - b. Q2c. Are you supportive of a moratorium on the creation of new regulatory colleges?

⁴ BC legislation referencing the protected title of 'social worker': Adoption Act – Section 97; Adoption Act and Financial Administration Act – Section 3, 7, 9, 14, 16, 18, 23; Schedule 1 (Section 5(1)), Form 2 (Section 9 (1)(a)); Divorce Act – Section 7 (1)(c); Employment and Assistance with Persons with Disabilities Regulation – Section 2 (2)(vi); Medical Assistance in Dying – In the *Criminal Code*, replaced with Section 5.1

helping relationship. Social workers do not engage in behavior of a sexual nature with clients.”⁵ The BCCSW advises that any procedures created to address sexual abuse and sexual misconduct should be done within the applied concepts of trauma informed care models.

5. Information sharing to improve patient safety and public trust.
 - a. Q5a. What are the benefits of enabling regulatory colleges to more easily share information?
 - i. *The BCCSW advocates that the modernizing of professional health regulation include intentional efforts to develop procedures to fairly and justly share information amongst regulatory colleges.*
 - ii. *The future of health care provision includes the use of inter-disciplinary health care teams comprised of many regulated individuals. This team-based dynamic will make sharing of information amongst the regulatory bodies overseeing individual team members crucial for effective and efficient regulatory actions.*

Respectfully submitted January 10th, 2020 on behalf of the BC College of Social Workers Board of Directors.



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cc: Julie Adams, Manager, Policy and Coordination, Ministry of Child and Family Development

⁵ British Columbia College of Social Workers. (2009). Code of Practice and Standards of Practice. Retrieved December 16, 2019 from <http://www.bccollegeofsocialworkers.ca/wp-content/uploads/2016/09/BCCSW-CodeOfEthicsStandardsApprvd.pdf>