

Guide for Committee and Working Group Members

The BC College of Oral Health Professionals (BCCOHP) Guide for Committee and Working Group (WG) Members was developed to provide information to those interested in applying for a BCCOHP committee or WG and is a resource for new and existing members.

Part 1: Role Clarity

BCCOHP's Regulatory Approach

It is important for committee and working group members to understand the role of BCCOHP and its approach to regulation. BCCOHP developed a regulatory approach to help provide clarity and consistency for those who make decisions on behalf of the college.

A clearly articulated regulatory approach enhances organizational impact by providing a shared interpretation of statutory authority, thus creating an aligned team-based approach to our regulatory work, focused on outcomes.

BCCOHP's regulatory approach is informed by a clear understanding of our organization and its role. It provides an overview of the work we do, how we approach our work, the world in which we operate and our relationship to that world, and how we interact, communicate, and engage.

BCCOHP's *Regulatory Approach* is made up of two parts:

1. Role Clarity – defines our organizational role as a health profession regulatory college
2. Principles and Actions – provide rules for how we approach our regulatory work and actions that flow from them

BCCOHP Role Clarity

What is BCCOHP?

The BC College of Oral Health Professionals (BCCOHP) is an objective, authoritative decision-maker in the public interest that is part of the health care system, contributing to improved health outcomes for patients and the public of BC by managing risk and supporting the delivery of safe care by the oral health team it oversees.

What this means:

BCCOHP is a decision-maker.

BCCOHP is a regulator. A regulator is a decision-maker. We make regulatory decisions in the public interest and consider the impact our decisions will have on health outcomes for patients and the public of BC.

Simply put, BCCOHP decides who meets the entry standards for competent oral health care professionals, under what limits and conditions they may stay on the register, and when regulatory action is needed to protect the public, including who must be restricted from practice or the provision of services.

BCCOHP puts patients and the public first.

We are a regulator in the public interest and are accountable to patients and the public of BC. All those who make regulatory decisions on behalf of BCCOHP (including members of its board, committees, working groups, and staff) must do so as regulators, putting the interests of patients and the public first.

BCCOHP is objective.

We take an independent approach to regulation and act objectively, impartially, and consistently without conflict of interest, bias, or undue influence, while maintaining engagement and accountability.

BCCOHP is authoritative.

We are established under the *Health Professions Act* and have legislative authority over the oral health professionals we regulate.

We recognize that authority is bestowed by the government, acting on behalf of the residents of BC, and we are accountable to the public through the Ministry of Health, acting within existing legislation.

BCCOHP is part of the health care system in BC and contributes to improved health outcomes for patients and the public.

We are part of the BC health care system that supports health care delivery and works to ensure everyone who accesses health services receives appropriate care. We work within this system and our statutory authority to improve health outcomes for people residing in BC.

BCCOHP improves health outcomes by managing risk.

We manage risk by focusing on the prevention of harm to patients and the public. We create standards for the oral health team that are proportionate to the inherent risk in specific aspects of oral health care rather than legislated scopes of practice.

BCCOHP improves health outcomes by supporting the delivery of safe care by the oral health team it oversees.

We support the delivery of safe care by setting standards for entry to practice, ongoing competence, and professional, ethical, and clinical care that consider individual contributions within the oral health team. We create clearly defined expectations for a positive oral health team culture that emphasize and embrace compassion, trusting relationships, and respect for patients and each member of the team.

We look at risk from the perspective of the oral health team and support collaborative approaches to ensure the provision of safe care.

The oral health team includes regulated certified dental assistants, dental hygienists, dental technicians, dental therapists, dentists, denturists, and unregulated providers.

BCCOHP Principles and Actions

Principles

Principles are fundamental truths about an organization. The following BCCOHP principles define how we approach our work and inform how we make regulatory decisions. They are foundational to consistent and appropriate decision-making in the interests of patients and the public.

1. We are aligned with our role.

We have a clear understanding of our mandate and make regulatory decisions that are within our legislated authority, and the scope and objectives of the organization.

2. We stay firm but fair.

We regulate with clear boundaries and expectations, but also a willingness to listen and enact change, committing to transparent, accountable, and consistent processes.

3. We focus on risk.

We direct our resources to the issues and individuals that pose the greatest risk to the public and use appropriate and proportionate regulatory force to mitigate or manage identified risks.

4. We form intentional partnerships.

We seek out and nurture intentional relationships with the public, oral health professionals and other key partners, including Indigenous groups, to support collaborative and appropriate decision-making that considers diverse perspectives and increases public trust.

Actions

The actions we take reflect and flow from the principles that frame our regulatory approach. When making regulatory decisions, we are:

- **Equitable**

We take a patient-centred approach and actively work to identify, remove, and prevent systemic inequalities for the people engaging with us. We uphold the rights of Indigenous Peoples and commit to cultural safety and humility and elimination of Indigenous-specific racism throughout our processes.

For example: We are developing a cultural safety and humility project to address Indigenous-specific racism and create regulatory pathways for Indigenous Peoples to access oral health care safely.

- **Principles-based**

We take a principle-based approach to regulation, moving away from reliance on detailed, prescriptive rules. Expectations are set through high-level, broadly stated principles, which give latitude to the oral health professionals we oversee to make decisions that provide safe care to patients.

For example: We will consider and apply the regulatory approach in the development of standards and guidance for the oral health team.

- **Firm**

We take firm and appropriate action to prevent harm to patients and the public. We approach our work with conviction and confidence in our risk assessment and interpretation of our statutory authority.

For example: We will take firm and appropriate action against those who harm patients and the public or damage professional integrity through our complaints process.

- **Fair and Consistent**

We treat everyone fairly and respectfully, considering the requirements of procedural fairness and natural justice, and are consistent in our actions and decision-making, while keeping in mind the specific circumstances and context of each case.

For example: We treat everyone fairly and respectfully during the registration process, giving equal access to information to applicants from all jurisdictions.

- **Proportionate**

We ensure our output from regulatory decision-making is proportionate to the inherent risk. We identify risk and take appropriate, evidence-informed action to address it.

For example: Standards and guidance development

- **Proactive & Preventative**

We anticipate, assess and measure risk to reduce and prevent harm. We understand the impact of regulatory decisions on health outcomes for patients and the public, and aim to be leaders in regulation, adapting, responding and innovating to modern health regulation.

For example: We establish performance measures, including process and outcomes measures, to evaluate our work and optimize our impact, assessing for and mitigating unintended consequences.

- **Collaborative**

We form intentional partnerships to meet our objectives. We communicate and engage often to ensure that humble and safe practices guide our policy development and regulatory decision-making.

For example: Consultations on policies, collaboration with other health regulators and Ministry of Health, Voice of Patient Survey, Oral Health Professionals Perceptions survey.

- **Enabling**

We support the oral health professionals we regulate in providing safe care and believe open dialogue, clear communication and engagement produce more satisfactory results than enforcement alone. We also help patients and the public understand what to expect from their oral health professionals, enabling them to be partners in their oral health care.

For example: Standards and Guidance, internal and external communication, feedback surveys, complaints process.

Role of Committees and WGs

Committees

The role and responsibilities of the committees are outlined in BCCOHP Bylaw Part 4. The following committees are established to conduct business on behalf of BCCOHP and its Board:

1. Registration Committee
2. Inquiry Committee
3. Discipline Committee
4. Quality Assurance Committee
5. Sedation and General Anesthesia Committee
6. Standards and Guidance Committee
7. Patient-Centred Care Committee
8. Finance, Audit and Risk Committee
9. Nomination and Appointment Committee
10. Governance and Human Resources Committee

You can review the bylaws here: [BCCOHP-Bylaws-September-1-2022.pdf \(oralhealthbc.ca\)](https://www.oralhealthbc.ca/BCCOHP-Bylaws-September-1-2022.pdf)

Working Groups

Working Groups are established to work on specific projects for BCCOHP. They are temporary groups appointed to address a specific topic or issue and are made up of appropriate subject matter experts with the knowledge and expertise required for the project.

Role of Committee and WG members

Committee and working group members are appointed by the Board to contribute to the work of the committee or working group. Members will be appointed based on required competencies and eligibility.

Once appointed, members are expected to attend regular meetings and fully participate and contribute to the work of the group.

Composition and Eligibility

The Nomination and Appointment Committee oversees the recruitment of committee and WG members. The committee will consider the following when recruiting members:

1. *Terms of Reference*

There are terms of reference for BCCOHP committees and working groups. The terms of reference specify the composition and competencies required for the group. The Nomination and Appointment Committee will refer to the terms of reference when recruiting new members.

2. *Eligibility*

BCCOHP's Eligibility Policy determines whether an individual is eligible for membership to a committee or working group.

You can view the Eligibility Policy [here](#)

3. *Values and Attributes*

BCCOHP strives to recruit members with strong values and attributes that support ethical and professional decision-making in the public interest, including:

Accountability	Takes responsibility for decisions and honours commitments
Adaptability	Flexible to changing circumstances or needs
Collaboration	Works well with others and encourages meaningful engagement
Compassion	Shows compassion and empathy for others
Humility	Brings a learning mindset to decision-making
Inclusivity	Welcomes diverse perspectives and new ideas
Objective	Makes decisions based on evidence and collaboration
Respectful	Respects and works well with others
Self-aware	Self-reflective and knows own strengths and weaknesses (biases)
Trustworthy	Acts with integrity and honesty

4. *Core Competencies*

Committee and WG members should bring, or be willing to learn, the following skills, practices, and knowledge to support strong decision-making in the public interest:

Confidentiality	Maintaining confidentiality and safeguarding the privacy of all parties and information
Cultural Safety and Humility	Being culturally safe and humble and acknowledging the experiences of Indigenous people and other marginalized groups
Diplomacy	Encompassing strong interpersonal skills to engage with diverse groups in respectful and productive ways
Health Professions Regulation	Understanding of, and familiarity with, the BC health care system and health regulation
Information Analysis and Judgement	Strong analytical and decision-making skills
Procedural Fairness	Understanding of administrative law and quasi-judicial processes for unbiased and fair decision-making
Public Service	Service to address the needs of the public and the community
Risk Management	Ability to assess and manage risks (operational and practice risks) and make decisions that are proportionate to the amount of risk identified
Systems Thinking	Understanding and awareness of the complex system in which BCCOHP works and the impact of college decisions on the greater community
Technological Competence	Ability to work electronically while maintaining security, and privacy in order to uphold efficiency of the college's work

5. *Perspective*

The Nomination and Appointment Committee will consider specific perspectives required for a committee or working group and the work it is currently doing. Diverse perspectives support strong decision-making in the public interest and members should bring or consider different perspectives, including:

Community	Cultural and historical backgrounds and experiences to reflect the community and cultural context BCCOHP serves
Indigenous	Indigenous perspectives to ensure cultural safety and humility
Gender	Gender diversity to ensure equitable and fair representation of people of different genders, including non-binary genders
Region	Regional diversity to reflect the various practices, access to healthcare, and public expectations throughout the province
Sector	Diverse experience in public, private, healthcare, and not-for-profit sectors to promote sharing of knowledge and best practices
Age	Different age groups to consider generational experience

Disability	A variety of experience, including the experience of being disabled whether at birth, as a young person, after becoming an adult, or as an older person – is one which matures and gives a unique viewpoint upon society and the world.
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Part 2: Orientation and Function

Orientation

All newly appointed committee and working group members will be given an orientation session to learn more about the College and the work of the committees. The orientation will take place by videoconference.

Committee and Working Group Member Conduct

You will be asked to sign a **BCCOHP Committee Member Conduct Agreement** at the beginning of your term, which confirms that you have read, understood and will comply with the conduct expected from committee and working group members. This includes compliance with the terms of reference, duties to the Board and College, avoidance of bias or conflict of interest, and maintaining confidentiality.

You can review the committee and working group member Conduct Agreement [here](#)

Contact with New Committee or Working Group

Your contact information will be shared with BCCOHP's staff and the committee chair for administrative purposes and you may receive additional information about your committee or working group's procedures and protocols.

Your information will be added to the committee or working group's email distribution list in order to schedule meetings and receive meeting materials. If you are joining a committee or working group mid-term, staff will contact you prior to your first meeting to update you on the committee or working group's current work.

Serving on a BCCOHP Committee or Working Group - Expectations for Committee and Working Group Members

Standard of Conduct

Each committee or working group member has the same duty to act in the best interest of the public and not as a delegate or representative of a constituency or interest group. The job of a committee or working group member is to uphold BCCOHP's mandate to protect the public – not to “represent” a particular group.

Committee and working group members are expected to comply with the bylaws, regulations and *Health Professions Act*, as well as any applicable BCCOHP policy, including the Conduct Agreement and confidentiality for committee and working group members.

Conflict of Interest

In addition, committee and working group members are asked to complete a Declaration of Interests and make full and timely disclosure of any actual, potential or perceived conflicts of interest in order to protect the integrity of BCCOHP.

Participation and Preparation

Committee and working group members must devote the time and attention necessary to make informed decisions on issues that come before the committee or working group. Committee and working group members are expected to be prepared and well-informed on topics discussed at the committee or working group and participate in such discussions in a respectful and constructive manner.

Upon notification that the meeting package has been posted, and prior to the actual meeting, participants should:

- check they can access the meeting package;
- review the agenda and notify the Chair if a conflict of interest is identified;
- read the material carefully;
- submit significant concerns or questions to the Chair ahead of the meeting so that a response can be formulated in time for the meeting;
- notify staff if unable to attend the meeting (if this has not already been done);
- arrive on time, with materials and notes ready to inform discussion; and
- turn off any notifications and put away any devices not in use, or explain at the outset to the group that an interruption might occur during the meeting.

As a committee or working group member, you must:

- be unbiased, non-judgmental;
- listen to and exercise empathy for others' perspectives;
- be adaptable, flexible and open-minded when considering and implementing change;
- use your experience, wisdom, and judgement to constructively consider issues;
- ensure you have no conflict of interest; and
- act in the best interest of the public

Decision-making

Decisions will be made in a collaborative and objective manner. Committees or working groups will come to decisions following thorough discussion and determination of the best method for decision-making. This may include decisions by majority vote or by consensus.

Chair and Vice-Chair

Prior to April 1 in each year, committees will elect a chair from within the committee by a majority of the members present at the meeting when the election occurs. The committee may choose to elect a vice-chair, by majority vote, to act as the chair if the chair is unable to perform his or her duties. The Board appoints the Chairs for the Finance, Audit & Risk Committee and the Patient-Centred Care committee.

Working Groups will elect a chair from within the working group by a majority of the members present at the meeting when the election occurs.

Selection of Chair

In accordance with bylaw 4.02(1), the committee must elect a committee chair by majority vote of the committee members present at the meeting when the election occurs

1. Committee members can nominate someone or self-nominate.
2. The committee will validate with each nominee that they are willing to be elected chair, and also the opportunity to withdraw.
3. The committee will vote for the chair anonymously (electronic ballot).
4. The chair will be elected by majority vote.

If the committee decides to elect a vice-chair, they should be elected using the same process.

Duties and Responsibilities

The committee chair has the responsibility to:

- Ensure the committee is acting in accordance with their mandate
- Chair meetings and facilitate discussions
- Establish frequency of meetings
- Maintain a liaison and communication with all committee members
- Keep the committee on task
- Ensure coordination of agenda, information packages and related events for committee meetings in consultation with College staff
- Ensure the committee receives adequate and regular updates from the Board, Registrar/CEO and BCCOHP staff on all relevant issues
- Review committee member conflicts of interest as they arise
- Establish and maintain standards of excellence and performance
- Focus on committee outcomes
- Build consensus and develop teamwork within the committee
- In collaboration with BCCOHP staff ensure information requested by the Board is provided and meets its needs

If the committee chair is absent or unable to act for any reason, the committee vice-chair, (provided one has been elected) may exercise the powers and perform the duties of the chair. If the committee does not have a vice-chair, the committee members present at a meeting of a committee may appoint one of their number to exercise the powers and perform the duties of the chair.

Terms and Reappointment

Term Lengths

Committee members are appointed for one or two-year terms in order to stagger term length. The Board appoints or reappoints committee members at the March board meeting and terms begin on April 1 of each year.

Reappointment

Committee members can be reappointed and serve a maximum of three consecutive terms (six years). If you have been a member of a committee for six consecutive years, you are no longer eligible for that committee and must step away for at least one year. Following an absence, you are eligible to reapply for the committee. The maximum term length ensures the committees have fresh perspectives.

End of Term

If a Committee member needs to step away from their duties before their term expires, they may do so by submitting written notice to the Board. The Board can, by resolution, remove or replace a committee member before a term expires.

Upon completion of a committee member's term, members must return all materials and other items belonging to BCCOHP, particularly confidential committee materials.

Time Commitment

Meetings

Committee and working group members must devote the necessary time and attention to make informed decisions for the College. Committee and working group membership can require a significant time commitment. The time commitment is dependent on the committee or working group and its current workload.

Meetings may be scheduled during regular business hours or weekday evenings. Meetings typically take place by teleconference or videoconference, but some committees may require an occasional in-person meeting.

Preparation

You must read all the materials for your committee's meetings and be prepared and well-informed on relevant issues. This requires spending adequate time preparing for meetings and could include additional research and writing.

Financial Compensation - Remuneration and Expenses

Committee and working group members are eligible to claim remuneration and expenses as set out in BCCOHP's Remuneration and Expense Policy ([view policy](#)).

Preparation time for committee meetings is not covered by the expense policy.

Once you are a committee or working group member, staff will submit your remuneration claim for attending meetings, immediately following the meeting. If you have out-of-pocket expenses for in-person meetings (such as air travel, taxi, parking, etc.) you will submit your expenses by completing the [Expense Claim Form](#) and providing it along with all receipts to your committee or working group's staff support.

Contact Information for the College

If you have any further questions about a BCCOHP committee or working group, please contact us at committees@oralhealthbc.ca