

**Health Professions Regulatory Policy and Programs Branch**

Health Human Resources Strategy Division

Ministry of Health and Long-Term Care

***HealthForceOntario* Symposium**

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# The Branch

## Health Professions Regulatory Policy and Programs Branch

Influences the regulation of health professionals and develops programs, legislation and regulations in support of health human resources development and management.

### Regulatory Programs Unit

Administers the *Regulated Health Professions Act, 1991* and ensures that the regulations for the health professions are aligned with broader government and ministry policy objectives and that those objectives include regulated health professions where appropriate.

### Health Human Resources Program Policy Unit

Identifies and develops policies and programs that address emerging issues and trends for health human resources (e.g., interprofessional collaboration).

### Legislative and Regulatory Projects Unit

Develops policy, regulatory and legislative proposals that support the regulation of health professionals in the public interest.

# Regulation of Health Professionals

## ***Regulated Health Professions Act, 1991 (RHPA)***

- Proclaimed in force December 31, 1993
- Key purpose: to provide the public with assurances of appropriate and quality health care services and protect the public interest
- One consistent framework for 21 health profession Acts regulating 23 health professions to carry out self-regulatory functions e.g. registration, investigations, discipline, and separate health profession acts that govern the uniqueness of each profession.
- Five new Acts regulating five professions have received Royal Assent and will be proclaimed after transitional matters have been resolved.
- Key features include overlapping scopes of practice, controlled acts, restricted titles, harm clause

## **Health Profession Acts include provisions about:**

- Scope of practice of the profession
- Controlled acts authorized to the profession and conditions
- Restrictions on titles - for members' use only
- Restrictions on unqualified persons holding themselves out as qualified in that profession
- Composition of the governing College Council

# Key Features of the RHPA

## Scope of Practice Statement

- A general statement in the profession-specific act describing what the profession does and the methods it uses. For example: The practice of traditional Chinese medicine is *“the assessment of body system disorders using traditional Chinese medicine techniques and treatment using traditional Chinese medicine therapies to promote, maintain or restore health”*. A health profession’s scope of practice is not exclusive and may overlap with one or more professions.

## Controlled Acts

- The RHPA identifies 14 controlled activities that may put the public at substantial risk. These controlled acts are authorized to be performed in the course of providing health care services only by certain regulated health professions. Not all regulated health professions are authorized to perform controlled acts (e.g., massage therapists).

1. communicating a diagnosis
2. procedures on tissue below the dermis
3. setting a fracture or a dislocation
4. moving joints of the spine beyond usual range
5. injection/inhalation
6. inserting an instrument, hand or finger
7. applying/ordering a form of energy
8. prescribing, dispensing, selling or compounding a drug
9. vision care
10. hearing care
11. dental care
12. managing labour
13. allergy testing
14. psychotherapy treatment of serious disorders (*not yet in force*)

# Key Features of the RHPA (cont.)

## Protection of Title

- Professional titles are restricted. This enables the public to identify regulated professionals and to distinguish among regulated health professionals. For example, when the *Traditional Chinese Medicine Act, 2006* comes fully into force no person shall use the titles “traditional Chinese medicine practitioner” or “acupuncturist” unless they are a member of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.
- Also, no person other than a member of a College shall hold himself or herself out as a person who is qualified to practise in Ontario as a member of the College. For example, no person other than a member the new traditional Chinese medicine College would be allowed to hold himself or herself out as a person who is qualified to practise in Ontario as a traditional Chinese medicine practitioner or acupuncturist or in a specialty of traditional Chinese medicine.

## Risk of Harm Clause

- Prohibits anyone - unless a member of a regulated profession treating or advising within the scope of practice of their profession - from treating or advising a person with respect to his or her health when it is foreseeable that “serious bodily harm” may result. “Serious bodily harm” encompasses ‘psychological harm’.

# Regulated Health Professionals

## Professions with Acts in force and health regulatory College established

- Medicine
- Nursing
- Optometry
- Pharmacy
- Dentistry
- Chiropody (including Podiatry)
- Chiropractic
- Dental Technology
- Denturism
- Massage Therapy
- Medical Radiation Technology
- Audiology and Speech Language Pathology
- Dietetics
- Medical Laboratory Technology
- Midwifery
- Occupational Therapy
- Respiratory Therapy
- Dental Hygiene
- Psychology
- Physiotherapy
- Opticianry

## Health Regulatory Colleges

- Govern health professions and the conduct of members in order to protect the public interest.
- Are self financing and independent of government in carrying out their statutory responsibilities.
- Make regulations under health profession Acts (e.g., entry to practice requirements, professional misconduct), subject to approval by the Lieutenant Governor in Council and with prior review by the Minister.
- Have Registrars whose duties are set out in the RHPA.

# New RHPA Regulated Health Professions

## Professions with Acts only partly in force and Transitional Council established

- Traditional Chinese Medicine
- Naturopathy
- Kinesiology
- Psychotherapy and Registered Mental Health Therapists
- Homeopathy

## Transitional Councils

- Appointed by government – include lay people and representatives from the profession
- Responsible for establishing the new Colleges
- More specifically, the transitional Councils are responsible for, among other things:
  - establishing core business processes to establish operating organizations,
  - developing policies and by-laws for initial start up (e.g., fees, data collection, composition of statutory committees);
  - developing and submitting to the ministry essential regulation proposals needed to fulfil the Colleges' statutory mandate (e.g., registration, professional misconduct);
  - developing communication programs to advise those practising the professions about regulation and registration; and
  - assessing and registering members.
- Have Registrars whose duties are set out in the RHPA

# Recent Changes to Regulatory Framework

## **Regulated Health Professions Statute Law Amendment Act, 2009 (Bill 179)**

- Received Royal Assent December 15, 2009. Supports the government's HealthForceOntario health human resources strategy by:
  1. increasing access to health services by better utilizing health professionals and reducing barriers to practice (expanding scopes of practice); and
  2. improving patient safety by strengthening the health professional regulatory system.

### **1. Better Utilizing Health Professionals / Reducing Barriers to Practice**

- Expanded scopes of practice for nurse practitioners, pharmacists, physiotherapists, dietitians, midwives, and medical radiation technologists
- Revised authorities for administering, prescribing, dispensing, compounding, selling and using drugs in practice for chiropractors and podiatrists, dental hygienists, dentists, midwives, naturopaths, nurse practitioners, pharmacists, physiotherapists and respiratory therapists
- Give NPs broad authority to order x-rays and permit physiotherapists to order x-rays subject to regulations
- Many amendments dependent on corresponding changes to regulations (e.g. *Nursing Act, Pharmacy Act*)

# Recent Changes to Regulatory Framework

## Regulated Health Professions Statute Law Amendment Act, 2009 (Bill 179)

### 2. Strengthening The Health Professional Regulatory System

- Require members of health regulatory Colleges to be personally insured against professional liability.
  - Clarify and enhance the Minister's powers of oversight of Colleges that provides clear authority to take action, including, but not limited to, the ability to appoint a College supervisor and/or to direct an audit be taken of any aspect of its affairs.
  - Place a duty on health regulatory Colleges to develop, in consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among them.
  - Strengthen health regulatory Colleges' Quality Assurance programs by adding the requirement for a mandatory component focusing on interprofessional collaboration.
  - Create a new framework to allow more efficient approval of drugs and substances to be authorized to non-physician/dentist health professions, and at the same time provide a high degree of public safety. Requires regulations to be made.
  - And certain other changes to the RHPA, health profession Acts and other Acts.
- Certain provisions of the Bill came into force immediately on Royal Assent. Other provisions come into force on a day to be named by proclamation of the Lieutenant Governor in Council.
  - Many amendments related to expanded scopes of practice dependent on corresponding changes to regulations.
  - The legislative changes and related regulations will happen over the next two years, with full implementation expected in 2012.

## Proposed Amendments to Regulations Associated with Bill 179

1. For services in hospital, change Regulations under the *Public Hospitals Act* to give authority to:
  - Nurse practitioners - to diagnose, prescribe for and/or treat in-patients in hospitals.
  - Physiotherapists - to initiate or order treatment and order diagnostic procedures in a hospital.
  - Dietitians - to order specified laboratory tests in a hospital relative to nutritional assessment and monitoring
  - Respiratory Therapists – to administer certain substances (e.g., oxygen) independently in a hospital.
2. For laboratory services, change Regulations under the *Laboratory and Specimen Collection Centre Licensing Act* to give authority to:
  - Physiotherapists – to order specified laboratory tests
  - Dietitians – to order specified laboratory tests relative to nutritional assessment and monitoring
  - Pharmacists - to order specified laboratory tests for medication management and monitoring
3. For completing and signing Medical Certificates of Death, change Regulations under the *Public Hospitals Act* and the *Vital Statistics Act* to allow:
  - NPs - to complete and sign medical certificates of death in a hospital when death is expected
  - Registered Nurses - to complete and sign a medical certificate of death under certain circumstances including where a physician or NP has been involved in pre-completing specific portions of the certificate
4. For the treating glaucoma, change Regulations under the *Optometry Act, 1991* to allow:
  - Optometrists - to prescribe drugs to treat patients with glaucoma in certain circumstances and subject to certain conditions.

# Recent Changes to Regulatory Framework

## **Regulated Health Professions Amendment Act, 2009 (Bill 141)**

- Received Royal Assent April 23, 2009.
- Amended the RHPA to allow to health regulatory colleges, such as the College of Physicians and Surgeons of Ontario, the College of Psychologists of Ontario and others, to directly observe a health professional's practice, including watching a procedure being performed, as part of a facility inspection.
- Amended the RHPA to ensure that a College investigator may make reasonable inquiries of a health professional under investigation and that the health professional must cooperate fully with the investigator.

## **Increasing Access to Qualified Health Professionals for Ontarians Act, 2008 (Bill 97)**

- Received Royal Assent November 27, 2008
- Amended the RHPA to place a duty on the Colleges of regulated health professions to work in consultation with the Minister of Health and Long-Term Care to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.

# Recent Changes to Regulatory Framework

## *Health System Improvements Act, 2007*

- Received Royal Assent June 4, 2007
- Some amendments came into force on Royal Assent, remainder on June 4, 2009.
- In addition to amendments below, provided for the regulation of homeopathy, kinesiology, naturopathy and psychotherapy under the RHPA.

## **Supporting *HealthForceOntario* Strategy**

- Place in the mandate/objects of the Colleges the obligation to promote inter-professional collaboration.
- Enable Colleges to collect and provide to the ministry information that supports health human resource planning.

## **Strengthening College Accountability**

- Enable the minister to require certain annual reporting of information by Colleges.
- Require College Councils to evaluate the performance of statutory committees.

## **Increasing Public Access to, and Understanding of the Regulatory Process**

- Increase public access to College information by requiring that College registers be made available on each College's website
- Require Colleges to enhance relations between professions, members, key stakeholders and the public.

# Recent Changes to Regulatory Framework

## Health System Improvements Act, 2007

### **Increase Efficiency and Transparency in Complaints and Discipline, Incapacity and Quality Assurance Processes**

- Merge the investigative screening functions of the Complaints Committee and Executive Committee into a new “Inquiries Complaints and Reports Committee” (ICR Committee).
- Require Colleges to initiate prompt communications with the member and the complainant and to continue to communicate regularly with them regarding any process delays.
- Allow Alternative Dispute Resolution in the complaints process.
- Define what must be in a Quality Assurance Program.
- Prohibit referrals from the new ICR Committee to the Quality Assurance Committee.

### **Increase Protections against Harm and Abuse**

- Amends the “Harm Clause” to include “serious bodily harm” which would include psychological harm.
- The new ICR Committee will have the authority to immediately order interim suspension of a member without notice if it believes that the continued practice of the member poses a very serious risk to the public.
- Colleges permitted to inform the public about investigations in progress where it is in the public interest to do so.
- Facility operators required to report concerns in relation to possible incapacity and incompetence of members in addition to sexual abuse
- Members must report all findings of guilt of an offence and all findings of professional negligence/malpractice.
- Findings of professional negligence/malpractice to be on College website

# Other Regulatory Initiatives

## Traditional Chinese Medicine

- First alternative health care profession to be regulated under the RHPA framework and first profession to be regulated since the RHPA came into force.
- The *Traditional Chinese Medicine Act, 2006* received Royal Assent on December 20, 2006. The transitional provisions related to the powers of the Lieutenant Governor in Council, Minister of Health and Long-Term Care, transitional Council and Registrar are now in force.
- The Registrar Ms. Emily Cheung has been appointed along with a transitional Council. The transitional Council is developing regulations, including establishing entry-to-practice requirements, policies and standards of practice for the profession.
- It is anticipated that the transitional Council will be submitting the first of its core regulations (e.g., registration) for review by the ministry in the Summer 2010.

# Other Regulatory Initiatives

## ***Ontario Labour Mobility Act, 2009***

- Passed on December 15<sup>th</sup> 2009. Led by the Ministry of Training, Colleges and Universities. A collaborative effort involving a number of ministries across Government.
- Purpose is two-fold:
  - Eliminate or reduce measures established or implemented by Ontario regulatory authorities that restrict or impair the ability of an individual to become certified in Ontario in a regulated occupation in which the individual is certified by an out-of-province regulatory authority; and
  - Support the Government of Ontario in fulfilling its obligations under Chapter 7 (the labour mobility chapter) of the Agreement Closely matches the amended Chapter 7 (the labour mobility chapter) of the AIT.
- Establishes the “core rule” of labour mobility: a worker registered in a profession in one Canadian jurisdiction will be registered in Ontario without additional material training, experience, examinations or assessments.

# Other Regulatory Initiatives

## ***Ontario Labour Mobility Act, 2009 (cont.)***

- Amends the RHPA to reflect OLMA's Labour Mobility Code (Part II of OLMA). Changes apply only to applicants who already hold an out-of-province certificate in the profession they are applying for in Ontario.
- It is incumbent on health regulatory colleges to ensure that their regulation/entry to practice requirements are no more onerous for out of province applicants than Ontario applicants
- These amendments are required to be made and in place by December 15<sup>th</sup> 2010.

# Other Regulatory Initiatives

## Interprofessional Care

- Characterized as a cornerstone of the province's Health Human Resources Strategy
- Following an invitational summit in June 2006 that saw strong support for the adoption of interprofessional care, it was recommended that a Steering Committee be formed to provide guidance to government, educators, health care workers, organizational leaders, regulators and patients about how to make the adoption of interprofessional care a reality.
- An Interprofessional Care Project was struck in the Fall of 2006, under the Interprofessional Care Steering Committee (Steering Committee).
- The project was comprised of experts in the fields of policy, education, regulation and organizational structure who were either decision-makers, implementers or influencers in interprofessional education and interprofessional care.
- Led to the creation of the policy document: Interprofessional Care: A Blueprint for Action in Ontario, released in August 2007.
- The Blueprint identified approaches to help integrate interprofessional care into existing systems, legislation and infrastructures

# Other Regulatory Initiatives

## Interprofessional Care Initiatives

- Beginning in September 2007, the Branch initiated 2 funding programs connected with interprofessional collaborative practice that built upon the recommendations of the Blueprint; 2 public invitations for project ideas regarding interprofessional collaborative practice, the Interprofessional Care/Education Fund 07/08 and 08/09; and 1 invitation on optimizing providers' competencies, the Optimizing Use of Health Providers' Competencies Fund.
- Since the fall of 2008, administration of the programs and associated funds has been the responsibility of the HealthforceOntario Marketing and Recruitment Agency's Interprofession Care Initiatives Group.
- Along with the funding programs, and also as a result of a Blueprint recommendation, in December 2007 the Interprofessional Care Strategic Implementation Committee (IPCSIC) was created.
- IPCSIC's mandate ended in December 2009. A final report on its work is expected to be published in the near future.
- Further information on all of these initiatives can be found on the HealthforceOntario website.

# Other Regulatory Initiatives

## Entry to Practice (ETP) Credentials

- Increased credentials among health professions has become a significant issue for all provincial and territorial governments in Canada.
- National process for review of ETP credentials was committed to by all Deputies of Health and Education across Canada with mandate to:
  - Provide policy advice
  - Assess proposed changes in ETP credentials
  - Ensure proposed changes are reflective of good public policy and are responsive to the needs of the population and the health care system
  - Implement and coordinate the process
  - Ensure consistent distribution of information
- An inclusive and transparent process that promotes informed decision-making, recognizing that final decisions rest with each jurisdiction
- Coordinating Committee on Entry To Practice credentials (CCETPC) a subcommittee of the Advisory Committee on Health Delivery and Human Resources administers this process. CCETPC is comprised of individual representatives from:
  - Federal, Provincial, and Territorial Ministries of Health and Post-Secondary Education
  - experts from regional health authorities, academic, health policy field and;
  - aboriginal

# Other Regulatory Initiatives

## Entry to Practice Credentials (cont)

- Deputies of Health and Education indicate a willingness to have the credential change reviewed at the National level.
- Jurisdictions submit a letter of intent along with an application form which is designed to capture the patient need/benefit of the change, rationale, stakeholder feedback, etc.
- An Expert Panel established by the CCETPC to evaluate the impact of the proposal on the following;
  - Human Resource Planning
  - Implications for employers
  - Financing of health system
  - On the Education System including:
    - National Accreditation of programs
    - Costs of training
    - Faculty credentials
    - Clinical capacity and placement
    - Students- access to program & costs
- Greater collaboration and communication is required between, the education and training system, health care sector and employer sector.

# Conclusion

- A wide range of activities (legislation, regulation, other Government policy initiatives) that require a significant amount of collaboration with partners both external and internal to Government.

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