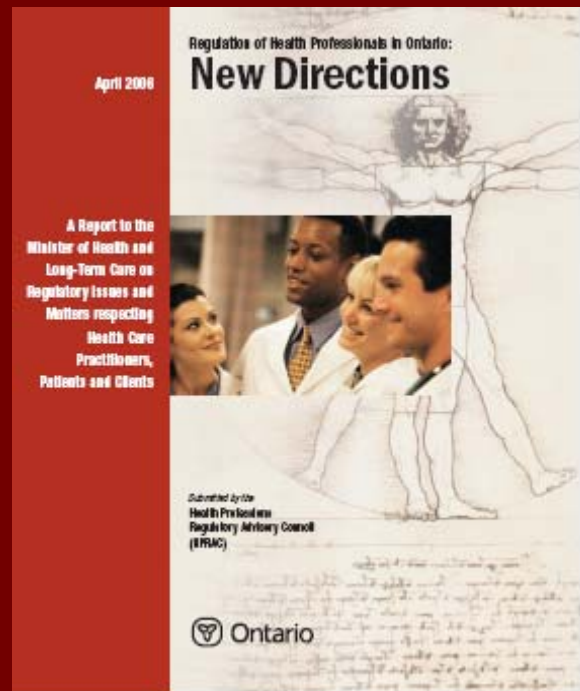


# HPRAC



# Legislative Framework

- Combines a number of Minister's questions
- Major changes required to college committee structure
- Structure and process now defeating positive outcomes/ goal attainment
- Public confidence cannot be reinforced with existing structure
- Need for change is urgent
- Changes will produce greater efficiency and transparency

# Additional College Object

- To promote interprofessional collaboration
  - Standards of qualification for similar or shared controlled acts
  - Standards of practice and quality programs for similar or shared controlled acts
  - Practice environments, technological change, evaluation programs
  - Joint complaints, joint investigations

# New College Structure

- Replace 7 statutory committees with 6
  - Executive
  - Registration
  - Inquiries, Complaints, Reports (ICR)
  - Discipline
  - Fitness to Practise
  - Quality
- Communications responsibilities to be met through defined “Public Outreach” program

# Structure and Process:

## Inquiries, Complaints & Reports Committee

- Receives all reports, complaints and enquiries
- Expands Complaints Committee mandate
- Duties transferred from current Executive Committee
- No referrals to Quality Committee
- Statutory provisions for Alternate Resolution

# Structure and Process:

## Inquiries, Complaints & Reports Committee

- Power to require interim suspension with referral to Discipline or Fitness to Practise
- Power to request investigator
- Power to request health assessor - no Board of Inquiry
- Monitors progress of undertakings
- Must have evaluation mechanisms in place

# Structure and Process: Alternate Resolution

- New permissive provisions for alternate resolution in ICR committee
- *SPPA* doesn't apply to complaints – only to formal hearings
- Panel reviews and approves settlements
- Specified provisions – voluntary participation, understanding of process and consent; not to be used for sexual abuse cases; regular complaints process follows if resolution not reached

# Structure and Process: Complaints Timelines

- Best efforts to dispose of complaint in 150 days
- No appeals to HPARB on timelines
- If unable to meet 150 day deadline, must provide written notice to Member and Complainant with reasons for delay and expected date of disposition
- Process continues until complaint disposed

# Structure and Process: Quality Committee

- Replaces Quality Assurance Committee
- Deals only with quality improvement and quality assurance: education/continuing competence
- No referrals from ICR, Fitness to Practise or Discipline Committees
- Can make *report* to ICR Committee
- New interprofessional obligations

# Structure and Process: Fitness to Practise Committee

- Fitness to Practise Committee continues its mandate
- Not integrated with Discipline Committee
- Deals with health issues respecting a member; until a decision is made, deliberations should be confidential
- New obligation to monitor/evaluate processes and outcomes

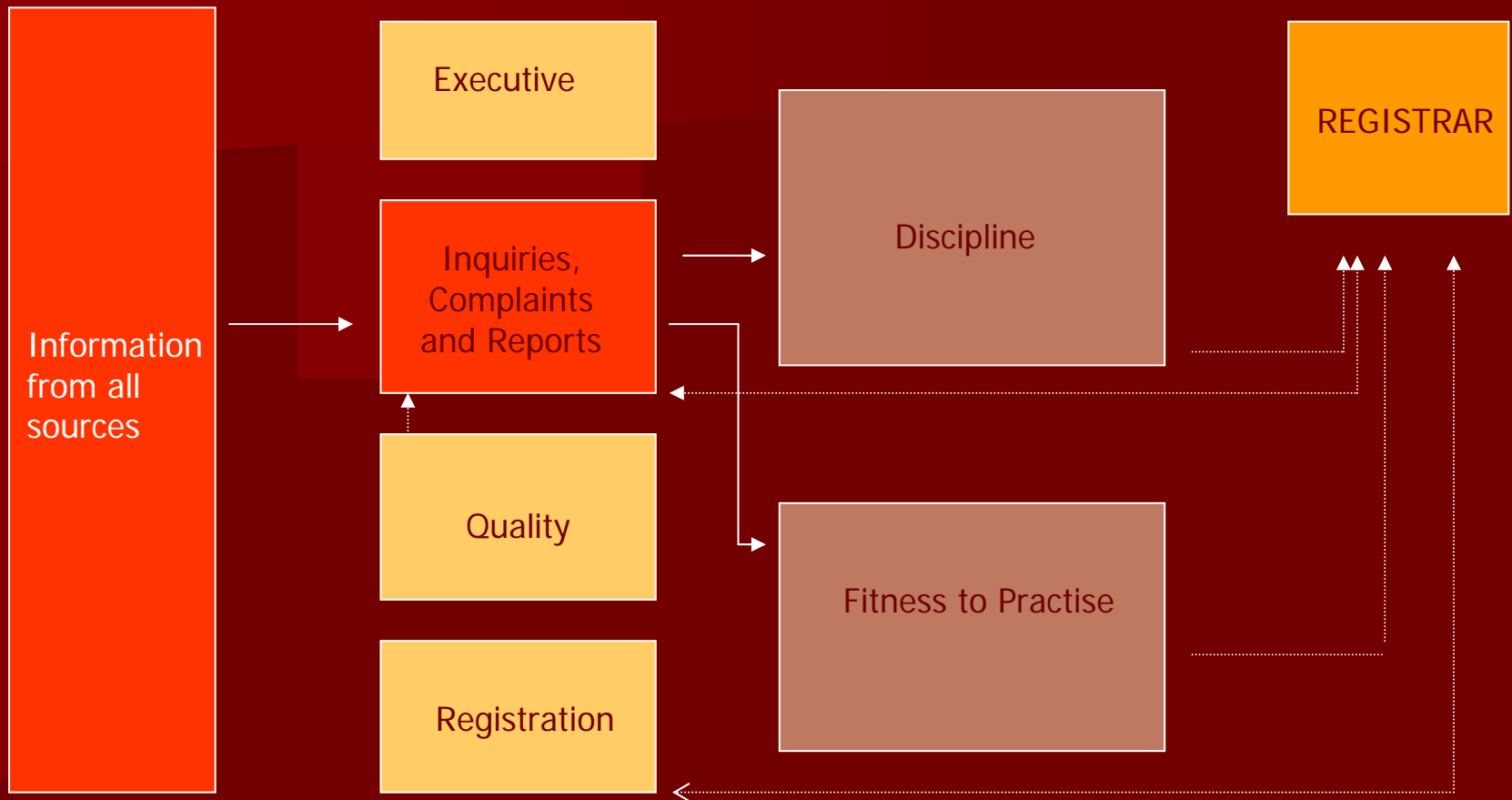
# Structure and Process: Discipline Committee

- Discipline Committee continues mandate
- Must monitor progress of decisions/orders
- No referrals to Quality Committee
- Public outreach activities reported to Council

# Structure and Process – Executive Committee

- Executive Committee handles administration between council meetings
- Policy development activities continue
- New reporting provisions

# Proposed Structure – Information flow



# Structure and Process: Public Outreach

- Patient relations committee becomes operational “**public outreach program**”
- Includes prescribed components:
  - Programs to assist individuals to exercise their rights
  - Communications measures
  - Sexual abuse prevention
- HPRAC reports/ monitoring
- Reports to Council from each Committee

# Process and Structure - Committees

- New provisions for all committees for evaluation and monitoring;
- Requirement to post information;
- New provisions for Minister's reports - aggregated information – for hhr & system planning purposes; authority to collect information and requirement for members to provide information

# Structure and Process: Confidentiality

- New confidentiality recommendations to enable information sharing within a college, between colleges, and to specified audiences (e.g. employers, prescribed key institutions) where duty to warn necessary
- College can acknowledge investigation when criminal charges laid or member has made investigation public
- Complaints/reports history on register
- No change to public register contents; requirement to post public register on internet
- Requirement to provide electronic documents

# Structure and Process: Mandatory Reporting

- Mandatory reporting extended beyond sexual abuse provisions of current Act to include reporting of incompetence, incapacity and professional misconduct by members, employers and facilities
- Quality Committee may make report to ICR Committee
- Whistle-blowing protections for reporter and due process for member would continue

# Structure and Process: Harm Clause

- Recommend Harm clause be amended to include “serious bodily harm” with new definition to include physical, psychological or emotional harm
- Recognizes mental health alongside physical health

# Structure and Process: Appeals

- No appeals to HPARB on complaint timelines: these add to rather than diminish the time required to dispose of a complaint; new requirements for information to complainants and members added
- HPARB appeals on complaint decisions remain
- Discretion removed from courts to grant stays on orders from discipline or fitness to practise committees

# Structure and Process: Multidisciplinary/Collaborative Work

- New object for colleges
- Need for silo reduction, and increasing recognition of and opportunities for collaboration between disciplines - including quality programs, complaints, discipline processes, shared scopes & controlled acts
- New duty for Quality Committee: collaboration on joint controlled acts, scopes of practice, technologies, etc.
- New responsibilities in transition processes for new colleges

# Structure and Process: Regulation Approvals

- Process is inefficient and does not meet needs of Colleges or Ministry
- Ministry and Colleges need to work together to improve outcomes
- Task force to be established – Federation, Ministry, HPRAC
- Rule making authority - HPRAC project

# Structure and Process: Regulation Approvals

- Ministry to set performance accountability standards including:
  - Timeliness for acknowledgement & response
  - Mechanisms to resolve outstanding issues
  - Distribution of guidelines/principles
  - Process when multiple Acts involved
  - Internal/External evaluation mechanisms to improve quality

# Structure and Process: Public Appointees

- Legislative changes may not be required, but options should be considered
- Possible 'at pleasure' appointments – process change but no legislative change needed; member continues until new appointment made
- Minister's appointments instead of LGIC
- Public members should be compensated for participation in educational activities on same basis as professional members
- Compensation should be reviewed – amount or process

# Structure and Process: Doctor Title

- Provisions should be changed to bring Ontario in line with other Canadian and international jurisdictions
- Extend to those with earned doctorates in discipline of registration
- Earned doctorate from academic institution that is accredited or approved by certifying body approved by College
- Must indicate discipline of doctorate

# Structure and Process: Shared Service Model

- No impediments in Act
- Recommend joint regulation where professions are related

# New Professions: Pharmacy Technicians

- Should be regulated as a class within College of Pharmacists
- Allows greater participation of pharmacists in counselling and family health teams
- Should be authorized to dispense drugs
- Should not be authorized to accept verbal prescriptions

# New Professions: Pharmacy Technicians

- Transition within College of Pharmacists
- Educational program changes needed
- Name change needed for certified techs.
- Communications program required
- Legislative amendments required
- Collaboration on protocols for verbal prescriptions to be addressed by OCP, CPSO, RCDSO, CMO, CNO, COO

# New Professions: Psychotherapy

- Both psychotherapists and psychotherapy should be regulated
- New College of Psychotherapists for unregulated psychotherapists; existing regulated psychotherapists continue under existing colleges (CPSO, CPO, CNO, OCSWSSW)
- Enforceable scope of practice in lieu of controlled act

# New Profession - Psychotherapy

- Scope of Practice:
  - *Psychotherapy is the provision of a psychological intervention or interventions, delivered through a therapeutic relationship, for the treatment of cognitive, emotional or behavioural disturbances*
- Collaboration between colleges required in transition and permissive later; Transition maximum 3 years
- Standards of practice in existing Colleges

# New Profession – Psychotherapy

- Exception for counselling for social/ educational/spiritual counselling continues; treatment beyond the bounds of counselling not exempt
- New Legislation required

# New Professions: Kinesiology

- Should be regulated in stand-alone college
- Adequate risk of harm and willingness to be regulated
- Body of knowledge established; limited new educational provisions required
- Recognizes health promotion/prevention along with treating professionals
- Transitional Council to be appointed
- New legislation required

# New Professions: Homeopathy

- Should be regulated in new College of Naturopaths and Homeopaths
- *Drugless Practitioners Act* should be repealed
- Naturopaths ready for full RHPA regulation in 1 year; homeopaths 3 years transitional council
- Homeopathy education/accreditation must be addressed in transition
- New legislation required

# Homeopathy/Naturopathy

- Homeopathy: Scope of Practice

*The practice of Homeopathy is the assessment of body system disorders through homeopathic techniques and treatment using homeopathic remedies to promote, maintain or restore health*

- *No controlled acts*

# Homeopathy/Naturopathy

- Naturopathy: Scope of Practice

*The practice of naturopathic medicine is the promotion of health, the assessment of the physical and mental condition of an individual, and the diagnosis, prevention and treatment of diseases, disorders and dysfunctions through the integrated use of natural therapies and natural medicines that promote the individuals inherent self-healing mechanisms*

- Controlled Acts recommended

# Homeopathy/Naturopathy

- Titles:
  - Homeopathy: Registered homeopath
  - Naturopathy: Naturopathic Doctor, Doctor of Naturopathic Medicine, Naturopath
- Transitional Councils to include representation from CPSO, College of Pharmacy, College of Chiropractors

# New Professions: Personal Support Workers

- Complex issue; initial report speaks to education/training, employment, regulatory options
- No change to Sec. 29 (1) (e) exception for activities of daily living
- Public hearings, May - June 2006
- Final recommendations - September 2006

# Scopes of Practice/Controlled Acts: Hearing Care

- No further definition of controlled act of prescribing hearing aids required in Act
- No further controlled acts re hearing testing or prescribing are required
- Dispensing of hearing aids should be a controlled act
- Hearing instrument practitioners should be regulated under *RHPA*

# Scopes of Practice/Controlled Acts: Hearing Care

- College of Hearing and Speech-Language Professionals to evolve from CASLPO
- CASLPO continues during transition period
- By-laws establish Committees to enable each profession to develop standards of practice & consider profession-specific matters; approval by Council
- Legislative change required

# Scopes of Practice/Controlled Acts: Optometrists

- Should be authorized to prescribe topical and oral medications, with exception of anti-glaucoma medications
- Glaucoma patients should be co-managed with physicians; co-operation on standards
- Optometrists to update conflict of interest regulations re opticians
- Legislative change required

# Scopes of Practice/Controlled Acts: Opticians

- Dispensing eyewear should continue to be a controlled act authorized to Opticians and Optometrists
- Opticians should not be authorized to dispense eyewear solely on the basis of a refraction test
- Opticians should be able to conduct refraction tests in conjunction with a physician or optometrist as part of a full eye examination

# Scopes of Practice/Controlled Acts: Opticians

- College of Opticians should develop a delegation regulation comparable to College of Optometrists
- Minister to change current directive; new directive required
- No legislative changes required; changes to regulations needed

# Emerging Issues - HPRAC Projects

- Nurse anaesthesiologists - review identified
- Physiotherapy orthopaedic specialists - review identified as priority
- Scope of practice/controlled acts - diagnostic & technology sectors
- Drug regulations for non-physician prescribers (nurses, midwives, optometrists, dentists) - Nov 2006
- TCM Titles – September, 2006, Minister's referral
- Psychological Associates titles - October 2006
- Web-site

# Emerging Issues - HPRAC Projects

- Rule making authority - priority
- Review need for change; opportunity to make guidelines/rules enforceable, and simplify regulation making process when appropriate and in the public interest
- Submissions to HPRAC by June 30
- HPRAC report to Minister July 15
- Legislative changes required

# Next Steps

- Ministry posted HPRAC report on website  
9 a.m. May 19      [www.health.gov.on.ca](http://www.health.gov.on.ca)
- HPRAC posted 10:30 a.m. May 19  
[www.hprac.org](http://www.hprac.org)
- **Web-based responses to be made to MOHLTC by June 30.**  
(Please copy to HPRAC)
- Introduction of legislation, fall, 2006

# Thank You

- For the numerous committees you established, reports you prepared, questions you answered, arguments you put forward, submissions you made ...
- For your energy, enthusiasm and expertise.

## HPRAC