Overview

- Ontario’s regulatory model and how it works.
- Challenges to regulation in Ontario.
- Case Study: College of Denturists of Ontario.
Ontario is the largest province (~13 million people) in Canada (total pop: 33.48 million).

The Greater Toronto Area’s (blue circle) population is projected to rise from 47.3% in 2011 to 51.6% in 2035.

Ontario’s Regulatory Model

As Canada is a federation, roles and responsibilities for Canada’s health care system are shared between the federal and provincial governments.

Provincial Governments

- Fund the majority of health care costs, oversee the management/organization/delivery of health services in the publicly-funded portion of their respective health systems and regulate health professionals within their borders.

Federal Government

- Provides some fiscal support for health care services, administers the Canada Health Act and regulates foods, drugs, cosmetics and health instruments.

25 self-regulated health professions, for example:
- Audiologists
- Chiropractors
- Dentists
- Denturists
- Dietitians
- Midwives
- Nurses
- Opticians
- Optometrists
- Pharmacists
- Physicians
- Psychologists
- Physiotherapists
- And more…

Ontario’s Regulatory Model

Examples of Un-Regulated Health Professions:
- Personal Support Workers
- Physician Assistants
- Ultrasound Technologists
- Addiction Workers
- Rehabilitation Assistant
- And many more...

RHPA: Background

- The Regulated Health Professions Act, 1991 (RHPA) was the result of recommendations that arose from the Health Professions Legislation Review, which in 1989, recommended moving away from the old Health Disciplines Act.

- Proclaimed in 1993, the RHPA was a completely new framework, based on overlapping (rather than exclusive) scopes of practice (first of its kind in Canada).

RHPA: Background

- The RHPA provides for one comprehensive regulatory system for health professional regulation.
  - One legal framework for 25 health professions under 23 health regulatory colleges.
  - A provider cannot practise a regulated profession in Ontario without meeting the requirements for initial registration and on-going membership.
RHPA: Background

Key Strengths of the RHPA include:

- **Self-regulation**: allows the ‘experts’ a significant governing role for their profession.
- **Public protection**: has a robust complaints and discipline mechanism.
- **Continuing competence**: ensures practitioners maintain currency in the practice of the profession.

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RHPA: Background

**Health Profession Acts:**

- Each health profession is also governed by a health profession Act (e.g. Medicine Act, Dentistry, etc.).
- The health profession Acts set out, among other things, each profession’s scope of practice, authorized activities, and protected titles, and which incorporates a procedural Code.

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RHPA: Role Delineation

- Ministry of Health and Long-Term Care
- Health Regulatory College
- Health Professions Regulatory Advisory Council
- Health Professions Appeal & Review Board
- Ontario Fairness Commissioner
- Minister of Health and Long-Term Care
Minister of Health and Long-Term Care

Responsible for administering the RHPA and has duties and powers under the Act, such as:

- Ensuring health professions are regulated and coordinated in the public interest;
- The power to require a governing Council of a health regulatory college to take certain actions; and
- The authority to appoint a College Supervisor with significant powers, if deemed necessary.

Minister of Health and Long-Term Care

A College Supervisor may be appointed where concerns exist respecting:

- Quality of administration/management of a College;
- Administration of the RHPA, health profession Act, or other laws;
- Performance of duties by Council, staff, committees; and
- Inconsistent or lack of due process.

Health Regulatory Colleges

A health regulatory college is:

- An independent organization with enabling legislation;
- Self-financing, funded through revenues collected from its members; and
- Tasked with governing the profession and the conduct of its members in order to protect the public interest (not the profession’s interest).
Health Regulatory Colleges

Health regulatory colleges are the key decision makers for the profession, with sweeping authority:

- Registration
- Quality Assurance
- Complaints and Discipline
- Professional Misconduct
- Standards of Practice

Council on Licensure, Enforcement and Regulation 6

Health Regulatory Colleges

Council is the policy decision maker for the College

- Manages and administers the College's affairs.
- By-law and regulation making authority (subject to review by the Minister and government approval).
- Conducts its business at public formal meetings.

Health Regulatory Colleges

- College Councils are composed of both professional and public members.
  - Publicly appointed members exist to represent the public interest.
  - Professional members, elected by their peers, make up the majority of Council.
Health Professions Regulatory Advisory Council

An independent advisory body to the Minister on issues related to the regulation of health professions.

Provides non-binding advice on matters that have been referred to it by the Minister such as:
- The regulation of new professions.
- Expansions to existing scope of practice.

Health Professions Appeal & Review Board

A tribunal that reviews the adequacy and reasonableness of health regulatory college decisions on:

1. Applications for registration, and
2. Investigations and complaints about regulated health professionals.

Ontario Fairness Commissioner

- Authorized under the RHPA to assess colleges’ registration practices to ensure fairness, impartiality, transparency and objectivity.
- College proposals relating to registration are developed in consultation with the Office of the Fairness Commissioner.
Challenges to Regulation in Ontario

Public expectations
- New electronic mediums and rising demands for accessibility of information giving rise to disclosure and transparency challenges.

Entry into the professions
- Increased globalization leading to more internationally trained applicants.

Challenges to Regulation in Ontario

Evolution of professional practices
- Health technologies.
- Scopes of practice.

Resources
- Financial costs regulators must undertake such as investigations, complaints and discipline, and inspections.

Challenges to Regulation in Ontario

Self-regulatory nature of the system
- Regulator versus advocate of the profession.
- Pressure from advocacy groups (i.e. professional associations) to advance professional interests.
Case Study: College of Denturists of Ontario

- Beginning in mid-2010, the ministry received several complaints regarding the overall governance and decision making of the Council and staff.
- On March 9, 2011 the Minister exercised her powers under the RHPA to require the CDO’s Council to cooperate with an independent operational review/audit.

Case Study: College of Denturists of Ontario

Review/Audit Key Findings:
1. Deficiencies in process of key areas of regulation.
2. Non-compliance with CDO’s own election by-laws.
3. Fiscal deficit.

Case Study: College of Denturists of Ontario

Review/Audit Key Findings (cont.):
4. Poor record keeping and retention.
5. Blurred role between public and professional interests.
Case Study: College of Denturists of Ontario

On March 26, 2012 the Minister appointed a College Supervisor for the CDO with broad powers:

✓ All powers of Council, Registrar, and staff;
✓ Inquires, Complaints and Review Committee, Registration Committee, and Discipline Committee;
✓ To Address Audit Report concerns & recommendations; and
✓ Report to the Minister.

Progress Made

Addressing the audit concerns:

- Examinations and Entry to Practice
- Financial controls and resource concerns
- Re-building relationships and trust
- New Registration and QA regulations
- By-laws
- Ensuring consistency in processes, decision-making
- Re-building relationships and trust
- New Registration and QA regulations
- By-laws
- Ensuring consistency in processes, decision-making

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