

HPRAC

HEALTH PROFESSIONS REGULATORY ADVISORY COUNCIL

ANNUAL REPORT

April 1, 2005 – March 31, 2006

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*Letter to the
Minister of
Health and
Long Term
Care*

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Regulatory Advisory Council**

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July 15, 2006

Hon. George Smitherman
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 1R3

Dear Minister,

I am pleased to submit to you, on behalf of the Health Professions Regulatory Advisory Council, the Annual Report for the fiscal year 2005-2006.

Through the year, Council was involved in the ambitious and complex work that you asked us to consider in referral letters of February 7, 2005, June 16, 2005 and January 18, 2006. The work was demanding, and, we believe, important to the future regulation of health professions in Ontario.

We are confident that the recommendations contained in the report, *New Directions: A Report to the Minister of Health and Long-Term Care on Regulatory Issues and Matters respecting Health Care Practitioners, Patient and Client* will improve the efficiency, accountability, performance, quality and transparency of our health professionals and the colleges that regulate them. We are also pleased with the significant involvement of individuals, groups and organizations in our work, and gratified at the human and financial resources they contributed in assisting HPRAC to analyse and respond to your questions.

I speak for all Council members in saying that we appreciate having been asked to serve on HPRAC, and hope that our conclusions will assist in your public policy and legislative responsibilities.

Yours truly,



Barbara Sullivan
Chair

Introduction The Health Professions Regulatory Advisory Council (HPRAC) is a Schedule 1 Agency established by the *Regulated Health Professions Act, 1991*, with a statutory duty to advise the Minister on the regulation of health professions and professionals in Ontario. That duty includes providing advice on:

- Whether unregulated health professions should be regulated;
- Whether regulated health professions should no longer be regulated;
- Amendments to the *Regulated Health Professions Act (RHPA)*;
- Amendments to a health professions Act or a regulation under any of those Acts;
- Matters concerning the quality assurance programs undertaken by colleges; and
- Any matter the Minister refers to HPRAC relating to the regulation of the health professions.

HPRAC also has the duty under the Act to monitor each college's patient relations program and to advise the Minister about its effectiveness.

In this respect, the Minister relies on recommendations from HPRAC as an independent source of information, analysis and advice in the formulation of public policy. In providing its advice and conducting its affairs, HPRAC is independent of the Minister of Health and Long-Term Care, the Ministry of Health and Long-Term Care, the regulatory colleges, regulated health professional associations, and of stakeholders who have an interest in issues on which it provides advice.

In the conduct of its work, HPRAC is mindful of the objectives of the *Regulated Health Professions Act*:

- To ensure that the health professions are regulated and coordinated in the public interest;
- To ensure that appropriate standards of practice are developed and maintained;
- To ensure that individuals have access to services provided by the health professions of their choice; and
- To ensure that individuals are treated with sensitivity and respect in their dealings with the health professionals, the Colleges, and the Health Professions Appeal and Review Board (HPARB).

Governance HPRAC is, according to the *RHPA* statute, comprised of at least five and no more than seven persons who are appointed by the Lieutenant Governor in Council on the Minister's recommendation. The Lieutenant Governor in Council designates one member of the Council as Chair and one as Vice-Chair. HPRAC is supported in its work by a small secretariat.

The Chair is responsible for ensuring that HPRAC carries out the advisory and other responsibilities assigned to the Chair, the Secretary, the Council's Chief Operational Officer, and the Council, under the *RHPA*.

The Council met a minimum of two days each month during the course of the year, and Council committees met on average an additional two to three days each month. Additionally, Council members were engaged in the public consultation process relating to the Minister's referral, and attended public hearings, workshops, presentations and focus groups during the course of the year. Council members also participated directly in the writing and editing of the *New Directions* report to the Minister.

**Members of
HPRAC**

Members of HPRAC, and the terms of their appointment include:

Barbara Sullivan, Chair, is President of The Cheltenham Group, a company specializing in communications and marketing services and corporate administration. She served as Member of the Provincial Parliament for Halton Centre from 1987 to 1995, during which time she chaired the government caucus, chaired the Select Committee on Energy, was parliamentary assistant to the Minister of Labour, and was Official Opposition Critic for Health and for the Environment. Active in community affairs, she is the Chair of Hamilton Health Sciences, one of Canada's major teaching hospitals, and is past director and vice-chair of Bird Studies Canada, and past director of Oaklands Centre for developmentally disabled adults. She was Chair of the Oakville Centre for Performing Arts, Patron of Sheridan College's Performing Arts program, and was Commissioner and Acting Chair of the Commission on Election Finances in Ontario. She lives in Glen Williams, Ontario.

Originally appointed in June, 2004, Ms. Sullivan has been reappointed to June, 2008.

Peter Sadlier-Brown, Vice-Chair, provides strategic advice on public policy development to private and public sector clients and recently completed the Ontario Health Capital Review for the Ministry of Public Infrastructure Renewal. He has served as Assistant Deputy Minister for Environmental Economics with Ontario's Ministry of Finance, providing advice on issues relating to global climate change, air quality and public transit investment, and as Assistant Deputy Minister in the Ministry of Economic Development, where he was responsible for strategic development in innovative business growth, and led units responsible for trade, industrial, technology and business development. With the Ministry of Intergovernmental Affairs, he provided advice to the Ontario government on constitutional policy and jurisdictional issues and federal-provincial finance. He served as the Assistant Deputy Minister for Policy and Programs in the Ministry of Labour where he was responsible for the Employment Standards Branch and policy development for Ministry programs including Occupational Health and Safety and Workers' Compensation. He was Assistant Deputy Minister with responsibility for budget development, fiscal planning and policy, intergovernmental finance and pension policy for the Ministry of Treasury and Economics.

August 2004 - August 2006; Mr. Sadlier-Brown was appointed Vice-Chair of HPRAC in April, 2006.

Dr. Barry Brown, Ph.D., before his retirement, was Associate Professor of Philosophy at St. Michael's College and the University of Toronto. He was Associate Chair (Undergraduate) of the Department of Philosophy 1993-1998. He also served as a member of the Governing Council, University of Toronto. He was a founding member of the Joint Centre for Bioethics and was Coordinator of the Bioethics program of the Department of Philosophy. He specialized in the ethics of research with human subjects. He was a reviewer for human subjects protocols for the Office of Research Services. In the 1980s he was a member of Ontario's Health Research and Development Council. He served as President of the Toronto Chapter and the National Board of the Juvenile Diabetes Foundation Canada. In 2003, Dr. Brown received the Lifetime Achievement Award for Excellence in Human Research Protection, Health Improvement Institute, Bethesda, Maryland: (Founding Sponsor: Office for Human Research Protections, U.S. Department of Health and Human Services). He is presently Chair of an independent Research Ethics Board. He lives in Toronto, Ontario.

October 1998 - October, 2006

Kevin Doyle, Member, is a career journalist who is now Executive Director of Public Affairs and Communications at the University of Windsor. Prior to this appointment, he was Editor at the C.D. Howe Institute. He has been Canadian Editor of Bloomberg News, an international news and analytic service, for whom he built the Canadian operations with bureaus across Canada and liaised with 75 news bureaus around the world to provide a comprehensive news service. He has served as Senior Fellow for the International Institute for Sustainable Development, working to resolve disputes between business organizations and environmental groups, particularly in the logging, technology and resource sectors. For more than 10 years, Mr. Doyle was Editor-in-Chief of Maclean's, Canada's national news magazine, and during that period he opened bureaus in Moscow, London, Washington and New York and in cities across Canada. He has been General Editor of Newsweek Magazine, based in New York, Editor of FP News Service, Managing Editor of Maclean's, and Foreign Correspondent for the Canadian Press. He lives in Windsor, Ontario.
October 2004 - October 2006

Ennis Fiddler, Member, is Chair and Board Member of the Meno-Ya-Win Health Centre in Sioux Lookout, which governs the newly created Health Centre which amalgamated Sioux Lookout Zone Hospital and Sioux Lookout General Hospital. These responsibilities included constructing a new hospital building, and implementing a four-party agreement between the governments of Ontario and Canada, the Town of Sioux Lookout and Nishnawbe-Aski Nation. He works as a Consultant with the Sandy Lake First Nation, on health issues, social assistance reform, economic development, review and development of band membership and winter transportation issues. He served as Chief of the Sandy Lake First Nation, and as a member of the Band Council. He is a Founding member of the community choir, and has been a volunteer and participant in cultural activities such as Wabinoowin and other traditional ceremonies. Mr. Fiddler also serves as a member of the North West Local Health Integration Network. He lives in Sandy Lake, Ontario.
November 2004 - November 2006

Mary Mordue, Member, provides strategic advice in business integration, information technology and business planning for Canadian and international clients. She has been Director of Strategic Business Planning and Marketing for a major international management consultancy firm with annual sales in excess of \$1 billion

in Canada. Her responsibilities have included sales and marketing, business planning, communications and change management, with exposure to a wide range of industries and sectors, including auto parts, confectionary, home health and laboratory, provincial and municipal governments, and high tech components manufacturers. Ms. Mordue lives in Drumbo, Ontario where, in addition to her work, she raises an active young family and volunteers with a number of local community organizations.

November 2004 - November 2006

Management Structure

HPRAC has a modest staff complement which is responsible for managing the Council's day-to-day operations and affairs according to accepted business and financial practices, and for conducting consultations and research leading to formal recommendations and advice from HPRAC to the Minister. Permanent staff members are public servants employed under the *Public Service Act* and are eligible for all rights and benefits accorded under the *Act*. The Executive Coordinator may be from either the classified staff of the Civil Service or from outside the Civil Service. From time to time, HPRAC engages individuals on contract to assist with special assignments.

Brian O'Riordan, who joined HPRAC in late March, 2005, serves as HPRAC's Executive Coordinator. He is supported by two policy analysts, **Deanne Montesano** and **Sheila Mawji**, and administrative assistant **Barbara Thompson**. HPRAC also, with the assistance of MOHLTC, seconded in 2005 consultancy coordinator, **Karen Lane**, from the public sector on two renewable 5.5 month terms to assist with logistical planning and implementation of the public consultation program. **Jessica Deuerlein** was employed as an administrative assistant on a short-term contract for two terms, succeeded by **Janice Marquis**.

External Advisors

Because specialised expertise is frequently required in HPRAC's work, Council relies on external counsel for particular and focused research studies, public consultations, and documenting proposals for public policy alternatives. Project management oversight on all HPRAC external assignments is provided in-house.

Under the *RHPA*, the Council is authorized to "engage experts or professional advisors to assist it". To ensure that external advisors are appropriately selected, the following criteria are used to measure the capacity of external counsel:

1. **Conflict of Interest:** External advisors cannot have, or be seen to have, conflicts of interest through holding contracts on regulation issues either with the Minister of Health and Long-Term Care, the Ministry of Health and Long-Term Care, or continuing contracts with health regulatory colleges, with regulated health professional associations, or with stakeholder groups, organizations or individuals who have an interest in matters on which advice was requested.
2. **Body of Knowledge:** External advisors must have experience in the regulation of health professionals in Ontario and elsewhere; be familiar with the Ontario statutes relating to the regulation of health professionals; understand the role of HPRAC in providing advice to the Minister; understand the role of the professional colleges; and be knowledgeable about the evolution of health systems, the changing health delivery environment, and the impact of change on health professionals.
3. **Credibility with Stakeholders:** External advisors must exhibit through previous work impartial, thorough and proficient analysis, the ability to work with a broad range of stakeholders, and to engage stakeholders in the decision-making and consensus-building process. There has to be a large measure of trust.
4. **Technical Competence:** Consultants must exhibit considerable technical skills in issue analysis, in literature and jurisdictional reviews and analyses, in developing consultative processes and making judgments about appropriate processes for the project, in the synthesis and analysis of submissions, in facilitation, in logistical procedures, and in report-writing and presentations. Work must be thorough and complete.
5. **Capacity:** Consultants must be able to demonstrate that their companies or organizations have the depth of skilled, knowledgeable and experienced people to complete the project to high standards and to deliver their work on time.
6. **Board Experience:** External advisors must have worked with Boards and be comfortable with reporting to Board committees in addition to an executive and staff complement.
7. **Competitive Rates:** External advisors must provide rates that

are competitive for the elements of the project to be undertaken, and to have processes in place to track rates against deliverables.

8. **Understanding of the Public Policy Process:** External advisors must understand the public policy process, and be able to explain the process to stakeholders as required in the course of the project work. Consultants must also comprehend both the governance process and the resource intensity required for stakeholders to be involved in the participatory process.
9. **Commitment to the Public Interest:** The *Regulated Health Professions Act* and the profession-specific Acts emphasize the public interest in the regulation of health professions, a commitment to public safety and high standards of professional service. Consultants engaged on any project must comprehend this commitment, and reflect these principles in their work.
10. **Communications Skills:** External advisors must have facility in communication and experience with a variety of communication techniques to engage stakeholders in the consultative process, prepare briefs and discussion materials, write and present reports, and make presentations as required to a variety of audiences. Facility in English and French is preferable.
11. **Ontario Base:** Consultants should have an Ontario base, and be readily accessible to HPRAC and to stakeholders who are involved in the process.
12. **Vendors of Record:** Whenever possible, external advisors should be pre-approved Ontario government Vendors of Record (VOR).

During the 2005-2006 fiscal year, HPRAC engaged external advisors through the Ministry of Health and Long-Term Care to undertake research, report writing, health law policy analysis, jurisdictional and literature reviews, analysis, public consultations and other tasks to inform the Council and assist in formulating recommendations respecting the Minister's referral. They were involved in projects relating to the *RHPA* legislative framework, and regulatory matters relating to opticians, kinesiologists, pharmacy technicians, optometrists, psychotherapists, homeopaths, naturopaths, hearing

care professionals, and personal support workers.

The projects required both expertise in the health sector and public policy analysis, along with proven experience in the consultation process. The synthesis and examination of hundreds of written and oral submissions and presentations was a key element of the work of external advisors, along with participation at workshops, meetings and hearings.

During the 2005-2006 fiscal year, HPRAC engaged by contract executive assistant **Eleanor Hill**, policy research assistant **Sasmita Rajorotnam**, and project manager **Joyce Rowlands** to provide support with the policy, research and project management workload, and they contributed significantly to the completion of the *New Directions* report.

HPRAC Committees

In the 2005-2006 fiscal year, HPRAC's committee structure supported the Council's requirements in responding to the Minister's referral letters as follows:

Legislative Framework: Chaired by Mary Mordue, this Committee was responsible for consideration of the five-year-review recommendations, quality assurance, patient relations, new college models, and complaints and discipline issues as they were reflected in the Minister's questions.

New Professions: Chaired by Barry Brown, this Committee reported to Council on the regulation of kinesiology, homeopathy, personal support workers and pharmacy technicians.

Controlled Acts, Scopes of Practice: Chaired by Ennis Fiddler, this Committee dealt with issues relating to opticians, optometrists, and hearing professionals.

Mental Health Therapies: Chaired by Kevin Doyle, this Committee reviewed issues relating to the regulation of psychotherapy and psychotherapists.

Committee Reports

1. Legislative Framework

The breadth of issues considered by the Legislative Framework committee required an extensive consultation process including key

informant interviews supported by a survey to validate input; health law, jurisdictional and literature reviews in several policy areas; data analysis; collation and analysis of written submissions; as well as conducting three stakeholder workshops, one with health regulatory colleges, a second with health professional associations and a third with public appointees to College councils. Public hearings were conducted in a number of Ontario locations, and additional policy interviews were completed to confirm information or test alternative options. In all instances, participants were well-informed and engaged in the consultative process in a way that was extremely helpful to HPRAC in formulating recommendations to the Minister.

The *New Directions* report provided to the Minister included 73 key recommendations directly resulting from the consultative process and Council's consideration of issues brought forward by the Legislative Framework committee. Highlights of the recommendations include advice to simplify the college committee structure in order to streamline the complaints process and enhance transparency and accountability, advice on amending the language of the harm clause to include psychological harm, broadening the use of the doctor title, and advice on the process of approving regulations that includes a coordinated effort by the Colleges and the Ministry to address long-standing issues. As well, an extensive report to the Minister on emerging issues flagged the risk of harm associated with verbal prescriptions, a need for further examination of the issue of non-physician prescribers and the rule-making authority of Colleges. HPRAC also recommended a structured review of scopes of practice and controlled acts for the regulated professions, commencing with physiotherapy, and the diagnostic and technological professions.

Members of the Legislative Framework Committee included Mary Mordue, Chair, Barbara Sullivan, Council Chair and Peter Sadlier-Brown, Council Vice-Chair, with staff support from Sheila Mawji and Eleanor Hill. The Committee Chair would like to recognize the contribution of its members in completing its complex mandate as well as the contribution of the other members of Council for their valuable input and direction in considering these matters. In particular, Council Chair Barbara Sullivan played an outstanding role in crafting final recommendations that not only reflected the detailed work carried out by the Committee, but also encompassed the myriad of issues which arose in other Committee work.

Mary Mordue, Chair

2. New Professions

Upon the restructuring of the Health Professions Regulatory Advisory Council in late 2004, in anticipation of a referral letter from the Minister of Health and Long-Term Care, the New Professions Committee was struck. Its members are Barbara Sullivan, HPRAC Chair, Peter Sadlier-Brown, Ennis Fiddler and Barry Brown, Chair. Staff members Deanne Montesano and Sasmita Rajaratnam assist the Committee.

Members of Council began to prepare for an eventual referral from the Minister by reviewing previous HPRAC reports, meeting with stakeholders and familiarizing themselves with the regulatory framework of the Regulated Health Professions Act (RHPA, 1991).

Upon receipt of the referral, February 7, 2005, the task of the NPC committee was set: to study whether Homeopathy, Kinesiology, and Pharmacy Technicians should be regulated under the Regulated Health Professions Act, and to consider issues related to the possible regulation of Personal Support Workers.

Early on in the process, it became clear that the range of requests from the Minister, the complexity of some of the new professions, and the relatively short time allotted for the task would require the services of consultants. Accordingly, the process for identifying and engaging consultants was commenced.

In early March, application packages were sent to various groups affected by the Minister's February 7th referral letter. Responses were received by April 2005, followed by stakeholder engagement in mid-summer and public consultations in late summer of 2005.

Homeopathy

An application was received from the Ontario Homeopathic Association (OHA) in April, 2005, requesting regulation and several controlled acts, including communicating a diagnosis and performing procedures below the dermis. This was posted on the HPRAC website, and responses were invited. Meetings were held with representatives of other organizations, some of whom shared the OHA's view, and some of which did not agree that statutory regulation was necessary. Those who dissented, mainly lay homeopaths, formed a coalition. A meeting with representatives of both positions was held, which

resulted in a consensus that some form of regulation was necessary. Literature, jurisdictional, and market reviews were conducted by the consultant. Risk of harm, both direct and indirect, was identified in homeopathic practice. The conclusion of the Committee was that homeopathy should be regulated under the RHPA, but that no controlled acts be authorized to homeopaths. A scope of practice was developed by the Committee on the basis of its understanding of the theory and practice of homeopathy.

When HPRAC came to consider the options for regulation, it became clear that a voluntary scheme would lack sufficient authority to enforce standards, and that it would be difficult to establish a stand-alone College, either within or outside the RHPA. In view of the fact that a large percentage of naturopaths provide homeopathic treatment, the close affinity between these two forms of complementary medicine, the long-time request of the naturopaths to be regulated under the RHPA, and the inadequacy of the *Drugless Practitioners Act*, HPRAC saw an opportunity for both professions to be regulated under a single College. It recommended a scope of practice for naturopaths, and that they be authorized a number of controlled acts which they have been practising over time. Accordingly, HPRAC recommended that Homeopathy and Naturopathy should be regulated under a new body, the College of Naturopaths and Homeopaths of Ontario. Two separate Transitional Councils will be required to implement the recommendation.

Kinesiology

Application was received from the Ontario Kinesiology Association (OKA) to regulate this field. The OKA comprises a voluntary regulatory body called the Ontario Kinesiology Authority and a voluntary association called the Ontario Kinesiology Society. A consultant was engaged to study the matter. The application was posted on the HPRAC website, and submissions were received, many from closely related fields, such as physiotherapists and occupational therapists, some of whom supervise kinesiologists in helping patients to restore mobility after disease or accident. Stakeholder consultations were held in Toronto and London with practitioners and educators.

The OKA presented the claim that kinesiologists have unique competence in the science of movement, and thus a body of knowledge which they can apply in therapy. The critics of the application asserted that the proposed scope of practice was virtually identical

to that of physiotherapy, and that the status quo - the supervision of kinesiologists by other regulated health professionals, was sufficient to protect the public. In addition, they claimed that many persons graduating with Kinesiology degrees lack clinical experience with patients. However, the Committee understood that many, perhaps most, graduates will not go on to become health professionals, and those that do must gain clinical exposure to patients.

The Committee accepted the claim that there is a specific form of scientific knowledge in Kinesiology, and noted that there are some kinesiologists who have advanced knowledge applied in well-regarded programs for cardiac and spinal cord rehabilitation.

Although the application of OKA is a forward-looking proposal, and the educational program required to support kinesiology as a regulated profession requires some upgrading, and the level of support for regulation is uncertain, the New Professions Committee considered that the risk of harm by unqualified practitioners is significant, and that accordingly, kinesiologists should be regulated, in the understanding that it will take several years of work by a Transitional Council before full regulation is achieved. The Council concurred.

Pharmacy Technicians

The Ontario College of Pharmacists (OCP) made application to HPRAC to introduce, under the Pharmacy Act, a new class: Registered Pharmacy Technician (R.Ph.T.) Since the publication of the Lowy Report, the College has seen the need for pharmacists to take on a greater role in the cognitive aspects of their profession: counselling and advising patients on drug use, and leaving the more routine, technical aspects of dispensing and compounding drugs to technicians, who would undertake a higher level of training than the current pharmacy assistants. The OCP envisages that the R.Ph.T. would be personally accountable for his or her actions. This proposal was supported by the Canadian Association of Pharmacy Technicians.

A list of activities that would be authorized to the new class was submitted with the application. Application for registration in the new class would be voluntary, and implemented over a number of years. New educational programs for this level would have to be developed by the community and career colleges.

The consultants arranged for interviews with local pharmacists, hospital pharmacies, the Ontario Pharmacists' Association, and the Canadian Association of Chain Drug Stores. Focus groups were held in Toronto, Sudbury and Ottawa with pharmacy technicians, assistants, educators, and employers. A survey was sent out by the College to the membership of the OCP to invite its response.

The Committee concluded that given the risk of harm in dispensing and compounding drugs, and the fact that the application of the OCP sufficiently met the criteria for regulation, that Pharmacy Technicians should be regulated by the OCP. The list of proposed activities was accepted, but it was concluded that given problems associated with the taking of verbal prescriptions, no R.Ph.T. be authorized to take verbal prescriptions.

Personal Support Workers (PSWs)

In his referral, the Minister of Health and Long-Term Care asked HPRAC to:

"Review the range of work carried out by Personal Support Workers and make initial recommendations on whether all or some part of this range would indicate that Personal Support Workers should be considered for regulation under the RHPA"

The first part of this task is underway. A consultant firm was engaged. Initially, interviews were held to obtain background information on PSWs. The interviewees were selected to be as representative as possible and included but were not limited to: providers, consumers, education and training institutions, associations supporting patients with specific disease and conditions, advocacy organizations, and PSW representative groups.

Two workshops were held in Toronto in January, 2006 that engaged employers, clients, Regulated Colleges, professional associations, educators, unions and PSWs in discussions about the current state of PSWs. The purpose of the workshops was two fold: first, feedback was desired from stakeholders on the findings to date and second, additional information was needed to further develop a discussion guide for broader consultation.

The Discussion Guide for the project was completed in early 2006, and an Interim Report in March, 2006. It is clear that it is a complex

task to estimate the number of PSWs working in Ontario, and to identify the various types of work they do in different contexts as well as differing forms of education or training. There is no provincial voluntary organization to represent them or to make application for regulation.

HPRAC held further public consultations in Toronto, Etobicoke, Ottawa, Thunder Bay and London during late May. HPRAC will present its final recommendations to the Minister in September, 2006.

Barry Brown, Chair

3. Scopes of Practice, Controlled Acts

Following receipt of the Minister's February 7, 2005 referral letter, the Scope of Practice/Controlled Acts Committee was struck. Members are: Ennis Fiddler, Chair, Kevin Doyle and Barbara Sullivan, Council Chair. Deanne Montesano and Sasmita Rajaratnam, provide staff support.

The Committee has responsibility for guiding HPRAC's work on three questions posed in the Minister's referral letter:

- The currency of, and any additions to, the Council's recommendations in relation to optometrists prescribing therapeutic pharmaceutical agents.
- Whether, in consideration of evidence of risk, the simple determination of a need for a hearing aid should be a controlled act, or whether determining the specifications for a hearing aid, based on a hearing test and an assessment of the physical aspects of the ear, should be the controlled act. Also, in consideration of evidence of risk, what aspects, if any, of hearing testing and dispensing of hearing aids should be controlled by the *RHPA*.
- Whether there is a risk of harm in dispensing eye wear and what aspects, if any, of this activity need to be controlled by the *RHPA*; whether refractometry is within the scope of practice of opticianry, and how standards should be set and measured for both of these activities.

Given the complexities of the questions and the relatively short timeframe for completion of the task, it was determined that consultants would be required to assist HPRAC with the necessary

research and consultation. Consequently, the process for identifying and engaging consultants was begun.

In early March 2005, questionnaires were sent to the various professions (Colleges and/or Associations) referenced in the Controlled Acts section of the Minister's referral letter.

Optometry

A submission was received by the Ontario Association of Optometrists in April 2005 requesting that optometrists be given authority to prescribe certain therapeutic pharmaceutical agents (TPAs). The submission was posted on the HPRAC website, and responses were invited. Meetings were held with representatives of other organizations, and an expert pharmacologist was engaged to review the list of proposed TPAs being requested. Literature and jurisdictional reviews were conducted and public consultations held using focus groups and telephone interviews.

HPRAC's central recommendation was that optometrists in Ontario be permitted to prescribe therapeutic pharmaceutical agents (TPAs) with the exception of anti-glaucoma agents.

In making its recommendation, HPRAC considered:

- the educational program offered to optometrists in Ontario
- the public safety experience of other jurisdictions that allow optometrists to prescribe TPAs
- the external pharmacological expert's conclusion that Ontario optometry graduates have sufficient education on the principles of pharmacology to be proficient in recognizing possible drug interactions and toxicities related to the use of TPAs

HPRAC concluded that permitting optometrists in Ontario to prescribe TPAs would provide more access to care for Ontarians, make Ontario more attractive as a practice location for optometrists and help address some of the physician-supply problems in the province. Broadening the scope of practice for optometrists would also support the province's focus on multi-disciplinary teams and collaborative care.

Opticianry

In April 2005, submissions were received from the College of

Opticians of Ontario as well as the Ontario Opticians' Association. The submissions were posted on the HPRAC website, and responses were invited and analysed. Literature and jurisdictional reviewed were conducted, meetings were held with relevant stakeholders and public consultations were held using focus groups and telephone interviews.

HPRAC approached the referral in two parts:

- an examination of the question of the risk of harm in dispensing eyewear and
- a review of the question of the performance of refractometry by opticians

Dispensing

HPRAC concluded that dispensing prescription eye wear should continue to be a controlled act under the *RHPA*. In making its recommendation, HPRAC considered the risk of harm from dispensing, the challenges of implementing two-tiered regulation as well as the public interest which would be served by meeting the public's expectation that eyewear be dispensed by a trained practitioner.

Refractometry

HPRAC recommended that opticians should be authorized to conduct refraction tests as long as the circumstances are such that they are done in collaboration with an optometrist or a physician for the purpose of informing a comprehensive ocular assessment.

In making its recommendation, HPRAC considered:

- the risk of harm from performing refractometry
- the challenges of implementing two-tiered regulation whereby some high-risk individuals were screened out of eligibility for an optician-performed refraction test
- access and need
- the public interest in encouraging the public to rely on opticians as their primary eye care provider

Hearing Health Care

A submission was received from the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) in April 2005. The submission was posted on the HPRAC website, and responses

were invited and analysed. Literature and jurisdictional reviewed were conducted. Individual and joint meetings were held with a number of stakeholders and public consultations were undertaken in the form of informal focus groups with audiologists, physicians, hearing instrument practitioners, communicative disorder assistants and consumers.

HPRAC approached the referral in two parts:

- an examination of the controlled act of prescribing a hearing aid
- a review of the potential for a new controlled act of dispensing a hearing aid, as well as a review of other aspects of hearing testing and dispensing that may require restrictions under the *RHPA*

Prescribing

HPRAC recommended that the evidence of risk does not support replacing the current controlled act of prescribing with a more detailed statutory definition. In making its recommendation, HPRAC considered the risk of harm, access to care and issues of accountability.

HPRAC concluded that altering current provisions for prescribing a hearing aid could result in a significant loss of access to care for patients when there is no direct evidence that current practices are unsafe.

Dispensing

HPRAC recommended that the act of dispensing a hearing aid should become a controlled act and recommended the regulation of hearing instrument practitioners alongside audiologists and speech-language pathologists in a revised College of Hearing and Speech-Language Professionals of Ontario. In making its recommendation on dispensing, HPRAC examined the risk of harm from dispensing; the experience in other jurisdictions; the sufficiency of supervision of currently practicing hearing instrument practitioners as well as the public interest goal of improving consumer protection.

In making its recommendation on the regulation of hearing instrument practitioners, HPRAC considered the willingness of the profession to be regulated; issues of access, need and accountability; the lack of regulatory safeguards within the current voluntary system and the

apparent public confusion that exists regarding the roles of the various hearing health care professionals.

Ennis Fiddler, Chair

4. Mental Health Therapies

The Mental Health Therapies (MHTs) Committee was created in early 2005 to address a question contained in the Minister's February 2005 referral letter with regard to possible regulation of psychotherapy and psychotherapists.

Members of the Committee are Kevin Doyle (Chair), Mary Mordue and Barbara Sullivan. Initially, Policy Analyst Sheila Mawji assisted the committee, later Joyce Rowlands and Eleanor Hill took over that role.

Minister of Health and Long-Term Care, Hon. George Smitherman, sought advice from HPRAC on:

- 1) Whether psychotherapy should be an additional Controlled Act under the *Regulated Health Professions Act, 1991, (RHPA)* and if so, which regulated professions should have psychotherapy in their scopes of practice and how should standards be set and measured
- 2) Whether psychotherapists should be regulated under the *RHPA* as a profession, what their scopes of practice should be and what Controlled Acts they should be authorized to perform, as well as any protected titles, and whether it is appropriate that psychotherapists be regulated under an existing profession-specific act.

The psychotherapy referral differed from other ministerial referrals in that no sponsoring organization was seeking regulation. The referral came directly from the Minister.

Jurisdictional, literature and case law reviews were completed and widely circulated during early stages of the project. In addition, a detailed questionnaire was sent to primary stakeholders requesting input on a series of issues related to the practice of psychotherapy. Results were analysed and served as the basis for discussion at a two-day stakeholder workshop in July. Input from the workshop was then incorporated into a detailed Consultation Discussion Guide posted on

HPRAC's website and used as the basis for public consultations. In the fall of 2005, the committee held eight public consultations meetings in seven cities across Ontario, and invited submissions in response to a series of questions posed in the Discussion Guide.

Throughout the process committee members met regularly and reviewed drafts of all written materials. In addition, they reviewed and analysed more than 100 written stakeholder submissions to inform their deliberations and eventual recommendations.

Committee members also interviewed numerous stakeholders to gain further information and clarify issues.

In the final stage of the project, members worked with consultants and staff to develop recommendations and produce a final report. The recommendations in the Committee report included the establishment of a new College of Psychotherapists, and the continuing regulation of psychotherapists who belong to specific Colleges.

Kevin Doyle, Chair

*Accountability
Issues*

The Memorandum of Understanding to clarify the operational, administrative, financial, auditing, and reporting arrangements between HPRAC and the Minister and the Ministry continues to be outstanding, and will be completed in the 2006-2007 fiscal year.

During the 2005-2006 fiscal year, as a result of the Minister's referral, HPRAC's expenditures were projected to be in excess of its base allocation, and so HPRAC prepared estimates of expenditures to complete the work required by the Minister's referral over two fiscal years. Confirmation was received in July, 2005 from Deputy Minister Ron Sapsford for a revised allocation for fiscal-year 2005-2006 and for expenditures that would flow in the 2006-2007 fiscal year. In completion of its mandate, HPRAC underspent its 2005-2006 allocation.

HPRAC will complete an operational review for discussion with the Minister and Ministry in the fall of 2006.

*Financial
Report*

The Ministry of Health and Long-Term Care provides quarterly expenditure reports to the Health Professions Regulatory Advisory Council. The Council's budget is contained within the Ministry's Health Human Resources Division. For the fiscal period ending March 31, 2006, HPRAC's expenditures were:

Salary and Wages	\$ 367,944.00
Benefits	\$ 41,847.00
Operating expenses	\$2,063,402.00
Total:	\$2,474,193.00

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