

HPRAC

HEALTH PROFESSIONS REGULATORY ADVISORY COUNCIL

ANNUAL REPORT

April 1, 2004 – March 31, 2005

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

**Health Professions
Regulatory Advisory
Council**

55 St. Clair Avenue West
Suite 806 Box 18
Toronto ON M4V 2Y7
Tel (416) 326-1550
Fax (416) 326-1549
Web site www.hprac.org
E-mail
HPRACWebMaster@moh.gov.on.ca

**Conseil consultatif de réglementation
des professions de la santé**

55, avenue St. Clair Ouest,
pièce 806, casier 18
Toronto ON M4V 2Y7
Tél (416) 326-1550
Télééc (416) 326-1549
Site web www.hprac.org
Courriel
HPRACWebMaster@moh.gov.on.ca

July 22, 2005

Honourable George Smitherman,
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto ON M7A 2C4

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 2004-2005.

It has been an eventful year for HPRAC, and the Council has been thoroughly engaged in the ambitious and complex work that you have asked us to consider.

This report summarizes our activities and challenges through the 2004-2005 fiscal period, and points to the questions and opportunities which lie ahead. I speak for all Council members in saying that we appreciate having been asked to serve on HPRAC, and hope that our contribution will add to measured and forward-looking public policy decisions.

Yours truly,



Barbara Sullivan
Chair

Introduction The Health Professions Regulatory Advisory Council 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.

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*

HPRAC began the 2004-2005 fiscal year without a full complement of members; however, with new order-in-council appointments, finalized in November, 2004, HPRAC is again appropriately constituted, and includes members who reflect Ontario's diversity in age, culture, geography, skills and experience.

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 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 currently Vice-Chair of Hamilton Health Sciences, one of Canada's major teaching hospitals, and is a 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.

June 2004 - June 2006

Davies Bagambiire, Vice-Chair of HPRAC, practises law in Toronto, with specialization in the areas of civil litigation, immigration and refugee law, labour and human rights. He has been a Sessional Instructor at York University in Toronto, and Associate Professor at Dalhousie Law School. He holds an LL.M. from Dalhousie, following on his DLP from Kampala, Uganda, where he was gold medalist, and his

LL.B. from the University of Dar Es-Salaam, Tanzania. He was the first Executive Director of the Indigenous Blacks and MicMacs Program at Dalhousie University, designed to assist indigenous Black and First Nations Nova Scotians to enter the law profession. He became Executive Director of the African Canadian Legal Clinic in Toronto in 1994. He is the author of several books and major articles on Canadian Immigration and Refugee Law. He lives in Toronto, Ontario.

May 2004 - May 2006

Barry Brown, Member, holds a Ph.D. in Philosophy, and until his recent retirement was Associate Professor of Philosophy at University of St. Michael's College at University of Toronto. He is a Board member of the Joint Centre for Bioethics, and has served as a member of HPRAC since 1998. He specializes in bioethics with an interest in research ethics, mental health and illness, end of life issues, and genetics and reproduction. He has been the Coordinator of the Bioethics program of the University of Toronto Department of Philosophy, and also served as a Governor of University of Toronto. He is a reviewer for human subjects' protocols for the Office of Research Services, and was a member of Ontario's Health Research and Development Council. He was President of the Toronto Chapter and the National Board of the Juvenile Diabetes Foundation Canada. He lives in Toronto, Ontario.

October 1998 - October 2006

Peter Sadlier-Brown, Member, 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 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. He lives in Toronto, Ontario.

August 2004 - August 2006

Kevin Doyle, Member, is a career journalist who is now 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, he 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 Toronto, 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. 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. She is currently pursuing her MBA while continuing her business career. She lives in Drumbo, Ontario.
November 2004 - November 2006

Management Structure

HPRAC has a modest staff complement which is responsible for managing the Council's 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 Chief Operating Officer may be from either the classified staff of the Civil Service or from outside the Civil Service. From time to time, HPRAC engages knowledgeable staff to assist with special assignments.

HPRAC operated without a Chief Operating Officer for a major part of the fiscal year. We were pleased to be joined in late March, 2005 by **Brian O'Riordan**, who has a strong background in the health sector, and in both public and private sector organisations. Brian now serves as Executive Coordinator.

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 and 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).

Operations

During the latter part of fiscal year 2003 / 2004, and the first few months of 2004/2005, HPRAC was essentially in hiatus: new Order-in-Council appointments and/or re-appointments were not made, and by May, 2004, the agency had only one of the minimum five to seven members required by the *RHPA*. No Ministerial referrals had been made for some time and as a consequence public service staff members employed by HPRAC were transferred to the Ministry of Health and Long-Term Care on various temporary assignments. The Chief Operating Officer position, which was vacant, was not filled. Operating files and equipment were stored both on and off-site. The office was closed, and the premises leased to an external organization.

In May 2004, the new Minister, Hon. George Smitherman, began the Council appointment process necessary to restore HPRAC and by November 2004, the process was completed and HPRAC was

reconstituted as required by statute, with a full complement of governors.

HPRAC's offices were re-opened in September, 2004, and staff members returned from their temporary assignments to re-establish the secretariat. Steps were undertaken to establish a new records management system with the support of the Ministry, and equipment was updated. Terms of reference for the appointment of an Executive Coordinator were established, and the position was classified within the public service.

*Accountability
Issues*

Along with the re-establishment of HPRAC, the newly appointed Chair learned that there were several outstanding accountability matters to be dealt with. Annual reports had not been completed for several years. Business plans had not been filed. A Memorandum of Understanding to clarify the operational, administrative, financial, auditing, and reporting arrangements between HPRAC and the Minister and the Ministry had not been renewed. The completion of these outstanding matters was undertaken as a priority. A multi-year annual report, summarizing financial and project activities of HPRAC was submitted to the Minister in November, 2004. Business plans and financial and operating projections for the period 2004-2007 were submitted for approval in principle to Council in December, 2004. Subsequently, these plans were refined, reflecting the February 7, 2005 letter of referral to HPRAC from the Minister, and were approved by Council at its February, 2005 meeting.

The Memorandum of Understanding has not yet been executed, but a draft has been submitted by HPRAC to the Ministry for consideration and discussion.

The role of the Ministry is to provide HPRAC with administrative support as required, to assist in the facilitation of procurement, contract and human resources approvals, to provide information respecting health professions regulation, and to provide the financial resources necessary for HPRAC to fulfil its mandate. The Ministry has assisted HPRAC in the re-establishment of its offices, and provided equipment updates and records management support. It assisted the Council search committee in the selection of a new COO, and in approval of business cases and contracts for external advisors. Since HPRAC's re-establishment, an internal financial tracking system has been established so that HPRAC has timely information relating to cash flow and actual and committed expenditures, so the agency can meet its fiduciary obligations.

Criteria for Regulation

The previous Health Professions Regulatory Advisory Council had engaged in an extensive examination of the criteria for regulation of health professions, and completed a report which was submitted to the Ministry but not made public. The new Council considered the report, and adopted the following criteria for regulation of new professions under the *RHPA* at its January, 2005 meeting, based on the *RHPA* public interest principles, the Health Professions Legislative Review (HPLR), a literature review and the consultation program undertaken in 2003. The criteria for regulation of new professionals are as follows:

1. Risk of Harm

A substantial risk of physical, emotional or mental harm to individual patients/clients arises in the practice of the profession.

2. Sufficiency of Supervision

A significant number of members of the profession do not have the quality of their performance monitored effectively; either by supervisors in regulated institutions, by supervisors who are themselves regulated professionals, or by regulated professions who assign this professions' services.

3. Alternative Regulatory Mechanism

Regulation under the *RHPA* must be a more appropriate means to regulate the profession than other means.

4. Body of Knowledge

The members of this profession must call upon a distinctive, systematic body of knowledge in assessing, treating or serving their patients/clients. The core activities performed by members of this profession must be discernible as a clear and integrated whole and must be broadly accepted as such within the profession.

5. Educational Requirements for Entry to Practice

To enter the practice of the profession, the practitioner must successfully complete a post-secondary program offered by a recognized educational institution. The educational program must be available in Canada.

6. Leadership's Ability to Favour the Public Interest

The profession's leadership has shown that it will distinguish between the public interest and the profession's self-interest and in self-regulating will favour the former over the latter.

7. Membership's support and willingness to be regulated and likelihood of complying with regulation

The members of the profession support self-regulation for themselves with sufficient numbers and commitment that widespread compliance is likely. The practitioners of the profession are sufficiently numerous to staff all committees of a governing body with committed members and are willing to accept the full costs of regulation. At the same time, the profession must be able to maintain a separate professional association.

8. Economic impact of regulation

The profession must demonstrate an understanding and appreciation of the economic impact of regulation on the profession, the public and the health care system.

9. Public need for regulation

The profession must demonstrate that a significant public need would be met through regulation.

In addition to considering the criteria for regulation of health professions, Council also adopted criteria for the inclusion of a new controlled act in the *RHPA*, based on the *RHPA* public interest principles, the HPLR criteria, the criteria used in other Canadian jurisdictions and past HPRAC reports, as follows:

1. Risk of Harm

- The nature and extent of harm either inherent in the act or when the act is applied to select populations must be significant

2. Alternative Regulatory Mechanism

- Including the act in the *RHPA* must be a more appropriate response than institutional or other controls

3. Sufficiency of Supervision

- The act must be practiced without direct supervision or supervision exercised through institutional and/or agency protocols

4. Appropriate Enforcement

- The restriction on the act must be enforceable

5. Education and Training

- Practitioners must be adequately trained in current educational programs to perform the act

6. Economic considerations

- Prohibitive costs or unreasonable rigidities should not be imposed on the health care delivery system by controlling the act

Letter of Referral, February 7, 2005

Minister Smitherman made a major referral to HPRAC in February 2005, requesting the Council to provide advice by March 31, 2006 (subsequently changed to April 30, 2006) on a number of issues. The following excerpt is from the Minister's letter:

" Your advice is sought on the following matters, which are ranked in order of priority:

A. Previous HPRAC Reports and Advice

1) The currency of, and any additions to, recommendations made by the Council as part of the "5 year review" of the "RHPA" contained in it's report *Adjusting the Balance*

2) The currency of, and any additions to, the Council's recommendations in relation to the Colleges' quality assurance programs and patient relations programs

3) The currency of, and any additions to, the Council's recommendations in relation to Colleges' complaints and discipline procedures

4) The currency of, and any additions to, the Council's recommendations in relation to optometrists prescribing therapeutic pharmaceutical agents

B. The Regulation of New Professions

1) Whether pharmacy technicians/ assistants should be regulated under the RHPA, including what their scope of practice should be, what controlled acts, if any, they should be authorized to perform, and any protected titles

Additionally, whether it is appropriate that pharmacy technicians be regulated under the *Pharmacy Act, 1991*.

- 2) Whether homeopaths should be regulated under the RHPA, including what their scope of practice should be, what controlled acts, if any, they should be authorized to perform, and any protected titles, and whether it is appropriate that homeopaths be regulated under an existing profession specific act
- 3) Whether kinesiologists should be regulated under the RHPA, including what their scope of practice should be, what controlled acts, if any, they should be authorized to perform, and any protected titles, and whether it is appropriate that kinesiologists be regulated under an existing profession specific act.

C. Psychotherapy

- 1) Whether psychotherapy should be an additional controlled act under the *RHPA* and if so, which regulated professionals 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 specific act.

D. Personal Support Workers

- 1) 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.

E. Controlled Acts/ Scope of Practice

- 1) 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 specification

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.

- 2) 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.

F. New College Operations

- 1) Whether there are any impediments in the RHPA or the profession specific acts to a shared services business model for new professions for whom the financial demands of regulation are onerous, but where the public interest would be served by regulation eg. joint annual payment processes between new colleges or new college with an existing college."

The request for advice, within a very limited time-frame brought with it the need for an efficient and transparent approach that would engage stakeholders to the greatest extent possible in consideration of the issues.

HPRAC began its work by establishing subcommittees to deal with the issues, as follows:

Legislative Framework: Chaired by Mary Mordue, this Committee is responsible for consideration of the five-year-review recommendations, quality assurance, patient relations, new college models, and complaints and discipline issues.

New Professions: Chaired by Barry Brown, this Committee reports 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 deals with issues relating to opticians, optometrists, and hearing aids.

Mental Health Therapies: Chaired by Kevin Doyle, this Committee is reviewing issues relating to psychotherapy and psychotherapists.

Patient Relations: Chaired by Davies Bagambiire, this Committee reports to Council on HPRAC's statutory requirements to monitor College's Patient Relations programs.

Committee Reports

1. Legislative Framework:

The Legislative Framework Committee's mandate is two-fold. First, with respect to the referral letter from the Minister of Health to HPRAC, we are conducting research and consultations in the areas of the Five Year Review, Quality Assurance and Patient Relations Programs, Complaints and Discipline Procedures and New College Models. Second, the work of the other committees of HPRAC will report their findings and recommendations to the Legislative Framework Committee so that a coordinated report, including a comprehensive overview of legislative changes required to support the recommendations of Council, can be prepared. The Committee is chaired by Mary Mordue and includes Barbara Sullivan, Council Chair, and Peter Sadlier-Brown. Staff support is provided by Sheila Mawji, Policy Analyst.

In 2004, the Committee reviewed the previous Council's recommendations regarding the Five Year review of the *RHPA*. The Committee required supporting documentation to understand the rationale behind the recommendations in the previous Council's report, and has received excellent support from the Colleges and professional Associations as well as the Federation of Colleges on which to build a solid base for our consultative process. A literature and jurisdictional review will provide the Committee with extensive material on best practices and experiences from other jurisdictions. Several emerging issues, including coordinated care provided by a range of practitioners, alternative delivery methods, the impact of technology and changing practice patterns, and health human resources issues, introduce new challenges that will require Council to ensure that the parameters set out in the *RHPA's Procedural Code* continue to promote effectively the public interest.

The Committee extends its appreciation to the Colleges, and professional Associations for their willingness to participate fully in our process and also acknowledges the efforts made by individual stakeholders and members of the public, who have shared information that is pertinent to our work.

In fiscal 2005, we will continue with the literature and jurisdictional review, design a detailed consultation process and continue to work towards the timelines outlined by the Minister to be in a position to provide him with recommendations in the spring of 2006.

Mary Mordue, Chair

2. New Professions

Upon the restructuring of the HPRAC 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, Peter Sadlier-Brown, Ennis Fiddler and Barry Brown, Chair. Deanne Montesano, Policy Analyst, assists the Committee.

Members of Council began to prepare themselves 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 the professions of Homeopathy, Kinesiology and Pharmacy Technician should be regulated under the *Regulated Health Professions Act*, and issues related to the possible regulation of Personal Support Workers. The Minister asked that HPRAC's advice be received by March 31, 2006.

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 will be available by April 2005, to be followed by stakeholder engagement in mid-summer and public consultations in late summer of 2005.

Barry F. Brown, PhD, 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. Deanne Montesano, Policy Analyst, provides 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. Responses to the questionnaires are expected in late April 2005, followed by a round of written submissions in June, and a stakeholder engagement process in the summer. Public consultations are to follow.

Ennis Fiddler, Chair

4. Mental Health Therapies:

The Mental Health Therapies Committee is chaired by Kevin Doyle and includes Mary Mordue and Barbara Sullivan. The Committee has responsibility for steering HPRAC's developmental work on two of the questions posed by the Minister of Health and Long-Term Care in his letter of February 7, 2005, namely: "Whether psychotherapy should be an additional controlled act under the *RHPA* and if so, which regulated professions should have psychotherapy in their scopes of practice and how should standards be set and measured;" and "Whether psychotherapists should be regulated under the *RHPA* as a profession, what their scope 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 work on this referral has been intense and concentrated. The Committee is working with external advisors who provide research, consultation and policy development services to explore the broad range of issues that must be examined. It has been involved in information sessions with some regulatory Colleges whose members currently provide psychotherapy services. It has reviewed definitions of psychotherapy and methods of regulation employed in other jurisdictions and overseen development of a questionnaire to solicit input from selected key informants. Looking ahead, the Committee will host a workshop in July 2005 for the development of a discussion paper for public consultation. Public consultations on these complex issues will commence following the distribution of the paper.

Kevin Doyle, Chair

5. Patient Relations:

The Patient Relations Committee began its work shortly after the full Council was constituted in the Fall of 2004. The mandate of this Committee flows from section 11(2) of the *RHPA*, which states, "It is the Advisory Council's duty to monitor each College's patient relations program and to advise the Minister about its effectiveness." The Committee reviewed HPRAC's 2001 report on the effectiveness of Colleges' patient relations programs and noted that the programs were not fully developed and, as a result, the evaluation was limited to an assessment of likelihood of effectiveness. Committee members include Davies Bagambiire, Chair, Barry Brown and Barbara Sullivan. Sheila Mawji, Policy Analyst, supports the Committee.

The Committee determined that a framework needed to be developed for patient relations programs, which in turn would allow development of key performance indicators, which could be used to monitor effectiveness of the programs. To this end, the Committee commissioned a survey of public expectations of Colleges' patient relations programs and a review of patient relations programs in other jurisdictions.

With guidance from the Committee, consultants were hired and briefed, the studies were planned, questionnaires were developed and research was conducted. Findings from these studies will be used by the Committee in a consultation process with the health regulatory colleges in early 2006.

Davies Bagambiire, Chair

*Financial
Report*

The Ministry of Health and Long-Term Care provides administrative/financial services to the Health Professions Regulatory Advisory Council, including expenditure reports. The Council's budget is contained within the Ministry's 'Health Human Resources Division'. For the fiscal period ending March 31, 2005 HPRAC's expenditures were:

Salary and Wages	\$ 216,900
Benefits	22,600
Operating expenses	<u>161,300</u>
Total:	<u>\$ 400,800</u>

Health Professions Regulatory Advisory Council
Suite 806, Box 18
55 St. Clair Avenue West
Toronto, Ontario
M4V 2Y7
Telephone: 416-326-1550
Fax: 416-326-1549
www.hprac.org
HPRACWebMaster@moh.gov.on.ca

