



## Executive Director's Message



# A glimpse at some big legislative changes for healthcare providers of Ontario

Amongst the potential topics I pondered for my article was an update on the recently passed Bill 171, *The Health System Improvement Act*. Introduced by the Ontario government in December 2006, and given Royal Assent in June 2007, this legislation results in amendments to about 45 statutes and includes significant changes to the Regulated Health Professions Act, 1991 (RHPA). But having seen so much already written and distributed to MLTs about the new Act, I dismissed the idea.

explore its recommendation to regulate lab assistants under the CMLTO umbrella.

Regulation is an extremely complex topic that is, and will continue to be, influenced by a multitude of factors: concern for public safety; economics; human resource strategies; public policy, just to name a few. The OSMT's position at the present time is one of caution. At the time of writing, the Society is completing a survey through an independent and impartial research firm, to help us determine an appropriate course for the Society to take with respect to regulation.

requires that every college maintain a website where the public can have access to certain portions of the information collected.

- The College's register will also include personal information (e.g. date of birth) about registrants to help the government with health human resource planning. Such information will not appear on the public register.
- Mandatory reporting has been expanded from the obligation to report sexual abuse and employment termination due to misconduct, incompetence, or incapacity. Once the provisions are implemented, operators of facilities (employers) and other practitioners will be obligated to report College registrants who they believe to be incompetent or incapacitated significantly enough to require restrictions to practice.
- In addition, regulated health professions will also have a duty to self-report certain situations. For example, any 'finding' by a court of having committed an offence that may not be relevant to professional practice. Findings of professional negligence or malpractice must also be self-reported. The regulatory body is to determine whether an individual finding should or should not appear on the public register.

For a more comprehensive explanation of these activities, please refer directly to the *Focus* publication.

The CMLTO has plans to go on the road with a MLT 'linkage' strategy. We expect this will be an opportunity for the College to promote regulation with the laboratory assistants/technicians. If invited, we encourage you to attend these sessions, to ask a lot of questions, and to listen closely to the answers. Your future depends on it.

The following page summarizes some highlights from Bill 171 and should be of interest to all, both from the professions' and the public's standpoints. ❖

If, at the end of the day, MLA/Ts become 'regulated health professionals' then Bill 171 will have a direct impact on them ...

Then this morning the latest issue of *Focus* – the College of Medical Laboratory Technologists' (CMLTO) newsletter – arrived in the mail. I noticed that once again there were several articles about Bill 171. As I read the articles, the penny dropped. With all the talk about the potential regulation of lab assistants/technicians, shouldn't this information be communicated to them as well? How much do our MLA/T members know about this and why should they care?

I'll step back for a moment to provide some background.

Over the last several years, a significant amount of interest has emerged in the potential regulation of laboratory assistants/technicians. Many discussions have taken place between the OSMT, the regulatory body for MLTs – the College of Medical Laboratory Technologists of Ontario (CMLTO) – and other stakeholders. The CMLTO has taken a position that the regulation of MLA/Ts under the RHPA is in the public interest. In November 2005, the College sent a formal request to the Minister of Health and Long-Term Care to make a referral to the Health Professions Regulatory Advisory Council (HPRAC) to

If, at the end of the day, MLA/Ts become 'regulated health professionals' then Bill 171 will have a direct impact on them – impact that should be considered as part of the educational process in understanding professional regulation.

The government's objectives of Bill 171 are to promote greater accountability, to better protect patients, to promote public health, and to increase patient access to services. Overall, the changes are positive from a regulatory perspective, many of which the OSMT supported through the consultative process that took place during the RHPA review.

The Summer-Fall 2007 issue of the CMLTO's *Focus* highlights the College's current activities in responding to the directives in *The Health System Improvement Act* relative to the new RHPA. To summarize briefly:

- The information contained in the College's register will be expanded to include a broader range of notations on matters to do with discipline, negligence, malpractice, and incapacity. The RHPA's *Health Procedural Code* also



# Bill 171, Health Systems Improvement Act – an overview of its impact on the Regulated Health Professions Act

*This article originally was published in the February/March 2007 issue of Dispatch magazine. Reprinted with the permission of the Royal College of Dental Surgeons of Ontario.*

Following are the highlights of the changes, in no particular order of importance:

- merger of the complaints and investigations process into one new committee called Inquiries, Complaints and Reports Committee (ICR Committee);
- requirement that every College have a website and that it include all of the public information required to be on the public portion of the Register;  
Most significantly, to date the Minister has resisted the expansion of the public portion of the Register to include the facts of a complaint and the decision of the Complaints Committee.
- separation of the quality assurance program from the complaints and discipline function of the college;
- enhancement of college's educational mandate;
- elected Council members to enjoy a maximum number of years of services;
- restriction of the use that complainants may make of any prior history they may learn as a result of receiving disclosure in a complaints process;
- closer reporting relationship between the Registrar and Minister of Health;
- mandatory requirement to assist the Minister in human resource planning;
- expansion of time for college to investigate a complaint;

- reduction of the length of notice provided to college members who will be revoked, if they fail to pay fees within two months to 30 days;
- change to three the quorum required for a panel Discipline Committee panel for a prehearing;

This proposed change will have a dramatic effect on our process and is not something we would support. This College's view has historically been that, in a prehearing, the member wants to meet in an informal way with a dentist member of Council. Increasing the number required to three will have a serious impact on that approach.

- definition of incompetence has been refined to essentially be deficient knowledge, skills or judgment, reserving reckless conduct or intentional conduct to professional misconduct.
- streamlining the fitness to practice process with the removal of the board of inquiry and replacing it with a healthcare assessor;

The Bill proposed to require all practitioners and all facilities to report all professional misconduct, incompetence, or incapacity. The enhanced mandatory reporting obligation appears to apply to facility operators, but what a facility is not defined.

- colleges will be required to pass regulations with respect to standards, instead of doing it by way of bylaw or guidelines;
- several new colleges are to be created, including kinesiology, naturopathy, homeopathy and psychotherapy, to join the new College of Traditional Chinese

Medicine and Acupuncture Practitioners of Ontario;

- creation of an Assistant Chief Medical Officer of Health whose responsibility will be to address infection control matters;  
This will likely have implications in the healthcare facilities of a dental office.
- responsibility for water safety has been removed from the Ministry of Environment over to the Ministry of Health, in response to recommendations made around the Walkerton inquiry;  
This too may have as yet unknown implications for dental offices.
- some provisions under the Drug and Pharmacies Regulation Act to permit pharmacists to prescribe, under certain circumstances;  
This is part of the effort by the health ministry to increase inter-professional joint collaboration.
- increase in the powers of the Chief Medical Officer of Health so that, if he or she is of the opinion that a situation exists anywhere in Ontario that constitutes or may constitute a risk of health of any person, he or she may investigate the situation and take any action that he or she considers appropriate.  
As you can see, there is a massive work ahead over the next year. However, all in all, the process for change has been transparent and inclusive.  
Our College is pleased to have been involved at the highest levels to offer advice in the construction of the principles, and we look forward to having a continued presence. ❖