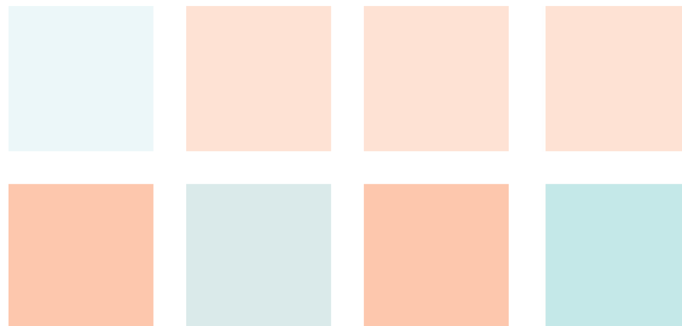
RNAO Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario
Speaking out for health. Speaking out for nursing.



Free Trade Agreements: A Bad Deal for the Public, a Bad Deal for Nurses

Speaking Notes for Bill 175, the Ontario Labour Mobility Act, for the Standing Committee on Justice Policy

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Good morning. My name is Doris Grinspun, and I am the Executive Director of the Registered Nurses' Association of Ontario (RNAO). RNAO is the professional organization for registered nurses who practise in all roles and sectors across Ontario. Our mandate is to advocate for healthy public policy and for the role of registered nurses in shaping and delivering health services. With me today is Rob Milling, the Director of Health and Nursing Policy at RNAO.

We are here to express the strong concerns that nurses have about Bill 175, the Labour Mobility Act, 2009.

First, I want to say something about trade deals. Bill 175 fulfils an obligation dating back to 1994 and the signing of the Agreement on Internal Trade by Canadian governments. The AIT, like the trade deals before and after it, and most recently the deal that Ontario signed with Quebec several months ago, was negotiated behind closed doors, with no transparency and no input from the public. Sadly, the limited public hearings that this Bill is seeing today is yet another example – a bill that has such far-reaching implications for social, environmental and health care policies and programs, as well as nursing and all other professions. Such legislation should have thorough public consultation across the province.

Too often, these trade deals are about deregulation and making it easier for private interests to reap the benefits of potential business and prevent

governments from acting in the public interest, whether it is our public not-for-profit health care system or child care or protecting our environment.

Two quick examples: Canada's ban on the gasoline additive MMT [Methylcyclopentadienyl manganese tricarbonyl] was reversed in the face of a NAFTA challenge. Dow has challenged under NAFTA Quebec's ban on the harmful substance 2,4-D. Both bans were implemented to protect public health.

We count on our governments to act in the public interest, providing us with health care, education, essential services and protection from harm. By opening the door to deregulation, trade agreements shift power away from the public interest, and towards the private interests of individual investors and profit-seekers.

Nurses, and most Ontarians, do not want regulations governing the practice of health professionals reduced to the lowest common denominator. But we are concerned that Bill 175 pushes in that direction.

Proponents of Bill 175 describe it as a tool to enhance labour mobility between Ontario and other provinces and territories. The RNAO supports the free movement of persons within Canada, and the right of qualified persons to work in their chosen profession across Canada. But Canadians already enjoy the constitutional right to live and work where they want.

By guaranteeing the right to have one's credentials recognized in other Canadian provinces or territories, Bill 175 is the beginning of a slippery slope, one that can undermine the capacity of the College – in our case the College of Nurses of Ontario – to regulate professions.

In fact Bill 175 applies to nurses, and the patients we serve, in a very direct way. Section 33 specifically amends the Regulated Health Professions Act, 1991, to eliminate any barriers established by the College that may prevent someone with "equivalent" qualifications from working in Ontario.

As we read this provision, we are shocked by its implications for RN preparation in Ontario. As we understand it, if a RN without a baccalaureate degree from another jurisdiction like Manitoba applies to the College of Nurses of Ontario and is not accepted, she would be able to complain to her own provincial or territorial government. That government could in turn challenge the Ontario government and, if the complaint is upheld, the government of Ontario could be liable for a penalty of, we understand, up to $5 million. Then the government will be able to recoup the amount of that penalty from the College itself.

What this means, de facto, is the College will be paralyzed, because of prohibitively large penalties, from doing their legislatively mandated job of protecting the public. Faced with not being able to afford the economic consequences, the College will feel obliged to accept all applicants from other

jurisdictions. RN credentials from other jurisdictions would then be accepted whether or not they met the Ontario baccalaureate entry-to-practice requirement. This is a serious problem.

As you know, based on strong evidence of improved client outcomes, the Ontario Conservative government introduced the baccalaureate requirement in 2001, and the evidence continues to mount in favour of this requirement. Nursing is a knowledge profession. Nurses have the knowledge, competencies and skills ever in demand when caring for patients with increasingly complex and acute needs.

The ramifications are serious and damaging to the public. If out-of-province RNs were able to enter Ontario without meeting provincial entry-to-practice standards [they can move, but currently must meet Ontario standards], this would undermine Ontario's move to BScN entry to practice. This would dilute the share of Ontario RNs who were baccalaureate-prepared, and also provide a perverse incentive for some nursing students to get their credentials in the jurisdiction with the least-demanding educational requirements. The real effect would be a downward harmonization of educational standards to the lowest common denominator which would compromise the quality of care Ontarians receive from RNs.

Ontario RN students would be held to a higher educational standard than some of their non-Ontario counterparts. This also speaks to fairness. This would be a

huge step backwards. This is not the time to relax professional entry-to-practice requirements.

I wish to emphasize that nursing students in general recognize the advantage to their practice in being degree-prepared RNs and would accordingly choose this educational route anyway, but the pressure to harmonize standards downwards cannot help but have some impact on overall standards. What we will see, though, is

a decline in applicants to nursing programs as many women and men interested in a baccalaureate level education will look to other university-prepared professions and careers.

We are also concerned that Bill 175 is an unnecessarily blunt instrument. Are barriers to labour mobility so significant that such a strong instrument is required? Apparently, there have been 26 complaints under the AIT about barriers to mobility in the 13 years since 1996, and 23 of the 26 have been withdrawn. That does not suggest an urgent need for a legislative hammer. What is the hurry?

There are several other problems that have not been worked out. Monitoring of out-of-province standards is much more difficult to do than monitoring in-province standards. How will the public be protected if credentials from all jurisdictions must be accepted when the local credentialing body cannot easily verify the quality of training in the other jurisdictions?

With the onus of monitoring and assessing qualifications falling on the regulatory bodies, the Colleges, the Bill imposes the additional burden of large fines and penalties for non-compliance. With the limited resources of the Colleges we ask who will end up paying in the end? The answer is individual members of the College.

Given the fundamental flaws in Bill 175, RNAO has the following recommendations:

1. **That the government withdraw Bill 175 for the purpose of full public consultations with adequate notice and hearings across the province;**

2. **Amend s.33 of Bill 175 to explicitly preserve the right of health profession colleges to maintain and/or create standards, and place the burden of proof for unreasonable mobility barriers on the party challenging the standards. In particular, the Bill must preserve the baccalaureate entry-to-practice requirement for all RNs entering Ontario.**

3. **Continue to promote mutual recognition agreements between jurisdictions.**

4. **Severely limit the liability that regulatory authorities have to fines and penalties for deemed non-compliance with the Act.**

We wish to thank the members of the Standing Committee for their invitation to present here today, and thank you for your attention.