

June 29, 2006

Hon. George Smitherman
Minister of Health and Long-Term Care
80 Grosvenor St.
Toronto, ON M7A 2C4

Dear Minister Smitherman,

The Registered Nurses' Association of Ontario (RNAO) is the professional organization for registered nurses who practice in all roles and sectors across Ontario. Our mandate is to advocate for healthy public policy and for the role of registered nurses in serving the public. It is in the context of this mandate that RNAO is pleased to provide feedback to the Ministry on HPRAC's New Directions Report.

Registered nurses are the single largest group of health-care professionals in the province. The legislative environment in which we work has an impact on our practice, and our relationships with other health-care professionals.

RNAO and its members are very supportive of the Registered Health Professionals Act (RHPA) and the fundamental concepts that underlie the legislation – protection of the public and self-regulation. This legislative context has accommodated many advances in nursing over the last 14 years. While the structure of the legislation with overlapping scope of practice, self-regulation, and protection of the public remains current, the legislation does require some changes to keep up with the changing practice environment.

We have attached comments in the form that the Ministry requested. This letter provides an overview of our responses to the report. While we are supportive of the overall direction of the report, we have serious concerns about the regulation of personal support workers (PSWs). In particular, we believe that a move to regulate this group of workers will negatively impact health outcomes and compromise patient safety.

We are concerned that HPRAC's recommendations in some areas are not specific enough, and in others that proposed consultations should not delay necessary changes in regulation or legislation. The attached feedback forms present our views on regulation of personal support workers, definition of psychotherapy and educational requirements, prescriptive authority for nurse practitioners, alternative dispute resolution, and mandatory reporting.

We strongly support the following recommendations in the report:

Chapter 7, Recommendation 1 and Chapter 2, Recommendations 49 and 50

- That psychotherapy and psychotherapists be regulated under the RHPA.
- Recommendation 49 adds the following definition to section 1 of the RHPA:

- “bodily harm means any harm, hurt, or injury, whether physical, psychological or emotional, that interferes in a substantial way with the integrity, health or well-being of an individual”.
- Recommendation 50 amends the “harm clause” to include a reference to serious bodily harm.

Background

RNAO supports the regulation of psychotherapy because of the risk of harm associated with it. RNAO supports HPRAC’s approach to regulation. It accomplishes a number of important objectives: protection of the public from harm; ensuring access to psychotherapeutic services for the population; providing for existing professional colleges to set standards and educational requirements for psychotherapy; and, not requiring dual registration for professionals with the college of psychotherapy and their own colleges.

Chapter 2, Recommendations 52 and 53

- These recommendations provide title protection for nurse practitioners.

Background

In Ontario, the title Nurse Practitioner is widely used. Other jurisdictions have already protected the Nurse Practitioner title.

Chapter 2, Recommendation 56

- This recommendation requires the Ministry to set accountability standards for its performance in the regulation process.

Background

Nursing practice has been unduly constrained by delays in the regulatory process. The most obvious example is the constraints on RN(EC)s’ practice both by the process for determining diagnostic and prescriptive authority, but also by delays in the regulatory process. Delays in the current regulatory system of approval hamper RN(EC)s’ practice and Ontarians’ access to timely health care from the appropriate provider.

While we support the following recommendation, we are disappointed that it is not more specific and does not have timelines attached to it.

Chapter 2, Recommendation 62

- HPRAC recommends the development of a consultation program that will enable each profession to assess the validity and currency of its scope and authorized acts and to report to the Minister with its recommendations.

Background

RNAO had hoped for more progress on expanding RNs' scope of practice in HPRAC's report. We had consulted with our membership, and made the following recommendations on expanding RNs' scope of practice:

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis;
2. Setting or casting a fracture of a bone or a dislocation of a joint;
3. Applying a form of energy prescribed by the regulations under this Act (i.e. RHPA); and,
4. Dispensing a drug as defined in subsection 117 (1) of the Drug and Pharmacies Regulation Act.

RNs should have the authority to perform these acts within nursing scope of practice based on knowledge, skill, and experience. This will ensure timely access to care; reduce the need for delegation; and, support progression of care management in a timely way.

We believe that the report should have recommended mandatory liability coverage. RNAO believes very strongly that mandatory liability coverage serves the interests of nurses and is an important component of the self-regulatory environment. The mandatory nature of the coverage will ensure equality of access to legal assistance for all registrants, regardless of where they practice and what financial resources are available to them. Universal access to legal assistance for nurses will also enhance the fairness and transparency of the discipline process.

We thank the Ministry for the opportunity to provide feedback on these important measures, and look forward to working with you on legislative amendments that will protect the public and improve the health of Ontarians.

With warm regards,

A handwritten signature in black ink, appearing to read "Doris Grinspun", with a long horizontal flourish underneath.

Doris Grinspun, RN, MSN, PhD(c), O.Ont.
Executive Director, Registered Nurses' Association of Ontario



Feedback Form

Health Professions Regulatory Advisory Council (HPRAC) Recommendations

- Please download this template (Microsoft Word) and save on your computer.
- Please complete one template per recommendation and save a copy for your records.
- Do not write in shaded areas.
- Feedback may be submitted anonymously, however, anonymous submissions do not provide ministry staff with any opportunity to seek clarification of comments or concerns.
- The text boxes will expand as necessary.

Please e-mail completed forms by **June 30, 2006** to:

RegulatoryProjects@moh.gov.on.ca (preferred), or

Send by mail to: RHPA Review Project, 80 Grosvenor Street, 8th Floor, Toronto ON M7A 1R3, or

Send by Fax to: 416-327-8879. Thank you.

Organization (if any)	Registered Nurses' Association of Ontario				
Contact Person	Doris Grinspun, Executive Director		E-mail	dgrinspun@rno.org	
			Phone #	(416) 408-5600	
Address	158 Pearl St. Toronto, ON M5H 1L3				
HPRAC Recommendation #	Chapter 2, Recommendation 41			<input type="checkbox"/>	A
RHPA Reference (do not complete)	<input type="checkbox"/> Act	Section _____	Sub clause _____	<input type="checkbox"/> New Profession	<input type="checkbox"/> B
	<input type="checkbox"/> Code	Section _____	Sub clause _____	<input type="checkbox"/> Profession-Specific	<input type="checkbox"/> C
Feedback/ Concern	<p><i>Please describe briefly your (organization's) concern or feedback regarding an identified recommendation from HPRAC.</i></p> <p>This recommendation will require that: matters disclosed during alternative resolution be placed on the register; testimony and documents can be used as evidence in a subsequent RHPA hearing; and, a person appointed to help resolve the matter can be compelled to give testimony at a RHPA hearing.</p> <p>This will be a disincentive for members to participate in alternative resolution. Alternative resolution is most likely to be successful when discussions are confidential and "without prejudice", and therefore cannot be used in future hearings.</p>				

Level of Concern to Your Organization	<i>On a scale of 1 -10, please indicate the relative importance of the matter where 10 represents a recommendation/issue that is a high degree of concern to yourself or your organization and 1 is a matter of lower concern.</i> 7
Proposed Solution/ Alternative	<i>Please provide a description of an alternative solution that may address the concern noted above.</i> Maintain current confidentiality of the alternative resolution.
How does your solution favour the public interest?	<i>Please explain how the proposed solution will favour the public interest.</i> It will maintain alternative resolution as a viable option for members and for the public.



Feedback Form

Health Professions Regulatory Advisory Council (HPRAC) Recommendations

- Please download this template (Microsoft Word) and save on your computer.
- Please complete one template per recommendation and save a copy for your records.
- Do not write in shaded areas.
- Feedback may be submitted anonymously, however, anonymous submissions do not provide ministry staff with any opportunity to seek clarification of comments or concerns.
- The text boxes will expand as necessary.

Please e-mail completed forms by **June 30, 2006** to:

RegulatoryProjects@moh.gov.on.ca (preferred), or

Send by mail to: RHPA Review Project, 80 Grosvenor Street, 8th Floor, Toronto ON M7A 1R3, or

Send by Fax to: 416-327-8879. Thank you.

Organization (if any)	Registered Nurses' Association of Ontario				
Contact Person	Doris Grinspun, Executive Director		E-mail	dgrinspun@rno.org	
			Phone #	(416) 408-5600	
Address	158 Pearl St. Toronto, ON M5H 1L3				
HPRAC Recommendation #	Chapter 2, Recommendations 42-46			<input type="checkbox"/>	A
RHPA Reference (do not complete)	<input type="checkbox"/> Act	Section _____	Sub clause _____	<input type="checkbox"/> New Profession	<input type="checkbox"/> B
	<input type="checkbox"/> Code	Section _____	Sub clause _____	<input type="checkbox"/> Profession-Specific	<input type="checkbox"/> C
Feedback/ Concern	<p><i>Please describe briefly your (organization's) concern or feedback regarding an identified recommendation from HPRAC.</i></p> <p>These recommendations expand the obligation for mandatory reporting of sexual abuse to include misconduct, incapacity, or incompetence. This reporting requirement continues to extend across health professions.</p> <p>We have concerns about the ability of individual professionals to comply with this requirement as it requires familiarity with the definition of misconduct across at least 21 professions. For example, the Nursing Act includes 37 acts of misconduct. If the other professions had similar numbers, it would require each regulated health professional to be familiar with about 800 acts of misconduct. We have some concerns about the ability to identify incompetence and incapacity across</p>				

	<p>professions. This change also has the potential to increase the numbers of frivolous or vexatious complaints. Perhaps most importantly from a public-interest perspective, this requirement has the potential to undermine collegiality and interdisciplinary cooperation.</p>
<p>Level of Concern to Your Organization</p>	<p><i>On a scale of 1 -10, please indicate the relative importance of the matter where 10 represents a recommendation/issue that is a high degree of concern to yourself or your organization and 1 is a matter of lower concern.</i></p> <p>7</p>
<p>Proposed Solution/ Alternative</p>	<p><i>Please provide a description of an alternative solution that may address the concern noted above.</i></p> <p>Maintain the current standards for nurses which require a report to the college or the employer if the actions of another place a patient in imminent risk.</p>
<p>How does your solution favour the public interest?</p>	<p><i>Please explain how the proposed solution will favour the public interest.</i></p> <p>It is a more workable alternative that will enhance collaborative practice.</p>



Feedback Form

Health Professions Regulatory Advisory Council (HPRAC) Recommendations

- Please download this template (Microsoft Word) and save on your computer.
- Please complete one template per recommendation and save a copy for your records.
- Do not write in shaded areas.
- Feedback may be submitted anonymously, however, anonymous submissions do not provide ministry staff with any opportunity to seek clarification of comments or concerns.
- The text boxes will expand as necessary.

Please e-mail completed forms by **June 30, 2006** to:

RegulatoryProjects@moh.gov.on.ca (preferred), or

Send by mail to: RHPA Review Project, 80 Grosvenor Street, 8th Floor, Toronto ON M7A 1R3, or

Send by Fax to: 416-327-8879. Thank you.

Organization (if any)	Registered Nurses' Association of Ontario				
Contact Person	Doris Grinspun, Executive Director		E-mail	dgrinspun@rnao.org	
			Phone #	(416) 408-5600	
Address	158 Pearl St. Toronto, ON M5H 1L3				
HPRAC Recommendation #	Chapter 2, Recommendation 63			<input type="checkbox"/>	A
RHPA Reference (do not complete)	<input type="checkbox"/> Act	Section _____	Sub clause _____	<input type="checkbox"/>	B
	<input type="checkbox"/> Code	Section _____	Sub clause _____	<input type="checkbox"/>	C
Feedback/Concern	<p><i>Please describe briefly your (organization's) concern or feedback regarding an identified recommendation from HPRAC.</i></p> <p>This recommendation proposed to begin consultations that explore regulatory options for extending the role of nurses in the field of anaesthesiology and to make recommendations to the Minister. The College of Nurses of Ontario currently has the authority to propose regulation of nurse anaesthetists. The required legislative and regulatory changes have been drafted and are being circulated among members of the College and forwarded to the Ministry.</p>				
Level of Concern to Your Organization	<p><i>On a scale of 1 -10, please indicate the relative importance of the matter where 10 represents a recommendation/issue that is a high degree of concern to yourself or your organization and 1 is a matter of lower concern.</i></p>				

	10
Proposed Solution/ Alternative	<p><i>Please provide a description of an alternative solution that may address the concern noted above</i></p> <p>Use the existing regulatory process.</p>
How does your solution favour the public interest?	<p><i>Please explain how the proposed solution will favour the public interest.</i></p> <p>Holding up the regulatory process pending an unnecessary consultation process will delay the regulatory changes that will enhance health care for Ontarians and further the government's health care transformation agenda.</p>



Feedback Form

Health Professions Regulatory Advisory Council (HPRAC) Recommendations

- Please download this template (Microsoft Word) and save on your computer.
- Please complete one template per recommendation and save a copy for your records.
- Do not write in shaded areas.
- Feedback may be submitted anonymously, however, anonymous submissions do not provide ministry staff with any opportunity to seek clarification of comments or concerns.
- The text boxes will expand as necessary.

Please e-mail completed forms by **June 30, 2006** to:
RegulatoryProjects@moh.gov.on.ca (preferred), or
 Send by mail to: RHPA Review Project, 80 Grosvenor Street, 8th Floor, Toronto ON M7A 1R3, or
 Send by Fax to: 416-327-8879. Thank you.

Organization (if any)	Registered Nurses' Association of Ontario				
Contact Person	Doris Grinspun, Executive Director		E-mail	dgrinspun@rno.org	
			Phone #	(416) 408-5600	
Address	158 Pearl St. Toronto, ON M5H 1L3				
HPRAC Recommendation #	Chapter 2, Recommendation 72			<input type="checkbox"/>	A
RHPA Reference (do not complete)	<input type="checkbox"/> Act	Section _____	Sub clause _____	<input type="checkbox"/> New Profession	<input type="checkbox"/> B
	<input type="checkbox"/> Code	Section _____	Sub clause _____	<input type="checkbox"/> Profession-Specific	<input type="checkbox"/> C
Feedback/Concern	<p><i>Please describe briefly your (organization's) concern or feedback regarding an identified recommendation from HPRAC.</i></p> <p>This recommendation calls for further discussion and assessment of the options by HPRAC for drug/lab lists. While this might be appropriate for some professions, it is not necessary for nursing. The College of Nurses of Ontario has proposed changes to the Nursing Act and its regulation required to amend the prescriptive authority of RN(EC)s. Changes to the regulation are being circulated to members of the College, in preparation for forwarding them to the Minister.</p> <p>The experience of RN(EC)s with the existing regulatory framework for drug and lab lists shows that it does not enhance or enable collaborative practice, limits</p>				

	<p>application of emerging technology and best practices, and restricts access to more economical and/or effective treatments for patients.</p> <p>A class based list may be appropriate for some professions, but will not assist nurse practitioners to meet the needs of patients given the breadth of patient populations they care for. Any recommendation that moves no further than a class or category list simply maintains the status quo and does not the address the barriers of the list based approach.</p>
<p>Level of Concern to Your Organization</p>	<p><i>On a scale of 1 -10, please indicate the relative importance of the matter where 10 represents a recommendation/issue that is a high degree of concern to yourself or your organization and 1 is a matter of lower concern.</i></p> <p>10</p>
<p>Proposed Solution/ Alternative</p>	<p><i>Please provide a description of an alternative solution that may address the concern noted above.</i></p> <p>Consistent with the recent recommendations of the CNO, remove prescriptive and diagnostic authority lists from regulation. Nurse practitioners need open prescriptive authority based on the concept of self-regulation and competencies.</p>
<p>How does your solution favour the public interest?</p>	<p><i>Please explain how the proposed solution will favour the public interest.</i></p> <p>These changes are consistent with the intent of protecting the public interest in that it enables the nurse practitioner to meet patient needs with the most effective and efficient medication/treatment within an evidence-based approach to care. It will increase access to primary health care, consistent with the government's health-care transformation agenda.</p>



Feedback Form

Health Professions Regulatory Advisory Council (HPRAC) Recommendations

- Please download this template (Microsoft Word) and save on your computer.
- Please complete one template per recommendation and save a copy for your records.
- Do not write in shaded areas.
- Feedback may be submitted anonymously, however, anonymous submissions do not provide ministry staff with any opportunity to seek clarification of comments or concerns.
- The text boxes will expand as necessary.

Please e-mail completed forms by **June 30, 2006** to:

RegulatoryProjects@moh.gov.on.ca (preferred), or

Send by mail to: RHPA Review Project, 80 Grosvenor Street, 8th Floor, Toronto ON M7A 1R3, or

Send by Fax to: 416-327-8879. Thank you.

Organization (if any)	Registered Nurses' Association of Ontario				
Contact Person	Doris Grinspun, Executive Director		E-mail	dgrinspun@rnao.org	
			Phone #	(416) 408-5600	
Address	158 Pearl St. Toronto, ON M5H 1L3				
HPRAC Recommendation #	Chapter 5, Recommendation 1			<input type="checkbox"/>	A
RHPA Reference (do not complete)	<input type="checkbox"/> Act	Section _____	Sub clause _____	<input type="checkbox"/> New Profession	<input type="checkbox"/> B
	<input type="checkbox"/> Code	Section _____	Sub clause _____	<input type="checkbox"/> Profession-Specific	<input type="checkbox"/> C
Feedback/ Concern	<p><i>Please describe briefly your (organization's) concern or feedback regarding an identified recommendation from HPRAC.</i></p> <p>RNAO is fully supportive of the role of personal support workers (PSWs) and recognizes that they are integral to providing a comprehensive spectrum of care for Ontario's population. Compassionate, dedicated, and hard-working PSWs provide an essential service to many individuals. They assist clients in a variety of settings with routine activities of daily living such as laundry, housekeeping, shopping, feeding, bathing, dressing, transferring, and continence care.</p> <p>PSWs do not, however, meet HPRAC's criteria for self-regulation of health</p>				

professions in Ontario in that they do not practice from a distinctive, systematic body of knowledge in assessing, treating or serving clients.¹ As the College of Nurses of Ontario has noted:

The work of PSWs is directed by a plan of care developed by a regulated care provider. The PSW does not organize the care plan, but is responsive to it in supporting the client. The PSW does not perform an assessment. The circumstances in which a PSW may perform treatments are carefully prescribed under the direction and supervision of a regulated health professional. Most importantly, where the PSW receives instruction in performing activities that may be within the nursing scope of practice, the instruction is tailored to individual clients. The PSW does not have the educational training to transfer these skills to other clients.²

PSWs do not have the breadth and depth of education, knowledge, or skills necessary to independently assess, treat, or serve clients, which is constitutive of a self-regulating health profession.

2. Compromised Access to PSW Services

Recognizing supply challenges, the Caplan Report recommended that barriers to entering the home care workforce be removed by allowing employers to bridge workers to achieve PSW qualifications within a certain period of time from hiring.³ However, the requirement for regulation of PSWs disregards Caplan's important recommendations, and would exacerbate a shortage of PSWs in all sectors across the province, especially in rural and remote areas.

3. Compromises Patient Safety and Health Outcomes

RNAO is gravely concerned that PSW regulation could prove harmful to the public's safety, as it would serve to further confuse employers and regulated staff regarding their appropriate utilization. This is of particular concern because the complexity of clients' care needs have increased across all sectors, staffing needs have increased, and government cost-containment initiatives have intensified. Combined with these realities, regulation will likely result in increased mis-utilization of PSWs, compromised care and safety of clients, and worsened health outcomes.

It is essential that PSWs provide only those services that they are competent to perform.

There is clear evidence that allowing less-skilled workers to perform nursing

¹ Health Professions Regulatory Advisory Council (2006). **Personal Support Workers in Ontario—Discussion Guide**. Toronto: Author, section 2.7.

² College of Nurses of Ontario (2006). **Response to Consultation Discussion Guide on Issues Relating to the Ministerial Referral on Personal Support Workers**. Toronto: Author, p. 4.

³ Caplan, E. (2005). **Realizing the Potential of Home Care: Competing for Excellence by Rewarding Results**. Toronto: CCAC Procurement Review, p. 29.

functions is fraught with potential for harm. The increasingly complex health needs of an aging population compounds this risk for harm. Research on staffing models and patient outcomes has shown the clear link between knowledge and skill levels and patient outcomes. The evidence is available in all health-care sectors including hospital, long-term care, and community settings. For example, hospitalized patients who received a higher proportion of hours of care provided by RNs had shorter lengths of stay, and lower rates of urinary tract infections, pneumonia, shock, cardiac arrest, and failure to rescue.⁴ An Ontario study of 19 teaching hospitals showed a higher proportion of regulated nursing staff was associated with better health and satisfaction outcomes,⁵ as well as lower rates of medication errors and wound infections.⁶ More direct RN care in a study of nursing-home residents was associated with improved patient outcomes such as fewer pressure ulcers, hospitalizations, and less weight loss.⁷ A Canadian randomized trial demonstrated the efficiency and effectiveness of having nurses provide preventive care and health promotion in addition to usual home care services by showing improved patient outcomes, including improved mental health functioning.⁸ The cost-effectiveness of community home nursing provided by RNs has been demonstrated by improved clients' knowledge, behaviour, and status outcomes at discharge.⁹ ¹⁰ The inappropriate use of less-skilled personnel to care for clients with increasingly complex needs, driven by an environment that is organized around short-term savings, will prove more expensive in human suffering and long-term costs to the health-care system.

⁴ Needleman, J., Buerhas, P., Mattke, S., Stewart, M., & Zelevinsky (2002). Nurse-Staffing Levels and the Quality of Care in Hospitals. **New England Journal of Medicine**. 346 (22), pp. 1715-1722.

⁵ McGillis Hall, L., Doran, D., Baker, G., Pink, G., Sidani, S., O'Brien-Pallas, L., & Donner, G. (2003). Nurse Staffing Models as Predictors of Patient Outcomes. **Medical Care**. 41 (9), pp. 1096-1109.

⁶ McGillis Hall, L., Doran, D., & Pink, G. (2004). Nurse Staffing Models, Nursing Hours, and Patient Safety Outcomes. **Journal of Nursing Administration**. 34 (1), pp. 41-45.

⁷ Horn, S., Buerhaus, P., Bergstrom, N., & Smout, R. (2005). RN Staffing Time and Outcomes of Long-Stay Nursing Home Residents. **American Journal of Nursing**. 105 (11), pp. 58-70.

⁸ Markle-Reid, M., Weir, R., Browne, G., Henderson, S., Roberts, J. & Gafni, A. (2003). **Frail Elderly Homecare Clients: The Costs and Effects of Adding Nursing Health Promotion and Preventive Care to Personal Support Services**. Ottawa: Canadian Health Services Research Foundation. http://www.chsrf.ca/final_research/ogc/markle_e.php

⁹ O'Brien-Pallas, L., Doran, D., Murray, M., et al. (2001). Evaluation of a Client Care Delivery Model, Part 1: Variability in Nursing Utilization in Community Home Nursing. **Nursing Economic\$,** 19 (6), pp. 267-276.

¹⁰ O'Brien-Pallas, L. Doran, D., Murray, M., et al. (2002). Evaluation of a Client Care Delivery Model, Part 2: Variability in Client Outcomes in Community Home Nursing. **Nursing Economic\$,** 20 (1), pp. 13-21, 36.

¹¹ Saint Elizabeth Health Care (2006). **Response to Consultation Discussion Guide on Issues Relation to the Ministerial Referral on Personal Support Workers**. Markham: Author, p. 6.

¹² Ontario Association of Non-Profit Homes and Services for Seniors (2006). **Response to Consultation Guide on Issues Relating to the Ministerial Referral on Personal Support Workers**. Woodbridge: Author, p. 4.

¹³ Registered Nurses' Association of Ontario (2005). **RNAO Submission to CCAC Procurement Review**. Toronto: Author, p. 7.

¹⁴ College of Nurses of Ontario (2005). **Practice Guideline: Working with Unregulated Care Providers**. Toronto: Author, p. 12.

	<p>Our colleagues at Saint Elizabeth Health Care have noted that “in our experience, there are few situations where delegation of a controlled act is included in the tasks assigned to the personal support worker.”¹¹ PSWs’ performance of delegated controlled acts should remain exceptional, non-routine events that are carefully supervised by a regulated health professional. In the rare circumstances where delegation is appropriate, it is essential that staffing and other resources are in place to enable the regulated health professional to fully monitor the care provided to the client and ensure ongoing competency of the PSW to perform the delegated controlled act. Delegating controlled acts may result in higher staffing needs to protect patient safety.</p> <p>With increasing client and patient acuity in all sectors, it is not the time to be increasing the scope of duties to areas that exceed the breadth and depth of PSWs’ knowledge and competence. As our colleagues from the Ontario Association of Non-Profit Homes and Services for Seniors have observed, the increased acuity of residents in long-term care homes should be leading to a higher ratio of registered nursing staff.¹² There should be adequate regulated nursing staff in every sector to practice nursing science directly and to supervise PSWs in activities of daily living care in order to ensure patient safety and optimal health outcomes.</p> <p>Risks to patient safety will not be resolved by inappropriate regulation, but they may be ameliorated by sufficient funding to enable appropriate levels of staffing of regulated and non-regulated staff. For example, in contrast to a competitive bidding system characterized by casualization of the home-care workforce,¹³ patient safety, quality patient care, and cost-effectiveness will all be improved by continuity of care provided by a dedicated, permanent staff enabled by multi-year, stable funding. There should be best practice incentives for employers who have training, supervision, and evaluation processes in place to ensure exemplary client care.</p> <p>Personal support workers need to be supervised so that they can be supported in providing excellent PSW services that pertain to the activities of daily living. Delegation of controlled acts requires particular vigilance, as it is the responsibility of the health professional who is delegating the controlled act to decide whether it is safe to delegate a particular procedure to a PSW in a specific context.¹⁴ Given the trend of employers seeking to replace more highly skilled, and more expensive, regulated health professions with lower-paid employees such as PSWs by broadening their scope of work,ⁱ regulated staff may increasingly be placed in the untenable position of having to negotiate “new normals” of permissible risk. Increasingly diffuse responsibility for increasing numbers of unregulated providers, in a resource-constrained environment, for clients with increasingly complex needs is a recipe for compromised client safety and demoralized regulated staff. Regulation of PSWs would only serve to worsen an already extremely difficult reality, as employers could then download all responsibility to the individual care givers.</p>
Level of	<i>On a scale of 1 -10, please indicate the relative importance of the matter where 10</i>

Concern to Your Organization	<i>represents a recommendation/issue that is a high degree of concern to yourself or your organization and 1 is a matter of lower concern.</i> 10
Proposed Solution/ Alternative	<i>Please provide a description of an alternative solution that may address the concern noted above.</i> Do not regulate PSWs. Instead of self-regulation, other mechanisms to protect the public from harm should be explored. A foundation for their work should be a common educational program that is standardized among institutions providing PSW training to ensure competence for basic and routine care. Strengthening existing regulatory safeguards and existing legislation, and ensuring sufficient resources for enforcement—including adequate funding and staffing, and instituting whistle-blower protection ¹⁵ —would all contribute to safeguarding the public.
How does your solution favour the public interest?	<i>Please explain how the proposed solution will favour the public interest.</i>

¹ Health Professions Regulatory Advisory Council (2006). **Personal Support Workers in Ontario—Discussion Guide**. Toronto: Author, section 2.7.

² College of Nurses of Ontario (2006). **Response to Consultation Discussion Guide on Issues Relating to the Ministerial Referral on Personal Support Workers**. Toronto: Author, p. 4.

³ Caplan, E. (2005). **Realizing the Potential of Home Care: Competing for Excellence by Rewarding Results**. Toronto: CCAC Procurement Review, p. 29.

⁴ Needleman, J., Buerhas, P., Mattke, S., Stewart, M., & Zelevinsky (2002). Nurse-Staffing Levels and the Quality of Care in Hospitals. **New England Journal of Medicine**. 346 (22), pp. 1715-1722.

⁵ McGillis Hall, L., Doran, D., Baker, G., Pink, G., Sidani, S., O'Brien-Pallas, L., & Donner, G. (2003). Nurse Staffing Models as Predictors of Patient Outcomes. **Medical Care**. 41 (9), pp. 1096-1109.

⁶ McGillis Hall, L., Doran, D., & Pink, G. (2004). Nurse Staffing Models, Nursing Hours, and Patient Safety Outcomes. **Journal of Nursing Administration**. 34 (1), pp. 41-45.

⁷ Horn, S., Buerhaus, P., Bergstrom, N., & Smout, R. (2005). RN Staffing Time and Outcomes of Long-Stay Nursing Home Residents. **American Journal of Nursing**. 105 (11), pp. 58-70.

⁸ Markle-Reid, M., Weir, R., Browne, G., Henderson, S., Roberts, J. & Gafni, A. (2003). **Frail Elderly Homecare Clients: The Costs and Effects of Adding Nursing Health Promotion and Preventive Care to Personal Support Services**. Ottawa: Canadian Health Services Research Foundation. http://www.chsrf.ca/final_research/ogc/markle_e.php

⁹ O'Brien-Pallas, L., Doran, D., Murray, M., et al. (2001). Evaluation of a Client Care Delivery Model, Part 1: Variability in Nursing Utilization in Community Home Nursing. **Nursing Economic\$,** 19 (6), pp. 267-276.

¹⁰ O'Brien-Pallas, L. Doran, D., Murray, M., et al. (2002). Evaluation of a Client Care Delivery Model, Part 2: Variability in Client Outcomes in Community Home Nursing. **Nursing Economic\$,** 20 (1), pp. 13-21, 36.

¹¹ Saint Elizabeth Health Care (2006). **Response to Consultation Discussion Guide on Issues Relation to the Ministerial Referral on Personal Support Workers**. Markham: Author, p. 6.

¹² Ontario Association of Non-Profit Homes and Services for Seniors (2006). **Response to Consultation Guide on Issues Relating to the Ministerial Referral on Personal Support Workers.** Woodbridge: Author, p. 4.

¹³ Registered Nurses' Association of Ontario (2005). **RNAO Submission to CCAC Procurement Review.** Toronto: Author, p. 7.

¹⁴ College of Nurses of Ontario (2005). **Practice Guideline: Working with Unregulated Care Providers.** Toronto: Author, p. 12.

¹⁵ Health Professions Regulatory Advisory Council (2006). **Regulation of Health Professions in Ontario: New Directions.** Toronto: Author, p. 242.

ⁱ RNAO has been, since 1998, on record as requesting that government legislate whistle-blower protection for all care providers.



Feedback Form

Health Professions Regulatory Advisory Council (HPRAC) Recommendations

- Please download this template (Microsoft Word) and save on your computer.
- Please complete one template per recommendation and save a copy for your records.
- Do not write in shaded areas.
- Feedback may be submitted anonymously, however, anonymous submissions do not provide ministry staff with any opportunity to seek clarification of comments or concerns.
- The text boxes will expand as necessary.

Please e-mail completed forms by **June 30, 2006** to:
RegulatoryProjects@moh.gov.on.ca (preferred), or
 Send by mail to: RHPA Review Project, 80 Grosvenor Street, 8th Floor, Toronto ON M7A 1R3, or
 Send by Fax to: 416-327-8879. Thank you.

Organization (if any)	Registered Nurses' Association of Ontario				
Contact Person	Doris Grinspun, Executive Director		E-mail	dgrinspun@rnao.org	
			Phone #	(416) 408-5600	
Address	158 Pearl St. Toronto, ON M5H 1L3				
HPRAC Recommendation #	Chapter 7, Recommendations 3 and 15			<input type="checkbox"/>	A
RHPA Reference (do not complete)	<input type="checkbox"/> Act	Section _____	Sub clause _____	<input type="checkbox"/>	B
	<input type="checkbox"/> Code	Section _____	Sub clause _____	<input type="checkbox"/>	C
Feedback/Concern	<p><i>Please describe briefly your (organization's) concern or feedback regarding an identified recommendation from HPRAC.</i></p> <p>We are concerned that the definition of psychotherapy is rooted in a disease- or dysfunction-oriented framework. Psychotherapy is defined throughout the literature as an interpersonal process that involves different treatment approaches (e.g. techniques or interventions such as cognitive behavioural therapy of supportive psychotherapy)¹. Psychotherapy may be a health promotion and/or disease prevention strategy that promotes wellness and functioning.</p> <p>We are also concerned that the additional educational requirement for psychotherapy outlined in Recommendation 15 is not distinguished from the requirements for mental health nursing practice.</p>				

<p>Level of Concern to Your Organization</p>	<p><i>On a scale of 1 -10, please indicate the relative importance of the matter where 10 represents a recommendation/issue that is a high degree of concern to yourself or your organization and 1 is a matter of lower concern.</i></p> <p>8</p>
<p>Proposed Solution/ Alternative</p>	<p><i>Please provide a description of an alternative solution that may address the concern noted above.</i></p> <p>Psychotherapy is the provision of a psychological intervention or interventions, delivered through a therapeutic relationship, for the prevention and treatment of psychiatric illness, as well as to promote mental, behavioural or emotional health and address cognitive, emotional or behavioural disturbances.</p> <p>The regulations should be explicit in maintaining the differences in training required for mental health nursing practice and psychotherapy.</p>
<p>How does your solution favour the public interest?</p>	<p><i>Please explain how the proposed solution will favour the public interest.</i></p> <p>This will ensure that access to treatment to promote health and prevent illness is not limited by the definition in the Act. It will also support practitioners using a wellness approach to psychotherapy.</p> <p>This will ensure that additional and unnecessary educational requirements do not restrict the supply of mental health nurses.</p>

¹ Health Professions Regulatory Advisory Council (2006). **Regulation of Health Professions in Ontario: New Directions.** Toronto: Author, p. 242.