



# COUNCIL FOR ACCESS TO THE PROFESSION OF ENGINEERING

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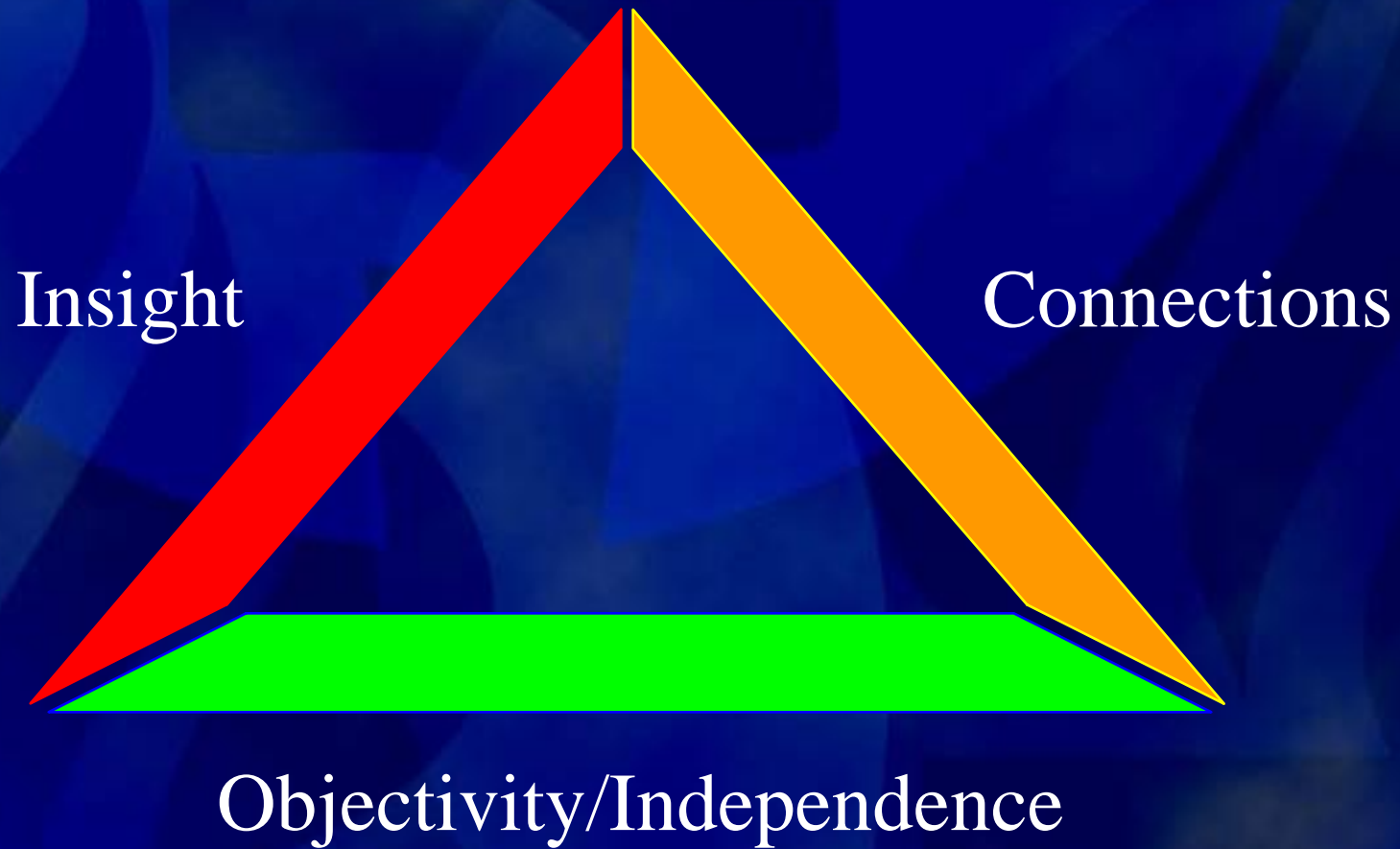


# Presentation Overview

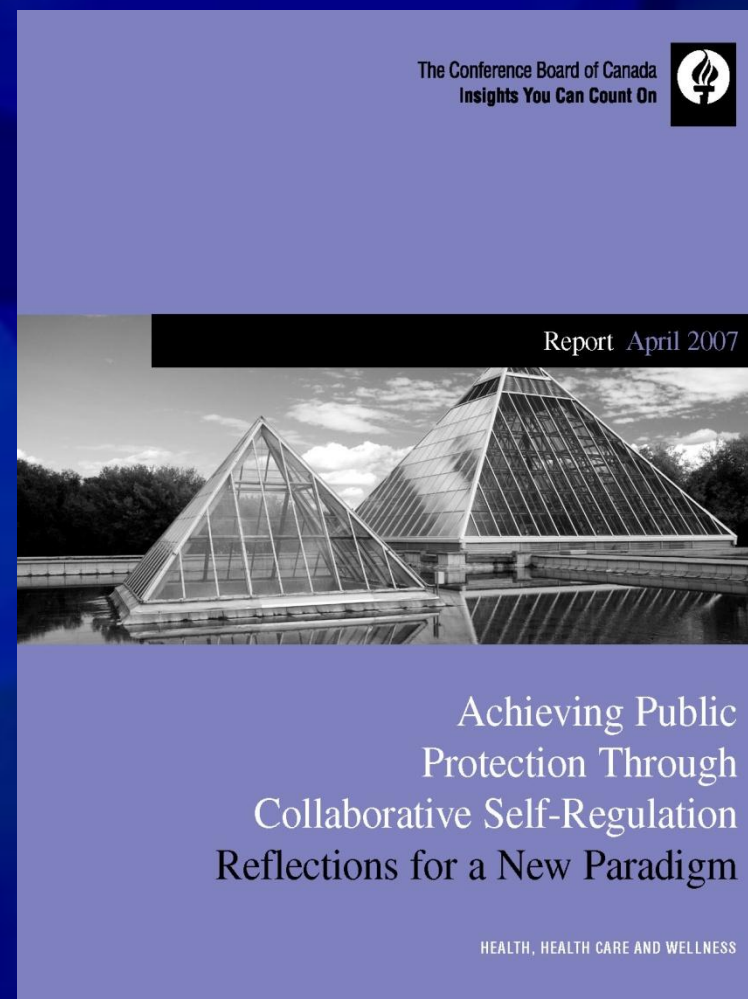
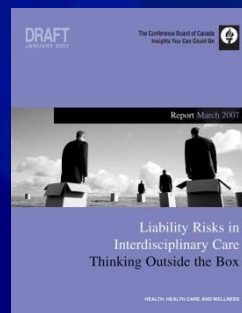
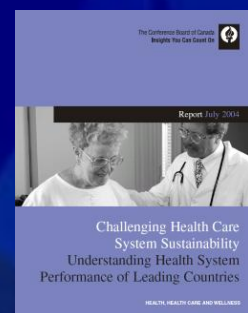
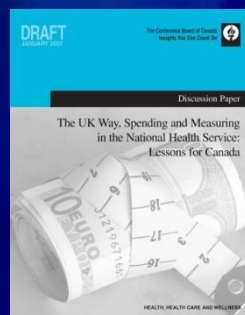
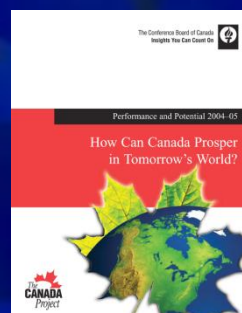
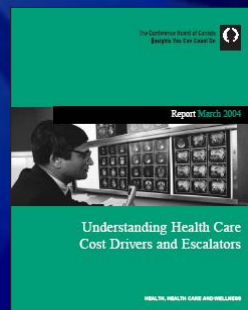
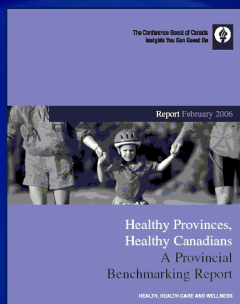
- The Conference Board of Canada: Who we are
- Regulatory and Legislative Barriers to Collaborative Care
- Liability Barriers to Collaborative Care
- Questions



# The Conference Board of Canada Key Attributes



# Legislation/Regulation Report





# Acknowledgements

Team for the preparation of Achieving Public Protection Through Collaborative Self-Regulation—Reflections for a New Paradigm

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# About this Report

- Policy report to examine legislative and regulatory barriers to collaborative practice.
- Primary target audiences are regulators and their associations, health professionals, and policy stakeholders.
- Sponsored by Health Canada, produced by a group of legal and policy experts.



# Methodology

- Review of national, provincial and territorial legislation and regulation governing nine health professions in Canada: Medicine, Nursing, Psychology, Dietetics, Pharmacy, Physiotherapy, Occupational Therapy, Speech-Language Pathology and Audiology and Social Workers.
- A review of international trends: Australia, European Union, France, Germany, New Zealand, Sweden, United Kingdom and the United States.



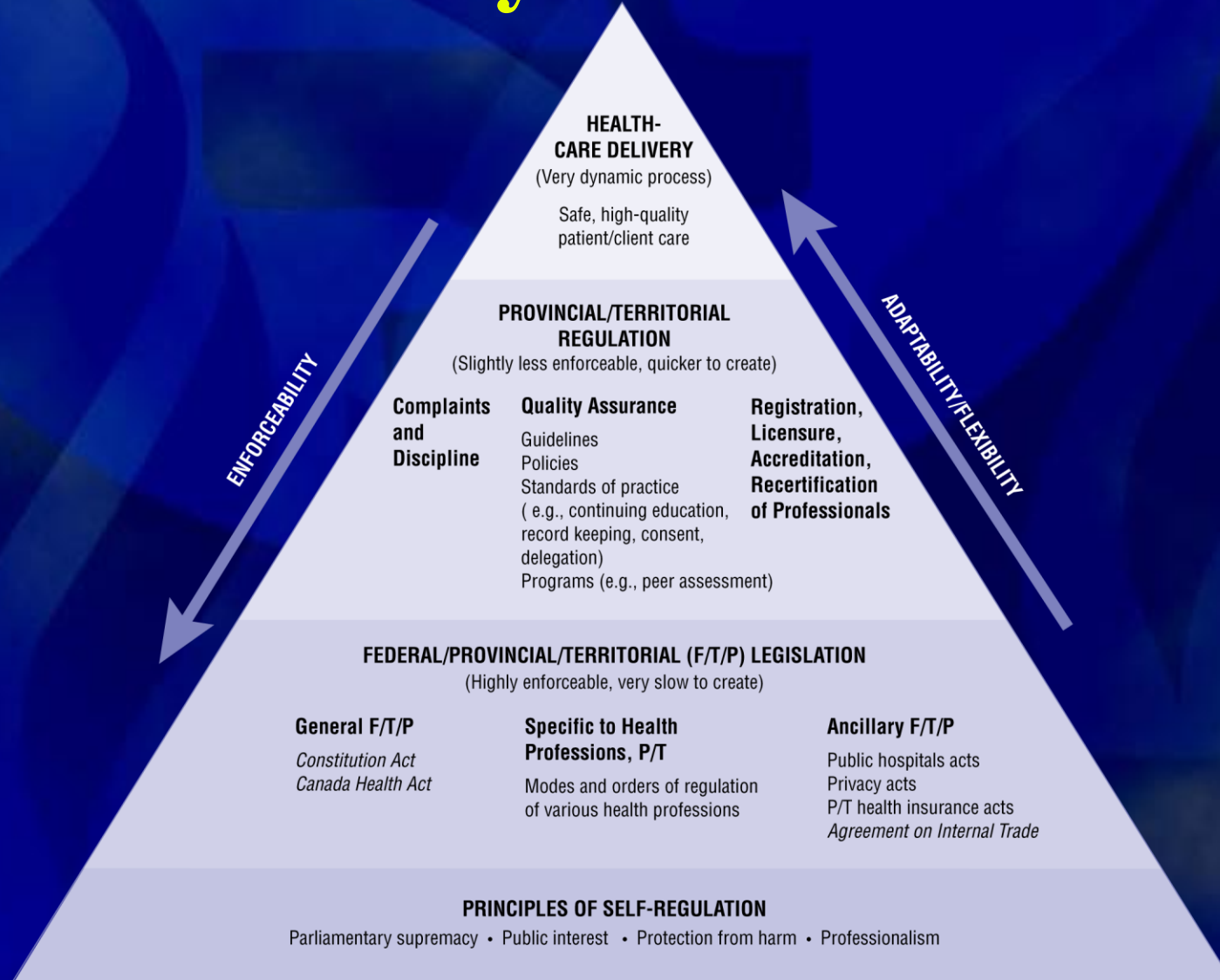
# Methodology (Cont'd)

- Consultation with Canadian Regulators: 48 selected from a stratified random sample: Meeting objectives:
  - a. Identify the key issues in regulation for health care professionals working collaboratively;
  - b. Assist in building a comprehensive research agenda; and
  - c. Discuss the future of self-regulation in Canada.





# Regulation and Canada's Health Care Systems



# Legislation....

## Modes of Regulation:

- Controlled Acts: Ontario (harm clause), British Columbia, Alberta, Quebec (reserved acts).
- Licensure Mode (“scope of practice”): Saskatchewan, Manitoba, Nova Scotia, New Brunswick (private), Newfoundland and Labrador, Prince Edward Island and Territories.



# Orders of Regulation



# The Report Reviews Legislation and Regulation

Based on EICP principles of collaboration:

The report looks at:

- Scope of practice
- Delegation
- Code of ethics (collaboration and communication)
- Consent, privacy and confidentiality





# The Report Reviews Legislation:

- Scope of Practice in the nine professional groups across all provinces and territories.
- Key Learning's for legislation: Definitions, complexity and inconsistencies across professions and disciplines, evolution.
- Questions: Conflict of interest, private acts, why regulate, sustainability and leadership.



# Other Areas Worth Exploring:

- Regulatory trade-offs: population health, best possible care and services, patient/client engagement, access.
- Incorporation.
- Regulatory interface.
- Record keeping.



# A Note on Evaluation

You can not manage what you do not measure.

- Annual reports
- Regulatory indicators



# Key Recommendations

1. End the legislative silence or neutrality.
2. Amend ancillary legislation.
3. Provide Financial Incentives to regulators to develop instruments such as standards for delegation, consent to share information and codes of ethics to support collaborative care.
4. Encourage regulators to work together in the area of quality assurance, complaints and discipline.
5. Federally fund an arm's-length organization dedicated to creating and sharing information among regulators.





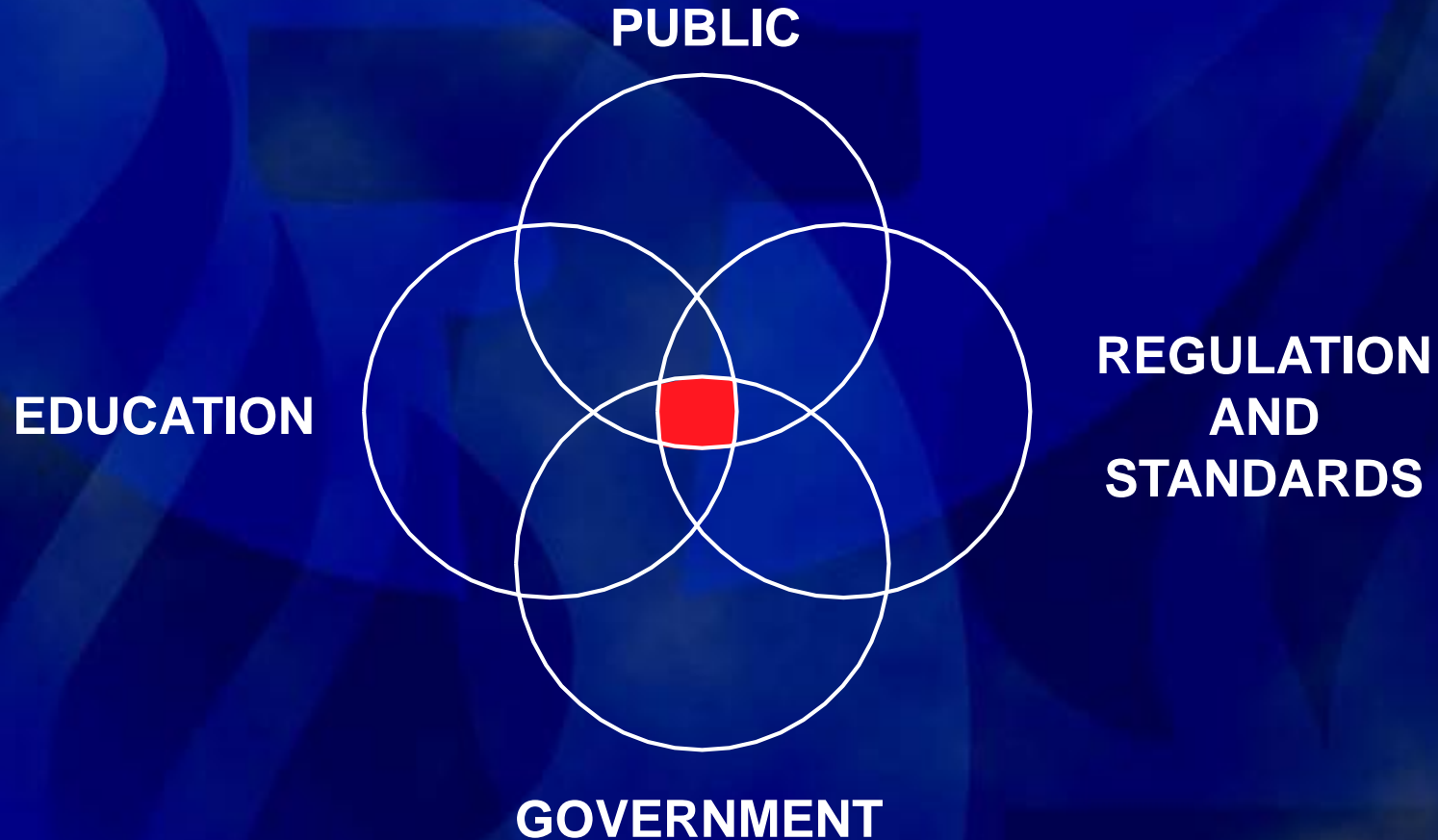
# Key Recommendations (Cont'd)

It should begin with three key functions:

- Develop templates for various regulatory instruments that could be adopted or adapted by regulators.
- Create and maintain a data warehouse to track regulatory indicators such as the level and nature of quality assurance activities, complaints and disciplinary actions, and the cost of regulation.
- Facilitate a continuing scoping review among stakeholders with the mandate to develop and support a pan-Canadian principle-based framework for self-regulation. It should allow for provincial/territorial flexibility and adaptability, while reinforcing the principle of portability in the *Canada Health Act*.



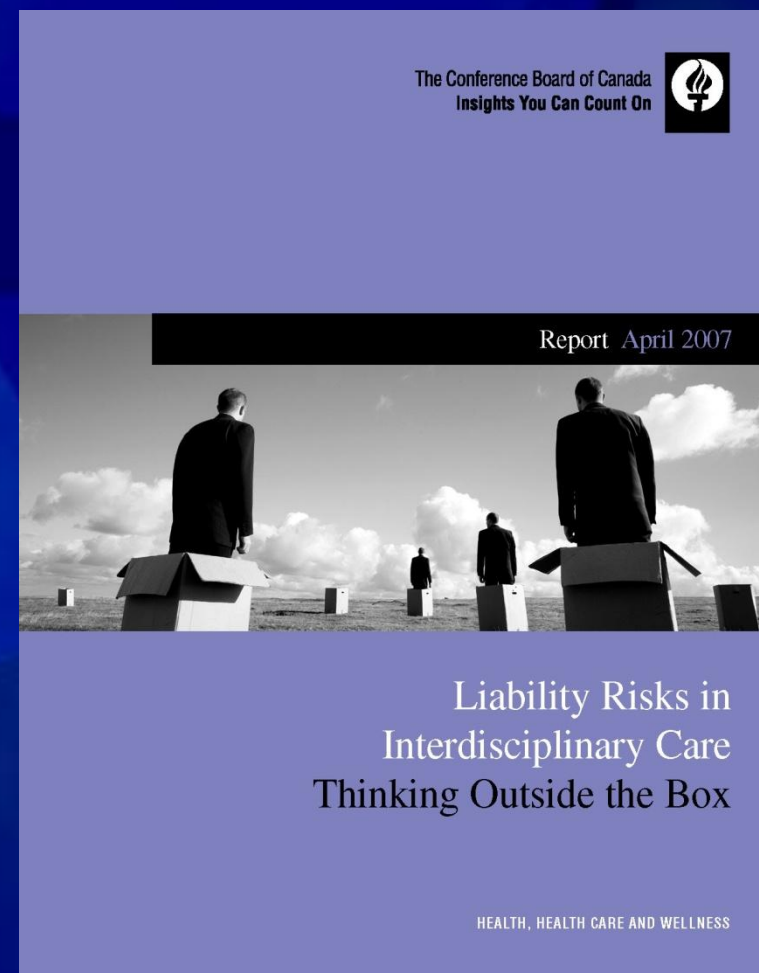
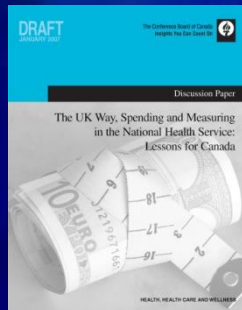
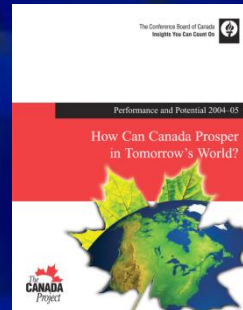
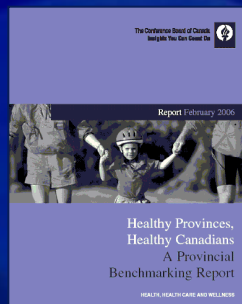
# Asking the Right Question?...Health Human Resources Partnership



# Afterthought

- Regulators do not own all of the problems.
- 8 step implementation plan.
- Regulatory sustainability and crisis of regulation may be step 1.
- UK, Australia.
- Two heads are usually better than one....

# Liability Report





# Key Recommendations (Cont'd)

- Health Professionals need to be aware of, and comply with, policies that govern their interdisciplinary interactions.
- Carriers of liability insurance and protection programs should consider creating a vehicle to exchange aggregate, non-identified data on malpractice liability cases.
- Governments and/or regulators should consider introducing legislation to make liability insurance/protection mandatory for all active (as defined by regulators) health professionals involved in interdisciplinary practices.



# The Conference Board of Canada Insights You Can Count On



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