



Converge3

Integrating health, economic and equity evidence to inform policy

Toward a More Efficient and Effective Regulatory College System

A Converge3 Guidance Synopsis



About this Report

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About Converge3

Converge3 is a policy research centre based in the Institute of Health Policy, Management and Evaluation at the University of Toronto that focuses on integrating health, economic and equity evidence to inform policy. The Centre is funded by the Province of Ontario and includes multiple partner organizations, including Li Ka Shing Knowledge Institute at St. Michael's Hospital, McMaster University, Ottawa Hospital Research Institute, ICES, Health Quality Ontario, Public Health Ontario, and the Ontario Ministry of Health.

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A regulatory college is a body responsible for ensuring that health professionals provide services in a safe, ethical and professional manner. In Ontario, there are 26 regulatory colleges which oversee 29 health professions, collectively including more than 300,000 individual health care professionals. Regulatory colleges have several important functions, such as setting standards and addressing complaints made about conduct. The key legislation concerning health professional regulatory colleges is the Regulated Health Professions Act (RHPA), 1991; other regulatory tools have been added over time. There are also several important non-regulated health workers that are increasingly playing large roles in patient care, such as personal support workers (PSWs).

While the Ontario health care system, the professions working in it, and the relationships between the public and professions have evolved since the passing of the RHPA, the legislation has not been comprehensively reviewed to ensure that it is up to date. Piecemeal amendments to the legislative framework have created a particularly complex landscape for the oversight of the health workforce in Ontario. It is therefore appropriate to consider whether the current system is optimally configured. Converge3 worked with health system stakeholders to identify the following policy research question: “how can the efficiency and effectiveness of the system of regulatory colleges in Ontario be improved?”

Converge3 commissioned the McMaster Health Forum to conduct research addressing the question above. The Forum produced an evidence report entitled “Examining the efficiency and effectiveness of Ontario’s health workforce regulatory system”. The evidence report included a literature review on health workforce oversight, a jurisdictional scan focused on regulatory systems in key comparator jurisdictions (Australia, New Zealand and the United Kingdom), and interviews with key informants. Based on the evidence report, Converge3 developed this guidance synopsis in collaboration with our faculty and advisors to outline policy options relevant for Ontario.

Evidence report summary

The evidence report had several key findings. The literature review identified few publications that directly addressed the policy research question. The jurisdictional scan identified several models of health workforce regulation and approaches to oversight in the comparator jurisdictions, which differ from the current situation in Ontario. In Ontario, health providers regulated under the RHPA self-regulate, while the government directly regulates providers not under the RHPA. The other jurisdictions also self-regulate, but additionally governments and providers may co-regulate, and/or professional associations or authorities set guidance and standards. In the UK, professionals who are not covered by the main professional councils, such as fitness instructors, may voluntarily regulate.

The approach to oversight is also a key difference between Ontario and the comparator jurisdictions. In Ontario, both controlled acts and scope of practice are subject to oversight. A controlled act is an activity that a given category of professionals is permitted to perform. The scope of practice refers to the specific procedures the health care provider may perform under the terms of their license. Some comparator jurisdictions use a competency approach, in which the focus is on the professionals' ability to demonstrate that they have the necessary credentials and have developed an appropriate level of competency to provide a given service. The required education and credentials are emphasized rather than a set scope of practice. Some jurisdictions use a risk-of-harm approach, in which oversight is prioritized by the potential risk that specific services represent to patients. Some jurisdictions employ both a competency and risk-of-harm approach to oversight.

The jurisdictional scan also found that few major overhauls of health-workforce oversight have occurred. Changes are generally incremental and have not made efficiency a focus. Australia and New Zealand have recently implemented changes that will provide efficiency and lead to economies of scale, including consolidation of functions such as registration, complaints management and discipline.

The key informant interviews supported the finding that Ontario is unique in its focus on controlled acts rather than competencies. They also emphasized that the other comparator jurisdictions have made efforts to centralize regulation. The key informants further reported that efforts in Ontario to overhaul regulation have been focused on improving accountability rather than efficiency.

These research findings could represent provide the basis for policy options to improve the

efficiency and effectiveness of health workforce regulation in Ontario:

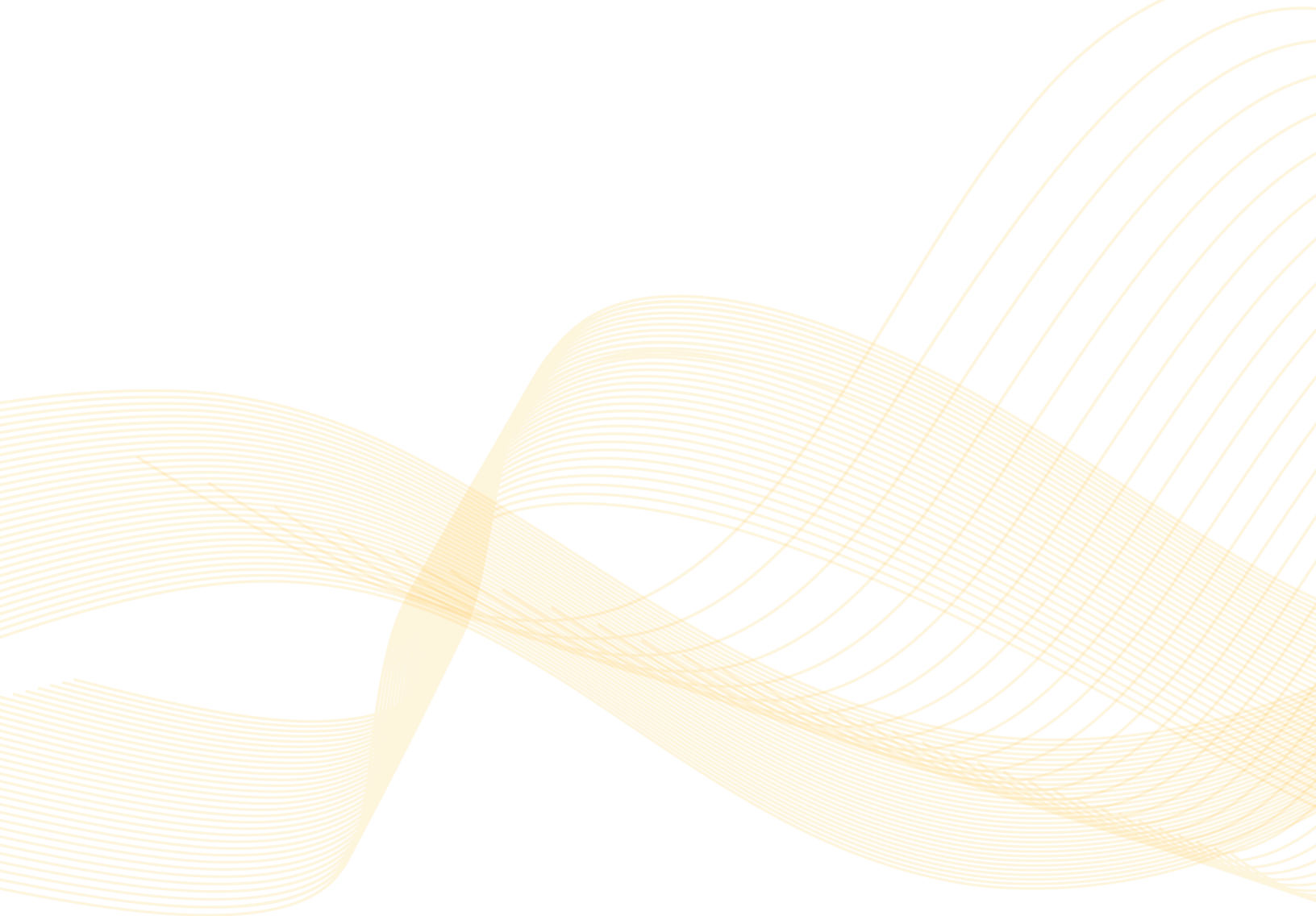
1. Transitioning from an oversight approach based on controlled acts and defined scopes of practice towards competency-based oversight may be more effective and efficient for Ontario than the current system focused on controlled acts and scope of practice.

- As an interim step, existing legislation could be adjusted to simplify approvals for targeted changes to oversight and regulation functions (e.g., continuing competency program requirements could be overseen by the Ministry of Health rather than through a legislative process)
- The CanMeds initiative - along with a similar recent change by Norway - could provide a useful template for the development of a competency-based approach for a category of health professionals

2. Consolidating complaints management and disciplinary functions into a single body may increase responsiveness to public concerns. Moving these functions outside of the regulatory colleges has been previously recommended by the Professional Standards Authority.

3. Consolidation of administrative functions (e.g., co-location; web services; legal services) could improve efficiency and standardization. Ontario could identify opportunities for alternative groupings of health care professionals to improve efficiency. Integration opportunities could present themselves both vertically and horizontally, for example integrating all nursing professionals (professional category) or providers working in rehabilitation (single sector) into single colleges for greater efficiency and standardization.

4. A pan-Canadian approach to health workforce regulation could further improve consistency in regulatory standards across the country. These efforts could build on the current work being led by the BC College of Nurses to build a pan-Canadian registry of nurses.



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