

# **The Regulated Health Professions Act Overview and Guidance Document**

Revised January 18, 2018

## Overview

The Regulated Health Professions Act (RHPA) changes the way health professions in Manitoba are regulated. The RHPA will replace the statutes dealing with the regulated health professions in stages and bring all regulated health professions under one umbrella act.

Self-governance will continue as each profession will have a college, by-laws, a code of ethics and regulations, including standards of practice, and practice directions to govern its members. The difference is the RHPA sets out a list of reserved acts, consistent rules and processes for governance, registration, complaints and discipline processes, as well as regulation and by-law-making authority which apply to all regulated health professions.

The RHPA, among other things, will:

- (1) allow professions to continue to be self-regulating
- (2) continue to place the interests of patients and the public at the centre of the regulatory process
- (3) offer more effective protection for the public by regulating actions or clinical procedures that may present a risk of harm if performed by someone who is not adequately trained
- (4) remove barriers to interdisciplinary practice
- (5) foster greater confidence in the provincial health care delivery system

## Key Provisions of The RHPA

The purpose of this document is to provide a summary of the key components of the RHPA that highlight its objectives to improve public protection, enhance accountability and remove barriers to interdisciplinary practice. It is intended as a guide for health professions and others and is not intended to act as a legal reference.

A policy “workbook” has also been developed for regulators to provide them with additional assistance in writing a policy draft of their College General Regulation and assembling the information required for the Practice Regulation relating to their profession. This information will be used to prepare legal drafts of the regulations, in close consultation with each profession. The workbook identifies the regulation-making authorities under the RHPA and provides information on government policy and expectations for each. It aims to help professions gather and organize required information. It provides some examples of the kind of information that would generally be expected.

## Governance Model

---

The RHPA establishes a clear mandate for all profession regulatory bodies (to be known as “colleges”) to protect the public interest and separate professional advocacy from regulatory activities. Previously, some health professions were functioning in both capacities- as the regulator to protect the public interest and as the association to promote and advocate for the profession. The RHPA requires a separation of these roles and functions in order to avoid a conflict of interest that could occur between the regulatory requirement to protect the public interest and the responsibilities of a professional association to promote the interest of its members.

The RHPA enhances the public interest by requiring that one-third of the members of a college council to be public representatives, that all college websites include specific information to improve public information disclosure and that registration provisions be consistent with *The Fair Registration Practices in Regulated Professions Act*.

## **Registration**

---

The legislation establishes consistent registration provisions for all regulated health professions. Many of the provisions are similar to those in more recent legislation. It also includes appeal provisions for applicants who are refused registration which are consistent with *The Fair Registration Practices in Regulated Professions Act*.

## **Professional Conduct**

---

The RHPA improves consistency and effectiveness in the complaints and discipline process. Flexibility has been built in to address differences in regulatory body membership size and the volume of complaints.

The provisions incorporate principles of fairness and due process across all professions.

## **Patient safety**

---

The RHPA includes a number of provisions directly related to enhancing patient safety.

Each profession is required to set up a continuing competency program and establish standards of practice by regulation. There is also the ability for all colleges to undertake practice audits. This allows colleges to proactively ensure competence and public protection without waiting for a complaint to trigger a review of a member's practice.

All regulated health professionals are required to report a member who is unfit to practice, incompetent, unethical, or suffers from a physical or mental condition or disorder that affects his or her ability to practice. There is an exemption from liability for such disclosures. As well, employers are required to notify colleges when they suspend or terminate a member's employment.

Finally, the complaints and discipline procedures for all regulated health professions are updated to comply with modern legal requirements for administrative bodies. For example, the changes expand the options available to address complaints for a number of regulated health professions.

## **Health Professions Advisory Council**

---

The Health Professions Advisory Council, composed of lay persons appointed by government, is established to provide advice to the Minister of Health, Seniors and Active Living on issues related to regulation - such as the designation of reserved acts and the regulation of new professions.

## Reserved Acts

---

The act sets out a new way of regulating who does what in the provision of health services based on the concept of controlling potentially dangerous acts. Those activities known as reserved acts pose a significant risk of harm or possible harm to the health, safety or well-being of the public. Reserved acts may be performed in the course of providing health care by competent, regulated health care professionals that have been granted specific legislative authority to do so, based on their competence and skills.

There are 21 categories of reserved acts. Examples of reserved acts are – prescribing drugs, cutting into tissue, applying a form of energy for diagnosis (ex: x-rays, CT scans). Many of the reserved acts can be performed by more than one profession and not all professions will be granted reserved acts. A health profession may be granted the right to perform a reserved act if it can demonstrate its members are competent to do so. Profession-specific regulations will set out what specific reserved acts a profession can perform and any limits or conditions on the performance of these acts. This approach provides the ability to extend a profession's scope of practice through regulation to include a wider range of activities when there is a need and if the practitioners are appropriately qualified.

When a college requests authority for its members to be authorized to perform a reserved act, Manitoba Health, Seniors and Active Living (MHSAL) requires the college to demonstrate the competency and appropriateness of its members to perform the reserved act. Using set criteria, each college is required to provide to MHSAL a submission outlining the reserved acts and proposed changes in scope of practice being requested for their profession. For more detailed information, The Regulated Health Professions Act: Reserved Act Requests and Expanded Scope of Practice Proposals document is attached as Appendix A.

Unregulated individuals or classes of individuals have been exempted from the prohibition on performing reserved acts in the RHPA and by regulation under the RHPA. Exemptions to the reserved act restrictions are provided to ensure the public is not prevented from engaging in activities such as: emergency first aid and treating a member of one's own household; training to become a health professional; or, assisting a person with his or her routine daily living activities. They also enable unregulated individuals to continue providing the services they currently provide, such as acupuncture and laboratory services (e.g. venipuncture, operation of diagnostic imaging equipment).

To summarize, reserved acts authorized for a health profession may overlap or be shared with those of other health professions and may also be performed by unregulated persons where an exemption applies. This approach is expected to support enhanced inter-professional and multi-disciplinary practice and increased consumer choice while maintaining patient safety and public protection.

## Scope of Practice Statement

---

Exclusive scopes of practice are associated with a licensing model of regulation and, until recently, have been used in most Canadian jurisdictions. Under this model, scopes of practice are used to define the practice of the profession in order to license individual health professionals. Many jurisdictions have now moved away from using exclusive scopes of practice to encourage inter-professional practice and improve access to health services.

The non-exclusive scopes of practice are intended to overlap professional boundaries and are accompanied by controlled or reserved acts that the profession has the education and clinical competencies to perform. Thus, when regulatory bodies are developing a non-exclusive scope of practice statement, the key criteria is that it should:

1. be brief and descriptive
2. not refer to specific reserved acts
3. avoid using concepts and wording that are imprecise and unclear.

## Standards of Practice

---

All health profession colleges under the RHPA are required to regulate standards of practice, adopt codes of ethics and establish continuing competency standards.

Standards of practice are to describe how a practitioner is to practise at a minimum and they are evidenced by observable behaviours and actions. Practice directions may be used to enhance, explain, add to, or guide members with respect to the content described in the standards of practice or other matters not dealt with in the standards that are relevant to the practice of the profession.

Failure to comply with the act, the by-laws, code of ethics, standards or practice directions (“regulatory instruments”) can all result in discipline under the act. With this in mind, it is important to be clear and concise and to consider how these instruments work together as inconsistencies may lead to difficulties in disciplinary proceedings.

In addition, consistency in key principles and/or language in these regulatory instruments between professions (where appropriate) will support collaborative practice among professions and public understanding of what to expect from health professionals.

For more detailed information, see Appendix B - Codes of Ethics, Standards and Practice Directions under The Regulated Health Professions Act document.

## Practice in Association

---

The RHPA clarifies the conditions under which a health professional may practise in association with one or more other health professionals. Unless restricted by regulation, a health care professional may:

1. practise in association with another member of the same college, a member of any other college or any other person providing health care
2. refer persons to, and receive referrals from, those persons with whom they practise in association

An association is essentially an agreement to share expenses that can range from sharing rent and waiting-room costs only to sharing everything, including staff, equipment, medical supplies and office resources. Associates do not share income. The health care professionals are independent and autonomous, determine their own schedules, and share overhead/costs with their associates.

The act requires a health care professional, who reasonably believes a member of a different regulated health profession with whom he or she is practising in association is unfit to practise or that the practice should be restricted because this individual is suffering from a physical or mental condition or disorder of a nature, to inform the registrar of the other member’s college about that belief and the reasons for it.

## Corporate Practice

---

The RHPA will allow for one or more regulated members of the same regulated health profession to carry on the practice of that profession through a health profession corporation.

Each college will be required to provide for the issue of permits by the registrar to a corporation that wishes to carry on the practice of the regulated health profession if the registrar is satisfied of a number of conditions, including:

- (a) the corporation is incorporated under *The Corporations Act*, and is in good standing under that act
- (b) each voting share of the corporation is both legally and beneficially owned by
  - (i) a regulated member of the college, or
  - (ii) a health profession corporation established for the purpose of carrying on the practice of the same regulated health profession
- (c) each director of the corporation is a regulated member of the college
- (d) the president of the corporation is a regulated member of the college
- (e) each person through whom the corporation will be carrying on the practice of the health profession is a regulated member of the college

A health profession corporation can only practice through regulated members who are authorized under the act to practice the same regulated health profession in Manitoba. A health profession corporation must not carry on any business or activity other than the practice of the regulated health profession and the provision of health care directly associated with the practice of that health profession.

The act stipulates only a health profession corporation can carry on the practice of a regulated health profession except as permitted by the regulations. Regulations under the RHPA allow certain “non-health profession” corporations to employ health professionals to provide health care.

The act provides that both a health profession corporation and a non-health profession corporation, which employs a health professional, must comply with the act and the regulations, as well as the by-law requirements of the college. The fiduciary, ethical and confidentiality requirements of the health professional employed by a corporation apply equally to the corporation.

In the matter of auditing/investigating a complaint or conduct of a member, regulators have authority to enter and inspect premises and records of these corporations (including non-health profession corporations employing a health professional).

# ***The Regulated Health Professions Act:*** **Reserved Act Requests and Proposals for Expanded Scope of Practice**

## **Reserved Acts**

---

The RHPA sets out a new way of regulating who does what in the provision of health services based on the concept of controlling potentially dangerous acts. Those activities that pose a significant risk of harm or possible harm to the health, safety or well-being of the public – known as reserved acts - may only be performed, in the course of providing health care:

- (a) by regulated health care professionals that have been granted specific authority by regulation under the RHPA to do so, based on their competence and skills
- (b) the performance of the reserved act has been delegated to the person by a member of a regulated health care profession described above and in accordance with the delegation provisions set out in section 6 of the RHPA
- (c) the person performing the reserved act
  - (i) has the consent of and is being supervised by member of a regulated health care profession described above and in accordance with regulations made by the member's college and
- (d) is authorized to perform the reserved act by a regulation
- (e) the person is authorized to perform it by or under another enactment, including an existing profession-specific act
- (f) the person is authorized by a ministerial order to perform one or more reserved acts during a public health emergency (see section 7 of the RHPA)
- (g) the person is, or is a member of a class of persons, exempted by regulation under the RHPA or
- (h) the reserved act is done in the performance of an activity exempted in the RHPA. (See section 5 of the RHPA)

Professions will be authorized by regulation made by the Lieutenant Governor in Council to perform specific reserved acts. The performance of these reserved acts will be limited and appropriate to the practice of each profession as well as the individual member's level of competency.

The ability to perform the reserved acts will not be exclusive to any particular health profession and it is intended to encourage the practice of inter-professional care. Thus, a reserved act may be authorized for a number of regulated health practitioners.

The RHPA also allows for the performance of reserved acts through delegation and under supervision.

## **Authorization of a reserved act for a profession:**

Each regulatory body is required to provide to Manitoba Health, Health Living and Seniors (MHSAL) a submission outlining the reserved acts being requested for their profession. The submission should reflect the current “principal expectations of practice” (PEP) of the profession(s) they regulate.

The Federation of Health Regulatory Colleges of Ontario **defines the PEP of a profession** as follows:

*...procedures and services that are generally understood to fall within the scope of practice and authority for a profession. They include those procedures where the knowledge base and clinical practice to competently perform them is provided through entry level programs or is obtained through formal or informal education and clinical experience that expands on baseline competencies provided in entry programs. PEP are dynamic. They are based on what constitutes regular practice and evolve as a function of emerging knowledge, technologies and practices that enable a profession to address patient needs.*

Factors to be considered in determining whether and to what extent a reserved act is currently within the PEP of a profession include the following:

- whether the profession is currently authorized to perform the reserved act independently under its existing profession specific legislation, on order of another health professional (ex: a prescription or test requisition), or by delegation or under supervision.
- the reserved acts authorized for a profession in other provinces and limitations and conditions on the performance of the reserved acts taking into account interprovincial differences in health profession umbrella legislative frameworks
- whether the reserved act is being regularly performed by members in a number of settings or performed in specific circumstances by a limited number of members (may be indicative that the authority to perform the reserved act is currently being delegated rather than being performed under independent authority)
- the required competencies for the performance of the act and the entry-to-practice (didactic and clinical) education, training, clinical experience requirements of the profession as they relate to the reserved act being requested
- the limitations and conditions to be established by the college in relation to the performance of the reserved act

## **Limitations and Conditions on the Performance of Reserved Acts:**

As noted above, the limitations and conditions proposed to be imposed on the performance of a reserved act will be considered in determining the reserved acts to be authorized for a profession.

In addition to limitations included in the profession specific regulation of the Lieutenant Governor in Council about the scope of a reserved act that may be performed by a profession, the RHPA provides for limits and conditions on the performance of reserved acts to be specified by regulation of the council of a college as follows:

### ***Regulations made by council***

221(1) A council may make regulations

- (a) *if members are authorized to perform reserved acts, governing the performance of those reserved acts and specifying classes of members who may perform each act, and the purposes for which, or the circumstances in which, each act may be performed;*
- (b) *if members are authorized to perform the reserved act referred to in section 4, Item 2 (screening or diagnostic tests),*
  - (i) *specifying the qualifications and other requirements that members must have or meet,*
  - (ii) *designating the screening or diagnostic tests that members may order or receive,*
  - (iii) *specifying the circumstances in which members may order or receive those tests;*
- (c) *if members are authorized to perform the reserved act referred to in section 4, Item 6, respecting the prescribing of drugs or vaccines by members, including*
  - (i) *specifying the qualifications and other requirements that members must have or meet,*
  - (ii) *designating the drugs or vaccines or categories of drugs or vaccines that members may prescribe,*
  - (iii) *specifying the circumstances in which members may prescribe each drug or vaccine;*
- (d) *if members are authorized to perform the reserved act referred to in section 4, Item 9, respecting the administering of drugs or vaccines by members, including*
  - (i) *specifying the qualifications and other requirements that members must have or meet,*
  - (ii) *designating the drugs or vaccines or categories of drugs or vaccines that members may administer,*
  - (iii) *specifying the circumstances in which members may administer each drug or vaccine;*
- (e) *respecting*
  - (i) *who may perform reserved acts under clause 5(1)(c) with the consent of a member and under his or her supervision,*
  - (ii) *how members must supervise those persons,*
  - (iii) *governing the performance of reserved acts by those who are being supervised;...*

These limitations and conditions should reflect the PEP of the profession, and should address any concerns identified by the college in the performance of the act by its members.

## **Reserved Act Requests**

---

Health professions must provide a submission to MHSAL with their request to perform a reserved act. All reserved acts being requested may be provided in one submission. The submission should:

- (i) set out the reserved acts being requested
- (ii) outline the required competencies for the performance of the act
- (iii) include the entry-to-practice (didactic and clinical), education, training, clinical experience requirements of the profession as they relate to the reserved act being requested
- (iv) set out the limits and conditions that are to be placed on the performance of the reserved act;
- (v) provide examples of how each reserved act being requested is currently performed by their members
- (vi) indicate for each reserved act being requested whether their members are regularly performing it or whether the reserved act is performed in limited settings by a limited number of members
- (vii) indicate whether the reserved act has been authorized for the profession in any other provinces and the limits and conditions on the performance of the reserved act

11

Where the performance of a reserved act is not currently part of the PEP of a profession, a college must submit a proposal for an expanded scope of practice in accordance with the requirements set out below.

Proposals should also be developed in accordance with the requirements set out below for a practice which is currently delegated to a profession but the college believes it has evolved such that it should be included in the PEP of the profession.

## **Change in scope of Practice Proposals**

---

Where a change in the scope of practice of a profession is being requested, a submission regarding the proposed change must be submitted to MHSAL by the health profession.

MHSAL will be reviewing submissions for a change in scope of practice by a health profession based on the following criteria.

### **1. Relevance to the profession**

The profession must demonstrate that the proposed change in scope of practice provides recognition and authority for existing competencies or will expand the scope practice of the profession. This should include a description of how the requested change in scope of practice is related to the practice of the profession and to the qualifications and competencies of members of the profession.

## **2. Public need and relevance to the health care system**

It must be demonstrated by all parties involved that a significant public need will be met through the proposed change in scope of practice and that it is consistent with trends and changes to the delivery of health care services.

## **3. Risk of harm**

The profession must specify if there will be an increased risk of harm to the public with the proposed change to the scope of practice, how the profession will mitigate the risk, and what safeguards such as evidence-based best practices and the education and competencies of members are required to ensure the health and safety of the public.

## **4. Need for autonomy**

The profession must demonstrate that a change in the scope of practice giving members of the profession the authority to perform a restricted activity autonomously cannot be met by current clinical practices and is required in the provision of patient care.

## **5. Clarity to the public and other professions**

The profession must demonstrate that a change in the scope of practice is understandable to the public and other health professions, and is consistent with inter-professional and collaborative models of care.

## **6. Body of knowledge**

The profession must demonstrate that the members of the profession have or will have the necessary knowledge, skills and judgement to carry out the duties and responsibilities required in the proposed change in scope of practice and that the change is broadly accepted within the profession.

## **7. Economic impact**

The economic impact of the proposed change in scope of practice, including any direct or indirect financial implication, must be taken into consideration by all involved parties. The profession should demonstrate an understanding and appreciation of the economic impact for the profession, the public and the health care system. This must include information respecting the expected effect on practitioner availability, education and training programs, access to service, and the quality, price and efficiency of that service.

## **8. Public interest**

There will be a distinction between the public interest and the profession's self-interest for the proposed change in scope of practice. The public interest will be the priority at all times.

## **9. Compliance with regulation**

The profession must demonstrate that there will be compliance with the regulatory requirements by its membership.

## **10. Consistency of application**

All parties must demonstrate that the proposed change in scope of practice will be applied consistently across the province, employment settings and professions.

## **11.Consultation**

Consultations must be undertaken by the regulatory body with other appropriate health professions and stakeholders on the proposed change in scope of practice and the results of those consultations must be noted in the submission to MHSAL.

## **MHSAL Review Process**

---

The MHSAL review process will involve internal and external stakeholder input on reserved act submissions from colleges as appropriate to assess them based on the previously noted criteria. The Minister of Health, Seniors and Active Living gives final policy approval to reserved act requests and proposed changes in scope of practice, subject to approval of the profession specific regulation setting out the authorized scope of practice for the profession by the Lieutenant Governor in Council. The Minister may ask the Health Professions Advisory Council to provide advice on a reserved act submission.

Instructions/requirements for regulated health professions to submit requests to perform a reserved act can be found in Schedule 1. Schedule 2 outlines the submission requirements for a change in scope of practice proposal. In addition, any supporting information such as research documents should be included with the submission.

## Schedule 1

# Submissions by Regulated Health Professions to Request a Reserved Act

Each regulatory body is required to provide to MHSAL a submission outlining the reserved acts being requested for their profession. A separate submission (Schedule 2) will be required if the request for the reserved act is a proposed change in the scope of practice for the profession.

## Submission Requirements

---

The submission for a health profession to perform a reserved act must include:

1. The reserved act being requested.
2. The competencies required for members of the profession to perform each reserved act being requested.
3. The entry-to-practice requirements (didactical and clinical) related to each reserved act being requested.
4. The limits and conditions that are to be placed on members in order to perform each reserved act being requested.
5. Examples of how each reserved act being requested is currently performed by members.
6. Whether members are regularly performing the reserved act, or if it is performed in limited settings by a limited number of members.
7. What other jurisdictions authorize the profession to perform each reserved act being requested and any limits or conditions on the performance of the reserved act.

A college may include one or more reserved acts in one submission.

Please send completed submissions to:

**Victor Minenko**  
Director, Regulated Health Professions Initiative  
Legislative Unit  
Manitoba Health, Healthy Living and Seniors  
1043 – 300 Carlton St.  
Winnipeg, MB  
R3B 3M9

Email: [Victor.minenko@gov.mb.ca](mailto:Victor.minenko@gov.mb.ca)

Phone: 204-788-6405  
Fax: 204-945-1020

## Schedule 2

# Submission for a Proposed Change in Scope of Practice under *The Regulated Health Professions Act*

## Submission Requirements

---

Regulatory bodies seeking a proposed change in scope of practice must prepare a submission which addresses the criteria specified in questions one through 11. For review purposes, it is requested that the responses be in reference to the specific questions to which they pertain. A separate submission is required for each proposed change in scope of practice.

The health profession will be responsible to provide the majority of the information. Input will be sought from other sources such as regional health authorities/employers using the same criteria questions and, in the case of assessing the economic impact, MHSAL will lead this analysis.

Please submit completed questionnaires to:

**Victor Minenko**  
Director, Regulated Health Professions Initiative  
Legislative Unit  
Manitoba Health, Healthy Living and Seniors  
1043 – 300 Carlton St.  
Winnipeg, MB  
R3B 3M9

Email: [Victor.minenko@gov.mb.ca](mailto:Victor.minenko@gov.mb.ca)

Phone: 204-788-6405

Fax: 204-945-1020

## Questionnaire:

### Proposed Change in scope of Practice under The RHPA

#### Profession information

Health Profession: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Change in scope of practice proposal

State the reserved act and the change in scope of practice being proposed.

16

##### 1. Relevance to the profession

Please explain if the proposed change in scope of practice provides recognition and authority for existing competencies of the profession or if new competencies will be required.

##### 2. Public need and relevance to the health care system

- (a) Please explain and provide examples of how the proposed change in scope of practice is consistent with trends and changes to the delivery of health care services.
- (b) Is there a significant public need that will be met with the proposed change in scope of practice for the profession? Please explain and provide examples.

##### 3. Risk of harm

- (a) Will there be an increased risk of harm to the public with the proposed change to the scope of practice? Please elaborate.
- (b) How will the profession mitigate the risk?
- (c) What safeguards are required to ensure the health and safety of the public (i.e. evidence-based best practices, the education and competencies of members, etc)?
- (d) Based on the above information, what conditions are required to ensure the health and safety of the public?

##### 4. Need for autonomy

- (a) Please explain why the profession should have the authority to perform the reserved act autonomously.

- (b) Can the proposed change in the scope of practice be met by current clinical practices? Please elaborate.

## **5. Clarity to the public and other professions**

- (a) Is the proposed change in the scope of practice consistent with inter-professional and collaborative models of care? Please explain.
- (b) How will the profession ensure that the proposed change in the scope of practice is understandable to the public and other health professions?

## **6. Education**

- (a) Do members of the profession have the requisite knowledge, skills and judgement to carry out the duties and responsibilities required in the proposed change in scope of practice? Please elaborate.
- (b) If not, how will the profession ensure its members obtain the requisite knowledge, skills and judgement required for the proposed change in scope of practice?
- (c) Is the change broadly accepted within the profession? Please explain.

## **7. Economic impact**

Please provide any information that should be taken into consideration regarding the economic impact of the proposed change in scope of practice, including any direct or indirect financial implication:

- (i) for the profession
- (ii) for the public
- (iii) for the health care system.

The review of this issue will include a determination as to whether the proposed expansion in scope of practice will result in extractable savings for the health system.

## **8. Public interest**

Please provide an explanation for the proposed change in scope of practice that distinguishes between the public interest and the profession's self-interest.

## **9. Compliance with regulation**

How will the profession ensure its members will be compliant with the regulatory requirements?

## **10. Consistency of application**

How will the proposed change in scope of practice be applied consistently across the province, employment settings and professions?

## **11. Consultations**

Please list others consulted on the proposed change in scope of practice and note any concerns identified from the consultations.

# Codes of ethics, standards and Practice Directions under *The Regulated Health Professions Act*

*The Regulated Health Professions Act* (RHPA) provides consistency in the powers and duties that government delegates to regulatory bodies while strengthening patient safety, transparency and accountability to the public.

In this regard, the act requires the council of the college of each regulated health profession to establish a code of ethics and standards of practice. College councils are also empowered to issue practice directions. These instruments enable the establishment by colleges of a clear regulatory framework supporting safe, ethical, quality care by their members.

The implementation of the RHPA provides a unique opportunity for professions to review/develop these instruments in collaboration with other professions and MHSAL, and for government to indicate to the professions its expectations.

## The legislative framework

---

18

The RHPA requires the council of each college to:

- Adopt a **code of ethics** governing the conduct of the members of the college. The code must be made available for review and comment to members of the college, the Minister of Health, Seniors and Active Living and other persons as determined by the council, before being approved by the council.
- Establish, by regulation, **standards of practice** to regulate the quality of practice expected of professional services provided to the public by its members. This regulation requires Lieutenant Governor in Council approval. The RHPA has been amended to enable standards of practice developed by a college to be incorporated by reference into a regulation. This will enable standards of practice established by policy and incorporated by reference into a regulation to be amended by a college as required without amending the regulation. However, core key standards will be required to be specified in the regulations.

Councils are also empowered to issue **practice directions** that are relevant to the practice of the profession.

## what is the difference between these instruments?

---

Generally, a code of ethics includes general statements setting out expected moral and ethical behaviour.

Standards of practice are normative, describing how a practitioner is to practise at a minimum and as evidenced by their observable behaviours and actions. Standards use language like “must” and “require”.

Practice directions may be used to enhance, explain, or guide members with respect to the subject matters described in the code of ethics, the standards regulation or other matters relevant to the practice of the profession which are not dealt with in the code or the standards.

Failure to comply with the act, the by-laws, code of ethics, standards or practice directions (also known as “regulatory instruments”) can result in discipline under the act. With this in mind, in developing/considering a code of ethics, standards of practice and practice directions, it is important to be clear and concise and to consider how these instruments work together as inconsistencies may lead to difficulties in disciplinary proceedings.

In addition, consistency in key principles and/or language in these regulatory instruments between professions, where appropriate, will support collaborative practice among professions and public understanding of what to expect from health professionals.

## **Guidelines**

---

### **Code of ethics**

The code of ethics of a profession should deal with core ethical and moral issues relating to patients including:

- patient safety and acting in the best interest of patients
- prohibition of discrimination in the provision of services
- conflict of interest (including preventing conflicts and disclosure to patients)
- maintaining appropriate professional boundaries with patients
- prevention and disclosure of harm to patients
- disclosure to patients of moral conflicts that may influence the provision of care
- ethical billing practices

19

Additional requirements relating to patient-centred care should also be reflected in the code of ethics as appropriate (see the discussion below in the context of the standards).

The code should also deal with other ethical and moral issues considered by the college to be important to the practice of the profession such as obligations to the profession, to society, etc.

### **Standards**

The following key areas are to be addressed in the standards of practice of each health profession:

- interaction with the patient/client
  - patient-centered care
- interaction with colleagues
  - collaborative care requirements

- the profession
  - Requirements for good care, based on practice of each profession
  - Record keeping requirements
  - Notification when closing or leaving practice (where applicable)
- the practice environment
  - requirements in respect of the condition of the practice environment and equipment used in providing care and services

### Interaction with the Patient

#### **Patient-Centred Care**

Generally, patient-centred care can be defined as “a partnership between a health provider or a team of health providers and a patient where the patient retains control over his/her care and is provided access to the knowledge and skills of provider(s) to arrive at a realistic plan of care and access to the resources to achieve the plan”.

To support patient-centred care, the code of ethics and standards of practice of each profession are to reflect the following core principles:

- **participation.** Patients have a right and responsibility to participate, to their level of ability and preference, as a partner in making decisions that affect their health. Members respect patient autonomy, and encourage and support the patient (and as required, the patient’s representative) in participating in care and decision making. Members support the patient in deliberations about their care.
- **respect and dignity.** Members listen to and consider the patient’s (and as required, the patient’s representative) perspectives and choices. Patient knowledge, values, preferences and cultural backgrounds are included in the planning and delivery of care.
- **information sharing.** Members provide accurate and unbiased information in a timely manner, sufficient to enable the patient (and as required, the patient’s representative) to effectively participate in care and make an informed decision about the best course of action for the patient’s care, and inform them about self-management of their condition.

A list of questions has been developed and is attached as Schedule 3 to assist a profession in developing/assessing its code of ethics and standards of practice in relation to patient centred care.

## Interaction with Colleagues

### **Collaborative Care**

The importance of supporting collaborative care is recognized in the RHPA, which includes as part of the mandate for all colleges that they *promote inter-professional collaboration with other colleges* in providing for the health care of a patient or client.

With respect to collaborative care, all professions are to include the following in regulation, requiring their members to:

- collaborate and cooperate with patients, their families and other health care providers,
- communicate effectively and appropriately,
- understand their role and the role of other health care providers,
- inform the patient or the patient's representative of their role and responsibility,
- comply with any collaborative care policies in place at the practice setting where the member and other health care providers are providing for the health care of the patient;
- give their full name and designation of membership class to the patient, the patient's representative, and any other person involved in the health care of the patient,
- treat other health care providers with respect, and
- recognize the skill, knowledge and judgement of others involved providing care to the patient.

## The Profession

### **Good Patient Care**

In addition to supporting patient-centred care, the standards of practice should include the basic requirements for good patient care for the profession such as:

- assessment of the patient, including taking a history, conducting an examination, ordering diagnostics, etc.
- providing or arranging for consultation, advice, investigation, treatment and follow-up, when necessary
- referring the patient to another member or health care professional, when appropriate
- development of a care plan as required
- ongoing review of treatment and/or care plans and changes/discontinuation where appropriate

Practice directions should be used to set out more detailed clinical requirements respecting care as appropriate for a profession, for example, outlining disease management protocols, specific requirements respecting member obligations in relation to consultations and referrals, etc.

## Record Keeping

A college's standards of practice established by policy or practice directions should be used to provide more detailed information respecting requirements for patient records. For example, practice directions in relation to records should specify the details of what is to be recorded.

The standards of practice specified by regulation are to include the following core requirements:

- to create/maintain a record for each patient
- timely recording of information, (ex: contemporaneous)
- record retention periods

## The Practice environment

---

The standards must set out the responsibility of members of a profession in ensuring that the premises in which they practice are appropriate, safe and sanitary. In providing care in settings such as an individual's home, a health professional is also required to take appropriate measures to ensure a system is in place so that in such circumstances the care provided is done under the same required conditions. In addition, the standards are to address the responsibility of a health professional in ensuring that the equipment they use to provide care is hygienic, in sound operating condition and in good repair.

There should be corresponding responsibilities for health professionals who operate or manage facilities to ensure:

- (a) the premises are safe, appropriate and sanitary
- (b) the equipment used in the premises is hygienic, in sound operating condition and maintained in good repair
- (c) there is proper decontamination, cleaning, disinfection and/or sterilization of multiple-use equipment before use or reuse

Practice directions should be used as necessary to outline detailed requirements respecting premises and equipment.

For members of a profession in an employment/contract situation or who practice in a health care facility, clinic, office or similar premises owned and maintained by another entity, practice directions should be used to set out the action required if they become aware that the premises is not meeting the required standards, including (as appropriate to the profession):

- correcting the inadequacies in premises or equipment/instruments, if possible
- bringing the matter to the attention of the employing authority, contracting body or owner
- ceasing to practise in premises which do not enable the health professional to meet the required standards

## Schedule 3

### Patient-Centred Care questions

(a) Is there a requirement to treat the patient with respect (COE)*:
(a) Is there a requirement to respect patient autonomy, including: a legal authority to assess a patient and to provide a service or treatment, such as informed consent or authority provided under applicable legislation, ex: as authorized by the Mental Health Review Board or a committee for personal care appointed under <i>The Mental Health Act</i> .
(c) Is there a requirement to consider patient values, beliefs and cultural traditions in the planning and delivery of care?
(a) Is there a requirement to communicate with the patient and/ or his or her representative effectively, including: <ul style="list-style-type: none"><li>• providing sufficient information to the patient respecting their condition and care/treatment options, including the risks, benefits and efficacy of options to enable informed decision making</li><li>• providing the information to the patient in a timely manner</li><li>• communicating in an appropriate manner so the information is understood, taking into account the patient's condition, language, health literacy, age, abilities and culture (COE/practice directions)</li><li>• providing information to the patient in relation to self-management, health promotion and disease and injury prevention where indicated and as appropriate to the profession</li></ul>

\* (COE) denotes requirements that should be addressed in the code of ethics of a profession. Practice directions may also be used where appropriate to outline specific requirements of the health profession.