Canadian Association of Continuing Care Educators

Proposed Amendments

to

Bill 283, Schedule 2

Provided to Social Policy Committee

May 14, 2021

Submitted by Laura Bulmer, RN, BScN, MaEd

Chair, Canadian Association of Continuing Care Educator

application ID: 38706

Introduction

CACCE is a national network of faculty and leaders responsible for the education of unregulated care providers (UCPs). Our purpose is enhancing the standardization of UCP education and to advocate for those in the UCP role to be recognized for the value they bring to health care across the country. We strongly support higher level of regulation of PSWs in Ontario, therefore reform to Bill 283, Schedule 2 is required to meet the intended goal. This Bill needs to keep in mind the long-term vision and be worded in such a way that there is sustainability to what is legislates.

PSWs, our heroes, essential workers who have even before the pandemic proven their value as an integral part of the healthcare team deserve the same recognition and level of regulation afforded to other regulated professionals. Not doing so once again will be exploiting PSWs leaving them and the public vulnerable.

Three supportive documents are provided at the end of this submission.

1. Specific amendments are provided in great detail- along with questions in an (*reference 1*).
2. History of the Certified Nursing Assistant, Registered Nurse Assistant and Practical Nurse – to demonstrate similarities in evolution of the profession. (*reference 2)*
3. A copy of my speaking notes from May 13, 2021 (2pm) where I presented to the Social Policy Committee on behalf of CACCE. *(reference 3)*

Following is a list of highlighted concerns, including rationale. This is not meant to replace reference 1 which includes a more robust review of Schedule 2.

Highlight	Rationale
PSWs want high level regulation*	Anything less will leave them vulnerable and will not protect the public. The registration level has been shown not to work already.
PSW Educators- at a provincial and national level support high level regulation	Standardization of education One entry to practice. We recognize this will ruffle feathers with private schools and district school boards and the argument has been that this will prevent us bolstering the workforce. However, one entry to practice is part of being regulated and ensures the public of standardization. In addition, colleges have the capacity to fill in the gaps where training of additional PSWs are required. They are proving that now by offering accelerated PSW program.
Voluntary Registries do not work	2012 OCSA PSW Registry and 2019 Michener Institute PSW Registry both were based on voluntary registration. Millions of dollars spent on these two initiatives without positive results
Schedule 2 does not provide regulation at the same level of other regulated health care professionals	This is exclusionary, demoralizing and does not use documented evidence to support it. Disciplinary process in Schedule 2 does is not thorough or fair to PSWs, who require due process related to misconduct- the same afforded to other regulated health professions This bill leaves PSWs open to continued exploitation and for folks that we have relied on, called heroes and who have been the foundation of health care delivery for decades we want a future that includes certification or licensed regulation We want a future where PSWs are not vulnerable. This will help to recruit and retain them in the PSW workforce. They should have the right to practice as PSW without fear of their reputation being destroyed without due process in disciplinary process.
Title Protection required and not included in Schedule 2	Whether it be PSW or Registered Nursing Assistant (term regulated before in Ontario)- *reference 3* the title of this worker must be protected to ensure safety of Ontarians Grandfathering and micro credentialing in addition to upgrading can be part of this process (has been done before with HCA to PSW) There will still be a level of UCP (unregulated health care provider) however PSWs are now being held to a high standard they need better protection and to gain respect. Having ONE title will not only advance the profession but will also provide future legislation, discussions etc. when it comes to this level of worker.

*high level regulation includes certification or licensing of members and should mirror the framework used for the College of Nurses of Ontario

Conclusion

Oversight not intended to deal with recruitment, retention, and the myriad of other issues facing PSWs and the profession. Regulation's purpose is to govern a profession and to protect the public. This should be the focus of Schedule 2 and it should be straight foreword and simple to reform it to match it to the regulation of RNs and RPNs in Ontario. PSWs deserve nothing less. Amending Bill 283, Schedule 2 to reflect what we have provided will be a step in the right direction towards a sustainable future.

I welcome the opportunity to speak more to amending this Bill and Schedule am open to collaborating with other PSW stakeholders to ensure this piece of legislation supports the PSWs that support us.

Respectfully submitted by

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Reference 1

DETAILED RECOMMENDATIONS FOR:

Bill 283: Advancing Oversight and Planning Ontario's Health System Act, 2021

Schedule 2: Health and Supportive Care Providers Oversight Authority Act, 2021

Introduction

As a Registered Nurse, Chair of the Canadian Association of Continuing Care Educators (CACCE) and OPSEU PSW Researcher/Advocate I am pleased to see that the regulation of PSWs in Ontario is being proposed. With one unsuccessful PSW Registry and another, created, but not initiated my goal is to ensure the new Oversight Authority is set up in an ethical and comprehensive manner. Following you will find my questions, comments, and recommendations related specifically to Schedule 2. In the first column you will see what is written in Bill 283's explanatory note related to schedule 2. Bolded content in the *specific comments/concerns column* are direct quotes from Bill 283 and are included for reference points.

Concerns

Is the purpose of the Oversight Authority to protect the public?

Why not mandatory certificate or licensed based regulatory body versus an Oversight Body?

Since this bill includes several schedules- what happens when one schedule "holds up" the passing of this Bill?

With over 8,000 PSWs more PSWs entering the field the need for organization, standardization and regulation is imperative- what is the timeline for this Bill to get passed?

Who, specifically would this oversight include?

Who is included in the health and supportive care providers?

Authority increases accountability of PSWs however is VOLUNTARY

This has not worked in the past with PSW Registry (why would this work?)

Bill does not prevent nonregistered PSWs from working as PSWS

What is the PSW Class? Different levels?

Process issues with the making an appeal in the disciplinary process, also who will the results of the outcome be reported to? Can a registrant review the documentation of the decision?

Disciplinary reviews/decisions: with CNO registrants have a clear process to follow and are allowed to have legal representation if needed, what is not clear with this Bill is if registrants will have the same right to a "fair trial". Not to mention is it possible for a registrant to appeal a decision? If so with who and how?

The title PSW not used by all providers in this field – require Title protection/clarification

Detailed Recommendations related to Bill 283- Schedule 2

Bill 283 EXPLANATORY NOTE ELEMENTS	**SPECIFIC COMMENTS/CONCERNS**	**RECOMMENDATIONS**
Part I - Interpretation sets out interpretive provisions that apply to the Act.	If I understand this section correctly its purpose is to define key terms within this schedule. 1. Where is the key term that identifies who falls under the category "Supportive Care Provider"? 2. Sexual abuse: why the limitations in subsection 3a/b? 3. Why is there inclusion of only sexual abuse? Why not physical, financial and emotion included? 4. Why is neglect not included?	1. Add definition of "Supportive Care Provider" (list of 50+ names in Ontario) 2. Add to the Abuse section to incorporate physical, financial, and emotional abuse as well as neglect
Part II - The Authority: establishment, composition, and governance Establishes the Health and Supportive Care Providers Oversight Authority (the "Authority").	**ESTABLISHMENT, COMPOSITION AND GOVERNANCE** **"Composition of board (2) The board shall consist of no fewer than eight and no more than 12 directors."** 1. What is the basis of this number on the board? 2. What is the <u>specific</u> function of each director	1. In keeping with other regulatory bodies (i.e., CNO) the board should be made up of leaders that include members of the PSW and nursing profession including public members who can collectively provide industry knowledge and experience. All PSW workplace settings should be represented

The Authority is governed by a board composed of directors appointed by the Lieutenant Governor in Council and directors appointed by the members of the board. The board appoints a Chief Executive Officer to discharge a number of duties and obligations under the Act. The objects of the Authority include administering the Act and the regulations and governing the health services and supportive care services provided by registrants. The Authority must enter into a memorandum of understanding with the Minister of Health, who is entitled to appoint a supervisor to assume control of the Authority if the Minister considers it to be in the public interest. The Authority must comply with policy directions issued by the Minister	(areas) not job descriptions? 3. **Eligibility: 6a:** what the prescribed qualification for an elected or appointed director? 4. **Interim board 5 appointed by the Lieutenant Governor in Council. -** be specific to how long this board will be in office. Will their decisions/setting of policies be permanent given they are interim? Who will provide oversight for this group? 5. The Authority shall publish each by-law on the website of the Authority **EMPLOYEES, OFFICERS, AGENTS AND COMMITTEES** **Chief Executive Officer:** should be someone who has worked in healthcare, is familiar with the role of the PSW and nursing **The Statutory Powers Procedure Act does not apply to anything done by the Chief Executive Officer under this Act, except as may be prescribed.** WHY? **Advisory Committee Composition:** requires more fulsome representation from PSWs (registrants) and should include registrants that work in community, long term care, and other facility-based settings. Should also include supervisors/managers of same registrants Representation from each setting sector should be included **OBJECTS, POWERS AND DUTIES** **objects of the Authority are,**	(community/home care, long term care, and other facility-based settings- i.e., hospitals) 2. Provide specific framework and include function for board directors. 3. Provide clarity on the qualification of an elected or appointed director 4. Re Interim Board: provide specifics as to how long this board will be in office- provide timeline for permanent board to be set up (i.e., 1 year). 5. Clarify if interim board decisions will be permanent 6. Clarify who will provide oversight for the interim board and how transfer of accountability will take place 7. Re #5- like a regulatory body, more than the by-laws should be on the website- aka using regulatory body model- be transparent with public on the inner workings of the Authority- identify those not in good standing CEO should be someone who has worked in healthcare, is familiar with the role of the PSW and nursing Provide explanation as to why there are exceptions to the Statutory Powers Procedure Act Advisory Committee should have fulsome representation from registrants Advisory Committee should include registrants that work in different sectors (community, long term care, and other facility-based settings). **OBJECTS, POWERS AND DUTIES** **A**

	(a) to administer this Act and the regulations, including overseeing their enforcement. This requires clarity- how oversight of regulation will occur- will it mirror what other regulatory bodies do? **(b) to establish and maintain educational and skills-based qualifications for each class of registrants.** Why skill based? Theory is also critical Does this mean a scope of practice, this is not clear? Will there be a licensing exam? Or a Registration Exam post graduation of program? Should have only one point of entry to practice- like other professions- in Ontario there are currently 3- Non-standardized education leads to a non-standardized graduate. **(c) to establish and maintain one or more visual marks or identifiers for use by registrants that can identify registrants to members of the public.** Could be uniform with crest of Authority on it, photo id with identification or registration number or a pin that is provided upon registration in addition to the first two. **(d) to promote the provision of safe, competent, ethical, and high-quality health services and supportive care services by registrants to members of the public.** **(e) to establish and maintain codes of ethics applicable to each class of registrants in relation to the health services or supportive care services**	1. Clarity required on how oversight of regulations will occur- suggest it mirror what other regulatory bodies do. Purpose of this object should be clear- to keep patients/ residents/clients safe 2. Recommend the governing body create a code of ethics – failure to follow would result in disciplinary action **B** 1. Standardization of education is imperative to ensure quality of care. 2. Clarify what is meant by "each class of registrant" within the PSW realm? 3. Title protection required for PSW- and process to ensure those working within the scope of practice of a PSW are grandfathered. 4. Create a clear scope of practice for PSWs 5. Authority can fulfil its role by establishing requirements for entry to practice 6. Authority can fulfil its role by setting and promoting practice standards **C** 1. Have photo identification with registration or license number for registrants 2. Have a pin that identifies- PSW 3. Public/employers should also be able to identify registrants online- those that are in good standing and vice versa. **D** 1. Authority should support the regulation, oversight of PSWs in the public interest by participating in legislative process 2. Authority should support the regulation/oversight of PSWs

	they provide to members of the public. Code of Ethics for PSWs should mirror what Canadian Nurses Association has already established. This level of worker works closely alongside nurses, so it is a logical step **(f) to educate registrants, employers, and members of the public about matters relating to this Act and the regulations.** Educate how? With workshops, documents online resources Will require someone in the Authority to take on this specific role. **(g) to advise the Minister, at the Minister's request, on policy matters specified by the Minister; and** **(h) to carry out any other duties or powers assigned to the Authority under this Act.** **Memorandum of understanding/Conflict** All matters pertaining to the creation of this Oversight Authority must ensure there is no conflict of interest as it pertains to who sits on the board, who is CEO- it can not be driven by unions, employers. **ACCOUNTABILITY** **In what circumstance would it be in the public interest for the Minister to appoint a person as supervisor for the Authority?** **Ministerial Reviews** If the purpose of the Authority is to protect the public and to be	in the public interest by sharing statistical information with the public 3. Consider implementing a Quality Assurance Program like CNO for ongoing education and license/registration **E** 1. Code of Ethics for PSWs should mirror what Canadian Nurses Association has already established. **F** 1. Recommend one person/team in the Authority to take on this specific role. **G** 1. Require clarity on whose role this would be, CEO, board? **H** overall this statement is vague, requires clarity **Memorandum of understanding/Conflict** 1. Given history with PSW registry/regulation discussions attention must be given to ensure full transparency of those sitting in positions of power. **Accountability:** Clarity around this statement required **Ministerial Reviews** 1. Recommend that a yearly report to public/minister be provided to ensure Authority is meeting its objectives.

	transparent with its business, it should produce a yearly report to the Minister. The way this point (18) is written there is no time frame- therefore accountability is not clear.	
Part III establishes the process for applying for registration with the Authority. Applicants can apply to join the personal support worker class of registration or any other prescribed class of registration. Applicants must meet the prescribed criteria for registration and shall be refused registration if they meet the prescribed prohibited grounds for registration. Refusals to register an applicant and decisions to impose conditions on a registrant may be submitted to the Health Professions Appeal and Review Board for a written review.	**Applications for registration** **Applications** **26(1) an applicant may apply…for registration…or renewal.** Legislative revisions should be made to make this mandatory. With clear definitions of what the title is (i.e., PSW) and that employers can only hire registered/regulated individuals to work in their setting. As seen with the OCSA/PSNO Registry, this level of worker will not necessarily voluntarily sign up. **Classes** **B: any other prescribed class** What does this mean, clarification, again title protection of PSW would be beneficial. Are we speaking about CiCan' s assistant PSW? **Registration** Requires more details as to what is required to "register" For example, can a student nurse (year II) work as a PSW and register?	1. Legislative revisions should be made to make this mandatory. With clear definitions of what the title is (i.e., PSW) and that employers can only hire registered/regulated individuals to work in their setting. 2. Clarification on what "other prescribed class" indicates 3. Clarify what is required to for a registrant to apply. For example, graduate of what program, min hours, title of program, specific school, accredited program 4. Add category of non practising registrant
Part IV establishes the rules that apply to registrations. Registrations are subject to conditions applied under the Act or the regulations and expire in accordance with the rules set out in the Authority's by-laws. The Chief	**CONDITIONS AND THE REGISTER** Not clear that The Register is basically a directory of registrants. What information will be on that? Needs clarification that the Oversight Authority is IN PART a Registry, but much more **REPORTING AND INFORMATION** **COMPLAINTS AND INVESTIGATIONS**	**CONDITIONS AND THE REGISTER** 1. Expiration of registration should be clarified, yearly renewal required- and renewal objectives met to maintain registration. 2. Clarify that the Oversight Authority is not just a directory of names **REPORTING AND INFORMATION**

Executive Officer is required to establish a register of registrants and make certain information about them available to the public. Registrants are required to report to the Chief Executive Officer when they are found guilty of or charged with certain offences. They are also required to make a report if they have reasonable grounds to believe that another registrant or a member of a health profession college has sexually abused a person who receives health services or supportive care services. Persons who choose not to register with the Authority are not prohibited from providing health services or supportive care services, but they cannot hold themselves out as a registrant with the Authority or use any visual mark or other identifier established by the Authority for registrants	No comments currently	1. Recommend following guidelines of CNO, do not re-create the wheel- same industry and similar profession. Whether it be for registrants or non registrants making a complaint. 2. Identify that concerns can be shared as a complaint or report 3. Will discipline decisions be made public after discipline hearings? Make this more clear 4. Official Code of Conduct required
Part V establishes the procedures for complaints and investigations. The Chief Executive	This process should mirror what is in place for RNs and RPNs	Proven to be effective Framework already exists PSWs deserve to be regulated at the same level and afforded the same

Officer may investigate complaints or may appoint investigators on their own initiative. Investigators have a number of powers to investigate contraventions of the Act and the regulations. The Chief Executive Officer may take action as appropriate, which may include requiring additional training for registrants, applying conditions to their registration, or referring contraventions of the prescribed code of ethics to the discipline committee. Urgent interim action may also be taken in certain circumstances. The discipline committee is established by the board to hear allegations of contraventions of the prescribed code of conduct. They may direct the Chief Executive Officer to revoke, suspend or impose conditions on a registration. Their decisions may be appealed to the appeals committee, which is also		disciplinary process as other regulated health professionals.

established by the board.		
Part VI sets out a number of miscellaneous provisions, including provisions respecting fees, confidentiality, evidence, and the service of documents.	**Forms 49: The Authority may require the use of forms it develops in connection with administering this Act or the regulations.** **What does this mean? The term "forms" is unclear** **Fees, etc. 50 (1) The Authority may set and charge fees, costs, or other charges in relation to anything that the Authority does in administering this Act or anything that the Chief Executive Officer does under this Act as long as the decisions to set and charge are made in accordance with processes and criteria that the Authority establishes and that the Minister approves.** **Not public money (6) For greater certainty, the money that the Authority collects in administering this Act or the regulations is not public money as defined in the Financial Administration Act, and the Authority may use the money to carry out its objects.**	1. Clarify the term forms. Does this mean guidelines, standards? Fees? PSWs make low wages, what will this fee be and what do they "get for it"? 1. Make it clearer, is there a fee for applications to register, for registrants to be registrants in good standing or renewals? **Not Public Money** For clarity, this is a not-for-profit organization and the fees collected will be used to run the Authority? Will there be government funding for the creation of this Oversight Authority and the maintenance of it?
Part VII sets out offences under the Act and establishes the penalty for committing an offence	55b requires addition of more than sexual abuse- see comments above. Code of Conduct, Code of Ethics as well as Standards of Practice must be set- Failure to meet these would be a clear offense.	1. Requires clarity so "offenses" can be avoided and work clearly completed within the set standards, codes.
Part VIII sets out limitations on the liability of the Authority, the Crown, and various officers, employees, service providers, agents, and other officials.	No third party or for-profit organization should be involved with this authority. It needs to be set up the same as CNO or College or College of Social workers	Existing framework for other regulated professions and governing bodies exist and PSW Regulation should be same.

Part IX sets out the Lieutenant Governor in Council's power to make regulations under the Act	**Regulations** 62 The Lieutenant Governor in Council may make regulations, (a) prescribing anything that, under this Act, may or must be prescribed, provided for, or otherwise done by regulation. (b) exempting any person or class of person from any part of this Act and attaching conditions to the exemption. (c) prescribing classes of registrants in addition to the personal support worker class. (d) governing the rules that apply to different classes of registrants. (e) prescribing the code of ethics for the classes of registrants, which may include establishing different codes of ethics for different classes of registrants. (f) requiring the establishment of any committee of the Authority that is not already established in this Act. (g) governing the composition, operations, procedures, and functions of any committee of the Authority. (h) respecting applications for registration or renewal of registration, which may include, (i) prescribing requirements for registration and renewal of registration, (ii) requiring applicants or registrants to meet specified educational or skills-based requirements, which may include	1. C. again, clarify what different classes of registrants entails. How will each class be defined? D. rules- regulatory? Legislative? Guidelines? E. very pleased to see creation of Code of Ethics in this document F. please provide examples. I.e., working groups, Committees for special circumstances? G. Requirements for registration/renewal should mirror other regulatory bodies- i.e., CNO ii) clarification, what is met by special educational or skill-based requirements- …or designated courses. Should have standardized- one entry point to practice (as with other professions). L. i) Why would the authority establish this fund? And again, why only sexual abuse noted here?

	completing a program of studies or taking one or more designated courses, (iii) designating organizations that are authorized to provide the programs and courses referred to in subclause (ii), and (iv) prescribing exemptions from these requirements and attaching conditions to the exemption. (i) respecting the issuance of visual marks and other identifiers established and maintained by the Authority and authorizing their use by registrants. (j) requiring and governing the disclosure of compensation and other payments under section 22; 24 (k) governing the register that is required to be established and maintained under section 32 of this Act, including prescribing the information to be contained in the register and the form and way it shall be maintained. (l) respecting matters having to do with the complaints received by the Authority and investigations involving allegations of sexual abuse by registrants, which may include, (i) requiring the Authority to establish a fund for the purposes of providing therapy and counselling for persons who allege that sexual abuse has been committed by registrants, (ii) requiring the Authority to provide other types of supports in relation to allegations of sexual abuse by registrants. (m) respecting investigations under this Act. (n) respecting the way and the frequency with which decisions of the discipline committee and	

	appeals committee are made available to the public. (o) requiring or authorizing the Chief Executive Officer or the board to conduct continuous quality improvement activities for registrants, which may include requiring registrants to complete continuous quality improvement activities as a condition of registration. (p) providing for any transitional matter necessary for the effective implementation of this Act. (q) defining, for the purposes of this Act, any word or expression that is used in this Act but not defined in this Act. (r) respecting matters concerning the winding up and dissolution of the Authority and the transfer of its assets, liabilities, rights, and obligations. (s) respecting any matter that the Lieutenant Governor in Council considers advisable to carry out effectively the intent and purpose of this Act.	
Part X sets out amendments to the Act and complementary amendments to various other Acts. The Fair Access to Regulated Professions and Compulsory Trades Act, 2006 is amended so that the Authority is a regulated profession for the purposes of that Act. The Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998 is	**8 The Not-for-Profit Corporations Act, 2010 and the Corporations Information Act do not apply to the Authority except as prescribed.** So, this would be for profit?	1. Clarify if this would be for profit…or not Revise RHPA, 1991 to include the protected title of Personal Support Worker

amended to provide the Health Professions Appeal and Review Board with the authority to make decisions in respect of the Authority. The Regulated Health Professions Act, 1991 is amended to permit certain information to be communicated to the Authority and to require members of every College to report if they have a reasonable belief that a registrant of the Authority has sexually abused a patient. The Excellent Care for All Act, 2010, the Quality-of-Care Information Protection Act, 2016 and the Personal Health Information Protection Act, 2004 are amended to extend the application of certain provisions of those Acts to the Authority.		
Part XI sets out the commencement and short title of the Act set out in this Schedule	No comment	No comment

Reference 2

Following is a snapshot of the evolution of the RPN profession. Interesting to note that this mirrors the evolution of PSWs- It is evidence to support higher level of regulation, title protection and even a title change.

History of the RPN in Ontario

1938: A six-month practical nursing program was introduced due to an increasing need for bedside care.
1947: The Nurses' Act was amended to provide for the title certified nursing assistant, following the recommendations of the Canadian Nurses' Association and Registered Nurses Association of Ontario.
1958: The Association of Certified Nursing Assistants of Ontario (ACNAO) was formed.
1962: The Nurses' Act is proclaimed, and a provisional Council is appointed to draft regulations and develop policies and procedures for the newly established College of Nurses of Ontario (CNO).
1963: The title of the Certified Nursing Assistant was changed to Registered Nursing Assistant.
1972: The Nurses' Act is amended so that every RN and RNA in Ontario a member of CNO.
1975: The HDA (Health Disciplines Act) comes into effect, replacing the Nurses' Act and giving CNO the mandate to establish and enforce standards of practice and conduct for its members.
1976: Standards of Nursing Practice for Registered Nurses and Registered Nursing assistants are approved.
1990: The RNA role is expanded into VON, Home Care and all aspects of health and social services in the community.
1993: RHPA (Regulated Health Professions Act, 1991) and the Nursing Act, 1991 comes into effect. RNAs become RPNs (Registered Practical Nurses).
2001: CNO passes the motion that practical nurse applicants for registration must graduate from a practical nurse community college program.
2002: Colleges begin offering the Practical Nursing diploma program.
2005: Education requirements change to a baccalaureate in nursing for RNs and a diploma from a College of Applied Arts and Technology for RPNs.
2019: RPNAO changes its name to WeRPN.

Registered Practical Nurses Association of Ontario (werpn.com)

Reference 3

CACCE speaking notes for Social Policy Committee Hearing May 13 - 2pm session

INTRODUCTION

Good afternoon, my name is Laura Bulmer. I am a RN, PSW Advocate and Chair of the Canadian Association of Continuing Care Educators (CACCE). I am a subject matter expert on PSW related matters in Ontario and thank you for this opportunity to speak to Bill 283 in its current form.

I am presenting key points of a submission I will forward later today that provides data to support my comments and recommendations. The role of the PSW is often misunderstood …in fact today, Health Minister Christine Elliot described *PSW work as "less risky" than nursing, physician care and therefore voluntary registration is appropriate*. This is not only incorrect but demonstrates how leaders in charge of creating legislation is not informed with evidence. PSWs perform nursing skills, AND voluntary registration has already failed twice in Ontario, why it is again on the table is frustrating and does not recognize the need to properly regulate PSWs with certificates or licenses to protect the public.

HISTORICAL PERSPECTIVE

Giving a nursing history provides context to the PSW profession and how it has developed over the last 40 years. In fact, the evolution of RPNS in Ontario is undeniably like that of PSWs.

Documented legislative and protected title changes passed over the last 70 years reflect Certified Nursing Assistants (the original PSWs) being recognized by government and the profession has morphed into the current regulated registered practical nurses/RPNs role. This progression of the RPN profession was driven in part by the increase in complexity of client conditions and the need for more nurses to deliver nursing care. This trend continues and is amplified as there are more clients receiving care in community settings.
Of major significance - the early 1990s when CNAs, who were now titled RNAs were expected to begin administering medication to patients (they were not trained for this in their 1year certificate programs). RNAs had to go back to school to upgrade so they could give medication and their title once again changed to reflect their new responsibilities and scope of practice. Their new title: RPNs

As the RPN scope of practice expanded; gaps in the provision of personal care were identified- enter the Unregulated Care Provider (UCP, HCA or Homemaker). Little to no formal training was required early on. That soon changed, in the early part of this century there was a big push to change the scope of practice for HCAs as they were asked to assist with medications, take vital signs and to take on delegated nursing

tasks. Health Care Aides had to (like RNAs) go back to school to upgrade to PSWs. See where I am going with this… history is repeating itself.

CURRENT ISSUES

"PSW" is not a protected title- therefore problem with individuals identifying as being part of this workforce. Moreover, people do not know what they are signing up for (50+ different titles) when enrolling in schools and the public does not know what "they are getting" by way of UCP care.

The public profile of the psw is not clear- and this exacerbates the situation.

There is a need to quantify the numbers of trained PSWs accurately. The PSW workforce is estimated at 135,000 + and will be infused with at least 8,000 new PSWs by end of this year (compared to 127,097 RPNs and 300,669 RNs in the province). Gathering statistics related to this will help with planning for the future and requires title protection. Only MANDATORY registration will make this happen

The PSW profession is not a profession of choice- recruitment and retention challenges- low wages, no paid sick leave and no full-time jobs with benefits play a part in this.

Public and PSW Skepticism towards Regulation/Registration:

Two unsuccessful Registry: The2012 OCSA Registry was unsuccessful due to eligibility criteria and privacy breaches and 2019 Michener Institute PSW Registry Framework did not fly. Both were government funded- costing taxpayers millions of dollars. Our vulnerable relatives deserve regulated care- not a Hodge podge of levels that are delivering care in sub standard ways. If Bill 283 goes through as planned it will not be enough, we know that- so save money and do it right.

Bill 283 proposes the lowest level of regulation- a registry with some form of discipline with *voluntary* registration -why is this the once again up for discussion. Consider this: the intent of true regulation is to protect the public- the level of regulation needed should be higher levels of regulation like certification or licensure- with mandatory registration

PSW Scope of practice expanding - PSWs now take vital signs, suction tracheostomies, give injections, administer medication, and perform wound care so their role is evolving- they are performing nursing tasks. As the RNA role did 20+ years ago, PSWs are expected to now do more than was originally part of their general job description. PSWs assess situations and client condition and in home care/community settings with minimal to no supervision/support. the onus is on PSWs to determine when to call in for regulated health professional help. This is a huge responsibility.

PSWs require specialized training post graduation as they are increasingly employed in a variety of settings - acute care, geriatrics, surgery, maternal/newborn,

ICU, Emergency, and palliative care to name a few) Again, exactly like nurses who graduate with a general license, PSWs are expected to be ongoing learners.

Standardization of the profession is crucial to ensuring public safety!

A safe health care profession must have standardization of education (only one entry to practice- not 3 as it is now). standardization of title, standards in education, a clear scope of practice, practice standards and code of ethics.

Note: the day after Bill 283 was announced another news release came out stating the government funding Private Colleges and District School boards to deliver PSW education. This is directly OPPOSITE to what they are proposing to do with standardization.

HOW BILL 283 DOES NOT MEET THOSE NEEDS

The principals within Schedule 2 are conceptual, they do not prevent nonregistered PSWs working as PSWs- this is a safety issue for Ontarians.

The framework of voluntary registration has proven to not be effective. It will not change- so let us not make the same mistake.

RECOMMENDATIONS FOR MOVING FORWARD

More detailed feedback/recommendations provided on submissions, in the meantime two main recommendations:

- **Revisions to Bill 283/Schedule 2 be made using evidence-based data.** Those working on revising Schedule 2 of this Bill should consider:
    - Clarifying what the overarching purpose of the Oversight Authority is (protect the public and to enhance the PSW profession?)
    - Provide evidence-based data to support decisions moving forward- you will be accountable given the history with past registries
    - Alberta is regulating their support workers under the LPNO= the governing body for LPNs (RPNs).

- **Perfect World**: that the current governing body (CNO be reconfigured to regulate RNs, NPs and a new college govern RPNS and PSSW (with either a new title=revisiting the CNA or RNA model) Again, this has been done- do not have to recreate the wheel
    - This will require changes to the 1991 Nursing Act and the RHPA
    - In this scenario- the current CNO could be modified to regulate RN and NPs and a newly created APPROPRIATE regulatory body- another college would govern RPNs and PSWs (or change the name to certified PSWs, or back RNAs).

- Our healthcare system has been through this before-lets respect the amount of work PSWs do and recognize the expanded scope of practice compared to their role 20 years ago. They are working in the same capacity as certified nursing assistants did 80 years ago! And have been doing so for over 20 years.
- Recognize that the nursing skills is now part of their education and job description so to keep the public safe- mandatory certification or licensing regulation is the only way!

CONCLUSION

The introduction of Bill 283 acknowledges the need for reform at multiple levels yet is, at best, **superficial** and **lacks the insight** required to properly regulate this level of worker.

PSW and nursing work is an extension of being female- and as such is systemically devalued. Since the PSW workforce is predominately female and statistics reflect high numbers of ethnic minorities- are obligated to appropriately address this. This is an exciting time to make changes that will last. For example, permanent wage enhancement language that no matter the workplace, will be natural progression of **mandatory certified or license-based regulation.**

If steps are not taken to advance the PSW profession properly we will have to revisit this in the future. History has shown this. Let us not make the same mistake.

The COVID pandemic has shown us the value of PSWs, more so than actors, professional athletes, CEOs and in some cases politicians who all have much higher incomes. Valuing our seniors, our vulnerable, learning from recent reports and studies must take place- time for meaningful change is long overdue and mandatory certificate or license-based regulation is the answer.

Thank you