



Presentation to the Standing Committee on General Government

Bill 160: Strengthening Quality and Accountability for Patients Act

November 20, 2017

Mr. Chair, members of the Committee, thank you very much for the opportunity to address you today.

My name is Gary Rehan. I am a practicing physiotherapist, I live in Athens, Ontario, and I am the President of Council of the College of Physiotherapists of Ontario.

As you know, the College of Physiotherapists is not an educational institution. We are one of 26 health regulatory colleges in Ontario. We are the bodies that license health professionals and investigate complaints and concerns about them. This role gives us a unique lens on the health care system. A few years ago, we began to see a concerning trend and when we discussed it with our regulatory colleagues, they had seen it too. So 18 of us got together to better understand the problem and brainstorm solutions.

Today I speak on behalf of this group of Colleges about a gap in patient protection that we believe could be addressed by the *Oversight of Health Facilities and Devices Act* that is proposed in Bill 160.

As you know, most of the clinics where health care is delivered in Ontario are under absolutely no regulation. And many of these are owned by business people who are not health professionals and have no duty to protect patients. These unregulated employers dictate practices or care models that conflict with our members' professional obligations. Whether it is unacceptable infection control practices associated with acupuncture, the use of a vast stable of unsupervised unregulated assistants or fraudulent billing practices, when these concerns come before a College, our only recourse is with the employee. We can see the real cause of harm, but because the College does not have jurisdiction over the employers and the workplaces, we are unable to stop the dangerous or wasteful practices.

The group of Colleges I represent believes that despite the effective regulation of health care professionals, there is an accountability gap which puts patients and the health care system at risk, and is a barrier to providing patient-centred care. The working group believes that the gap exists because clinics and their unregulated owners owe no formal duty of care to patients and have no formal obligation to meet standards.

We believe that this gap in oversight can cause harm to patients and to the healthcare system as a whole. Patients suffer as a result of unsafe practices and inadequate treatment. There is also economic harm on many levels: wasted health care resources spent on activity that is not genuine care, lost

productivity when patients cannot return to work, and unnecessary visits to doctors and hospitals. These would be additional unnecessary burdens on an already strained system.

We believe that some form of clinic oversight would be in the public interest, and asked the Ministry of Health and Long-Term Care for the opportunity to work together to identify the appropriate solution.

We understand that the types of clinics that we are talking about are not contemplated to be included in the regulations under the proposed act. We understand this to be because they are not considered to be high enough risk. In the clinics that I am talking about, there IS a risk of physical harm – not necessarily the sort that makes headlines.

We urge the government to look beyond catastrophic physical crisis events to understand risk or harm. It has done so before – when the extent of insurance fraud in motor vehicle accident cases was recognized, the government created an oversight mechanism through the Financial Services Commission of Ontario, because they recognized that extensive economic harm was also a risk for the Ontario public.

We believe that Bill 160, specifically the proposed *Oversight of Health Facilities and Devices Act*, offers an opportunity to address the accountability gap that we have identified. We applaud the government for including a definition of “community health facility” that is sufficiently broad to allow flexibility to extend the oversight and public protection benefits to many different types of healthcare settings and services. We urge the government to consider including non-medical clinics and healthcare practices into the community health facility oversight regime.

I speak to you on behalf of the College of Physiotherapists, the College of Audiologists and Speech-Language Pathologists of Ontario, the College of Chiropractors of Ontario, the College of Dental Hygienists of Ontario, the College of Dental Technologists of Ontario, the College of Kinesiologists of Ontario, the College of Massage Therapists of Ontario, the College of Occupational Therapists of Ontario, and the College of Opticians of Ontario.

Thank you again for the opportunity to speak to you today.

Gary Rehan, PT

President

College of Physiotherapists of Ontario