

ONTARIO NURSES' ASSOCIATION

SUBMISSION

ON

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

Standing Committee on Social Policy

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ONTARIO NURSES' ASSOCIATION

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Introduction

The Ontario Nurses' Association (ONA) is the union representing 68,000 registered nurses (RNs) and health-care professionals, as well as 18,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

ONA's membership ranks are primarily RNs, however, we represent some personal support workers (PSWs), in particular in long-term care settings. Our non-PSW members work hand-in-hand, every day with PSWs and some physician assistants (PA) throughout the health system, delivering quality team-based care to patients, residents and clients.

In this submission, we will provide ONA's response to the proposed Bill 283, *Advancing Oversight and Planning in Ontario's Health System Act, 2021*. For numerous reasons that will be detailed below, ONA opposes the regulation of PSWs and physician assistants at this time. We believe there is a need for more standardization at that classification of care work, but the government's framework is excessive and risks paving the way for further de-skilling of care, undermining quality. This also risks distracting from much-needed efforts to hold employers accountable, particularly in long-term care (LTC), for the conditions of work and care in their facilities.

Above all, ONA and RNs across Ontario worry that the government will continue to ignore the growing urgency of the shortage of RNs in the health-care system. We do acknowledge the government has announced a small step to increase funding for 860 new RN nursing student seats to comment in Fall 2021 and Winter 2020. We hope this only the first step to increase RN staffing in Ontario.

Where is the full plan to address the RN shortage?

As the COVID-19 pandemic rages on, there are many fires to put out across our health-care system as we strive to rebuild our health-care system. The need to regulate PSWs and PAs is simply not one of them.

For years, ONA has been raising the alarm about the worsening RN shortage in Ontario. Ontario was short at least 20,000 RNs to achieve the national per capita average before the pandemic – now things are worse.

RN job vacancies in hospitals across this province continue to add up. Some hospitals are even laying us off! While our nurses battle the pandemic to save Ontario, our ranks are depleted, our morale and mental health is weakened, and some are leaving the profession altogether. The acute shortages have forced this province to recruit RNs from other provinces and call in the military to fill the gaps. While burnout is widespread and wages capped below inflation, the situation simply is not sustainable.

Yet fourteen months into the pandemic, the government still has virtually no full plan to address the chronic and worsening RN shortage in Ontario: no clear goals, no timelines, no full strategy, limited new funding.

Turning now to Bill 283, PSWs play vital roles in the health-care system and our RN members value immensely our collaboration with these professionals. While it is not clear at all who asked for PSWs to be regulated, ONA firmly believes that Ontario needs more PSWs. They need better pay, better working conditions and better standardization of education and skill base.

However, without a government plan to *also* address the recruitment and retention of RNs, our members are left asking themselves a serious question: Does the government plan to replace us with other professions to solve the RN shortage?

ONA's concerns about Bill 283

Rushed process

To begin, ONA is concerned that important steps are being missed in the development of this legislation. The lack of full consultation is short-sighted.

While we understand and support the need to move quickly to improve pay, recruitment and working conditions for PSWs, there are some basic steps that ought to be respected to ensure stakeholders have the information required to provide thorough feedback. The government should have launched this policy development process with a detailed and evidence-informed Consultation Paper. This would have provided stakeholders with a clearer understanding of the reasons behind this government initiative and the evidence backing them up, particularly from other jurisdictions. Instead, ONA and other stakeholders are left with many unanswered questions.

The contents of Bill 283

Moving now to the specifics of Bill 283, our commentary will be organized into the five following categories:

1. Need for standardization of entry educational requirements.
2. De-skilling and substitution.
3. The cost-burden to PSWs.
4. Better pay and working conditions to foster recruitment and retention.
5. Concerns with PA regulation.

Need for standardization

Instead of a government-controlled oversight Authority, ONA believes PSWs first need further standardization of their educational requirements and skill base for entry to practice as well as consideration for the grandparenting of existing PSWs. We are concerned that this Bill denies this fact and expects such standardization to take place after the oversight Authority is set up. With so many PSWs currently working in Ontario with myriad educational and training backgrounds and work experience and skill base, how onerous will the process be for existing PSWs to be recognized? Will new requirements impact the supply of these workers during times of severe shortages? In addition, the process is voluntary.

We believe there should be a phased-in approach for additional educational standards to ensure fairness for PSWs with diverse work, cultural and educational backgrounds. We support the standardization of educational requirements for entry to support a common skill base, as their work in various sector increasingly involves interactions with more complex residents and clients. This would provide PSWs with the tools needed to optimally perform their jobs and to assist with recruitment. PSWs should be provided with grants and income supports to fulfill these entry educational requirements, where needed, so there is no financial barrier or consequence.

Also left entirely unclear is how the new Authority will interface with the College of Nurses of Ontario and how the PSWs, with their newly minted certification, will interface with RNs, NPs, and RPNs on questions of delegation of duties as currently structured.

De-skilling and Substitution

The COVID-19 pandemic has shone a light on the vital role of trained health-care professionals in holding facilities together. Key to this is the right skill mix in health-care settings.

Many health-care settings have been incrementally de-skilling their workforce, often to save money rather than on the basis of evidence, which is hazardous to safe and quality care. ONA is concerned that Bill 283 could be an additional step towards the continued replacement and substitution of some functions of RNs and RPNs with PSWs.

For-profit long-term care (LTC) chains have a monetary interest in disproportionately hiring lower cost classifications – something they do regularly. As a result, floors and/or entire facilities throughout the LTC system have been without an RN on duty, leaving PSWs under-supported and residents at risk. ONA is concerned the new Authority regulating PSW performance could be a tool for unscrupulous employers to download responsibility for poor management onto the shoulders of the overworked, underpaid and under-supported PSWs.

Because it is not clear if this is the intention of the government, we are also aware of the record of some profit-driven employers in the long-term care and home care sectors, and neither should the government ignore this risk. The government must guarantee that this regulatory process does not amount to an opportunity for employers to shirk their own accountabilities and/or further de-skill the staff in long-term care, home care and acute care.

Cost-burden to PSWs

Bill 283 gives rights to the new Authority to set the new fees associated with registration and the maintenance of licensing. For the record, ONA cautions that fees of any kind, and without the benefit of member representation in the Authority governance, will be financially burdensome for PSWs who are chronically underpaid in this province.

Better Pay and Working Conditions

Pay and working conditions are the primary concerns for PSWs in this province.

If the government's ultimate goal is indeed to shore up the supply of PSWs, the priority then should be to improve pay scales and working conditions that enable recruitment and retention and the provision of quality care.

This pandemic has exposed just how undervalued PSW work has been in health care, and how desperately this needs to change. Quality care is intrinsically associated with quality working conditions. That is where the government ought to put its focus.

Concerns with PA regulation

Moving now to the regulation of Physician Assistants (PAs), regulating and expanding the scope of practice for PAs under this Bill pose significant concerns for RNs. First, ONA was never consulted about this, which is concerning since nurses have to work closely with PAs.

In our view, Nurse Practitioners (NP) offer an untapped potential to provide more advanced and holistic care, such as diagnosing and prescribing, and the scope of practice is well established. NPs are already regulated but remain underutilized throughout the system. So, why expand the scope and regulate PAs when there is a perfectly sound alternative model and profession already in the system doing an expanded scope? Is the plan to replace the role of NPs with PAs?

Moreover, the increasing overlap in scope between NPs and PAs, evident in this Bill, will create confusion for health-care teams and for patients alike. Finally, this legislation neglects to clarify what new training requirements for entry, if any, will accompany the expanded scope of PAs and how, existing PAs will be grandparented.

Under Bill 283, there also exists confusion between two methods by which PAs will be permitted to perform authorized acts under the *Medicine Act*.

Under the full scope of a physician, PAs could be granted the authority for certain acts through regulations (which we assume would mean regulating through delegation to a PA from a physician) or through written physician orders. These are two completely different models for the supervision of PAs with no standardized entrance to practice requirements. This appears to be a recipe for further confusion.

Finally, this move will (as may the regulation of PSWs) cause all of the RHPA colleges to change their standards to reflect these changes. For example, the College of Nurses currently treats both classifications as unregulated, and all interactions with nurses and standards for collaboration revolve under this paradigm. In the middle of a pandemic, is this the time to educate nurses and rewrite policies in Regulatory Colleges and health-care employers?

ONA's proposals

As previously stated, ONA supports improved standardization in education and skill base for PSWs. ONA also supports the creation and introduction of a Nursing Aide position into the Ontario health-care system. In Ontario, we believe it would be a health-care position designation that would require a one-year educational requirement. This would help to standardize professional supports for RNs and RPNs in the health-care setting. Current PSWs could bridge up to this classification relatively easily with only one year of college training.

Instead of the proposals outlined in Bill 283, the government should consider frameworks for accountability used in other comparable jurisdictions, such as England. In England, the accountability model for quality-of-care places considerably more emphasis on employers and institutional care providers, rather than solely on the health-care professional or worker.

Indeed, all employers in the care sector are required to be regulated under the Care Quality Commission. It is the employer's responsibility, as per the Care Quality Commission, to ensure that "Healthcare Assistants" (PSW equivalents) are trained and supervised properly. The employer assumes vicarious liability for the Healthcare Assistants they employ. Emphasizing the accountability of employers seems a vastly more sensible approach, especially in the wake of the devastating COVID-19 tragedies in countless LTC homes across Ontario, blighted by underfunding and institutional neglect.

Further, in the England, Healthcare Assistants are required to acquire a Care Certificate administered by the Care Quality Commission, which sets standards defining knowledge, skills and behaviours. This approach to standardization of training and skill base is something the Ontario government should consider emulating.

Conclusion

ONA maintains that this is not the time to regulate PSWs and PAs in Ontario. Instead, if the government is truly serious about improving health care, the priority should be placed on recruitment and retention of RNs and PSWs and broadening the duties of NPs throughout the system. The key to solving so many of the problems blighting the Ontario health-care system is better pay and working conditions.

Until the government acts on these burning issues, chronic shortages in RNs and PSWs will persist. In tandem with dedicated recruitment and retention efforts, the government must guarantee evidence-based skill mixes in health-care facilities to preserve high-quality of care for patients and adequately support health-care personnel. It is time for the government to listen to stakeholders and get this right.