



SUBMISSION ON

**Proposed Amendment  
to Ontario Regulation  
246/22**

TO

**Ministry of Long-Term  
Care**

March 10, 2024

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## Introduction

The Ontario Nurses' Association (ONA) represents over 68,000 registered nurses (RNs) and health-care professionals, and over 18,000 nursing student affiliates. Our members provide care in hospitals, long-term care (LTC) facilities, public health units, the community, clinics, and industry. ONA has deep concerns regarding the proposed amendment to Ontario Regulation 246/22. We believe the proposal prioritizes staffing flexibility for licensees at the expense of quality care for residents. Moreover, the proposal jeopardizes care by granting licenses to temporary, replacement or re-opened homes without first ensuring sufficient conditions are met.

## Downgrading qualifications

LTC residents rely on health-care professionals to have completed the necessary qualifications to provide high quality care. Those living in LTC are more likely to have severe and complex conditions today than in the past. Most residents have dementia or cognitive impairments.<sup>1</sup> Two in five residents display aggressive behavior, and a quarter have depression.<sup>2</sup> Given the prevalence of these conditions, it is critical that health-care professionals have the necessary qualifications to provide care for those with specialized needs.

The amendment removes the requirement for Therapy Service Staff and Administrators to complete relevant educational programs. As a result, Therapy Service Staff are no longer required to complete a training program in restorative care. This will be detrimental to the quality of care received by residents since restorative care programs equip staff with the skills needed to provide rehabilitative care. Moreover, the proposal allows LTC home Administrators to continue in their role without completing their regulated program. Administrators are responsible for managing the day-to-day operation of the home and ensuring compliance with regulatory standards. Given this significant responsibility, it is critical that Administrators are required to complete the necessary programs.

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<sup>1</sup> Office of the Auditor General of Ontario. [Value-for-Money Audit: Long-Term Care Homes: Delivery of Resident Centred Care](#). December 2023. Pg. 7.

<sup>2</sup> Ibid., Pg. 8.

The proposed amendment also removes the minimum years of work experience required for Administrators and Designated Leads of the Restorative Care Program and the Volunteer Program. By doing so, the amendment downgrades staff qualifications and prioritizes greater hiring flexibility for employers at the expense of quality care for residents. Increasing flexibility does not address the shortage of qualified professionals. As confirmed by Ontario's Long-term care staffing study, fair compensation is required to attract more workers.<sup>3</sup> The Ontario Government should not proceed with this amendment. Instead, they should provide fair compensation by offering wages to LTC staff that are on par with hospital staff.

### **Nursing Students**

The proposed amendment will allow nursing students to work in LTC homes as externs outside of mandatory unpaid clinical placements. The government's justification for the proposed amendment is rooted in supporting nursing students.

In its 2024 Pre-Budget Submission, ONA pointed out that the government has yet to provide undergraduate and graduate nursing program students with financial support that matches the increase in tuition and living costs. Additionally, nursing students incur personal expenses to fulfil their mandatory unpaid placements. Suppose the government truly wishes to support and help nursing students. In that case, it must convert mandatory unpaid clinical placements into fully paid ones, make nursing programs tuition-free across Ontario and provide financial support for nursing students through the Ontario Student Assistance Program to help with the cost of living.

Expecting students to fulfil their required rigorous curriculum, complete mandatory unpaid clinical placements, and then work as externs in LTC homes creates unrealistic expectations for success for nursing students who wish to enter the profession. Secondly, nursing students are still in the process of learning and developing their professional identities. Working as externs in LTC homes blurs the line between student and professional roles. Lastly, not all nursing students have the same opportunities as far as externship roles are concerned. Financial constraints, family obligations or personal circumstances could prevent some

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<sup>3</sup> Ministry of Long-Term Care. [Long-Term Care Staffing Study](#). July 2020. Pg. 33.

students from participating in externships, creating a disparity in experience, and potentially affecting their job prospects.

### **Licensing changes**

The proposed amendment will compromise consistency in care standards, disrupt resident routines and care plans and disrupt personal relationships, potentially affecting the emotional well-being of residents.

The proposed amendment gives the Director extensive powers to oversee and issue interchangeable licenses to temporary LTC homes, replacement LTC homes and re-opened LTC homes. Firstly, this role must be insulated from influence. The Ministry of LTC appoints the Director under the *Fixing Long-Term Care Act, 2021*. The Director is not a Ministry employee in the traditional sense but rather an official appointed by the government to oversee the administration and enforcement of the regulations outlined in the *Fixing Long-Term Care Act, 2021*. Allowing the Minister of LTC to appoint a person or entity that the Ministry does not employ puts into question whether they can be influenced by partisan or private interests.

Section 10.1 (4) (b) allows the Director to grant licensing requests if they are "satisfied that it is appropriate in the circumstances to grant the request." However, the proposed amendment fails to list instances which are deemed appropriate. Lastly, the Director is also responsible for reporting to the Minister of LTC on the results of inspections and investigations. These reports help to ensure transparency and accountability in the oversight of LTC homes. ONA strongly believes these measures undermine oversight and accountability in our LTC homes.

### **Conclusion**

The government consistently misses the mark and fails to implement policies that address the root causes of issues within our LTC homes: staffing shortages, subpar wages and benefits, and inadequate accountability and oversight measures. The government's so-called "iron ring" around LTC does not exist, at least not for the residents. These policies prioritize the interest of investors in these for-profit nursing homes and reduce the oversight and accountability in the not-for-profit homes.

The proposed regulations prescribe additional persons to provide care and carry out tasks, assessments, and approvals otherwise provided by qualified health-care professionals. The deregulation of care for vulnerable Ontarians living in temporary LTC homes, replacement LTC homes and re-opened LTC homes is inappropriate and unjust. We need timely and thoughtful investments in the LTC sector as we experience exponential growth in Ontario's ageing population. There are solutions other than building beds, watering down the role of health-care professionals, and privatization.

ONA is deeply concerned that this deregulation would negatively impact access to quality care in LTC homes.