Ontario

CHANGES TO SCOPE OF PRACTICE

GUIDE FOR SCOPE OF PRACTICE CHANGE PROPOSALS

Ministry of Health
Health Workforce Regulatory Oversight Branch

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Ontario

Contents

Introduction

The *Regulated Health Professions Act, 1991,* (RHPA) and associated health profession Acts and regulations, set out the governing framework for the regulated health professions in Ontario. This framework ensures a consistent approach to self-regulation across all professions with the primary goal being public protection and public interest. This gives the public confidence that regulated health professions in Ontario provide safe, competent, and ethical services, and are accountable to the public, rather than professional self-interest.

A profession's scope of practice describes what a profession does, the services it provides, and the activities a professional is authorized to perform. These are set out in each profession-specific Act (e.g., *Nursing Act, 1991; Pharmacy Act, 1991*), supporting regulations and in other pieces of legislation. A proposal to change a profession's scope of practice may include:

1. revising the profession's scope of practice statement;
2. changing the controlled Acts it can perform (e.g., authorizing a new controlled act); and/or
3. amending regulations made under other legislation (e.g., *Laboratory and Specimen Collection Centre Licensing Act, 1990,* the *Healing Arts Radiation Protection Act, 1990)*.

Purpose

This guide sets out the expectations and requirements when submitting a proposal to the ministry to propose a change to a profession's scope of practice. Submissions can be made to the Ministry of Health by a health regulatory college or professional association.

A proposal can be requested or submitted for the following reasons:

- A health regulatory college or association may identify a scope of practice expansion opportunity and submit a scope of practice change proposal for the ministry's consideration.
- The ministry may request that a health regulatory college submit a scope of practice change, in the form of a regulation or regulation amendment, when the ministry/government seeks to make targeted improvements to the healthcare system.

In these cases, the ministry expects health regulatory colleges, professional associations, and other affected partners/stakeholders to work together to ensure the

proposal is as complete as possible, is supported by all parties, and public protection and public interest considerations are appropriately represented.

Information provided in the submission will be used by the ministry to ascertain whether a scope of practice change is necessary. The information is also used to provide advice to the Minister on whether the proposal is viable, in the public interest, and meets ministry priorities.

About this Guide

To document the ministry's requirements and the considerations that are made when assessing proposals, this guide supports the applicant as they complete Form 1: Notification, Form 2: Scope of Practice Change Proposal, and Form 3: Regulatory Submission (for Health Regulatory Colleges only). Ministry advisors will also be available to support this process, as appropriate, to ensure that the decision-making needs of the government will be met.

Submission of a proposal and the ministry's review does not guarantee that a requested scope of practice change will be approved by the government.

Similarly, if supported, proposed amendments to scope of practice regulations (if any), are not final until reviewed by the Minister and approved by the Lieutenant Governor in Council.

How Does the Ministry Evaluate Proposals?

For the ministry to implement the best solutions – fairly, efficiently, and only when necessary – it needs to first understand all aspects of the problem, issue, or opportunity. A good proposal will provide, specifically and in detail, the proposed scope of practice change and how the scope change forms the solution.

Ontario's healthcare system is complex and interdependent. Changing one aspect of the system, such as a profession's scope of practice, will impact other aspects. The ministry needs to understand what these impacts are and weigh the risks and benefits of the change in scope of practice.

The ministry expects proposals to be:

- Supported by detailed, well-informed, and verifiable evidence
- Concise and free of complex language
- Balanced by including supporting and opposing views, benefits and risks, and risk mitigation strategies
- Relevant to a government priority and reflective of current and potential future needs in Ontario, if applicable.

What is the Model for the Evaluation of Scopes of Practice in Ontario (MESPO)?

The Model for the Evaluation of Scopes of Practice in Ontario (MESPO) is a ministry-developed framework used to evaluate scope of practice change proposals. MESPO takes a patient and system-centred approach, considering factors such as patient and health system needs, provider competencies, patient safety, public protection, fiscal sustainability, integration with the healthcare system, and alignment with current priorities of Ontario's healthcare system. All scope proposals submitted to the ministry will be evaluated using MESPO. Please see Appendix 1 for details of the MESPO framework.

Submission Process

Step 1: Ministry Notification

To start the submission process, the applicant will complete Form 1: Notification to advise the ministry of its intent to submit a proposal for a scope change. See section *Completing Form 1: Notification to Ministry of Health* for additional information.

The applicant will submit the notification via email to RegulatoryProjects@ontario.ca copying the Director of the Health, Workforce Regulatory Oversight Branch and the Manager, Regulatory Design and Implementation Unit. Their emails can be found here.

Step 2: Advisor Assigned

Upon receiving and processing the notification, the ministry will send an acknowledgment of receipt and provide contact information of the ministry advisor who has been assigned to work with the applicant. The advisor will act as a liaison to support/guide the applicant as they complete their formal scope of practice submission using the ministry's forms and guidance materials.

Step 3: Proposal Development

The applicant will use Form 2: Scope of Practice Change Proposal as it develops its proposal to ensure it meets expectations for completeness. See section *Completing Form 2: Scope of Practice Change Proposal* for additional information. The ministry

advisor will be available to answer any questions about the ministry's process and expectations.

Submit the completed Form 2 via email to RegulatoryProjects@ontario.ca copying the Director of the Health, Workforce Regulatory Oversight Branch and the Manager, Regulatory Design and Implementation Unit. Their emails can be found here.

Step 4: Ministry Review and Decision

The ministry is committed to a fair and transparent review process. The Ministry will take steps, whenever possible, to ensure that dedicated resources are available to review each proposal and to engage with applicants and involved stakeholders, when appropriate, during the review process.

The ministry will communicate with the applicant the outcomes of its review. Outcomes can include a decision not to proceed with the proposal, retain the proposal for future consideration, or support the proposal and communicate next steps.

If the decision is to support the proposal, the ministry will work collaboratively with the college on finalizing the proposal (Step 5).

Step 5: Proposal Submission (Health Regulatory Colleges Only)

Health regulatory colleges are required to submit Form 3: Regulatory Submission, as well as additional documents and information as part of the typical regulation-making process. See section *Completing Form 3: Regulatory Submission (To be completed by Health Regulatory Colleges Only)* and Appendix 3 for additional details.

Submit the completed Form 3 via email to RegulatoryProjects@ontario.ca copying the Director of the Health, Workforce Regulatory Oversight Branch and the Manager, Regulatory Design and Implementation Unit. Their emails can be found here.

Timelines

Proposals will be assessed in a timely manner in alignment with Ontario Public Service (OPS) Common Service Standards[1] and best practices, to which the ministry is committed to upholding.

[1]Common Service Standards are OPS-wide commitments to consistently provide a quality experience for customers across the government. Members of the public can expect minimum levels of service when interacting with government staff by telephone, in person, over email and through websites, through social media and by mail and fax. For more information see https://www.ontario.ca/page/ontario-government-service-standards.

Timelines may be impacted by several factors, including:

- other competing timelines and government priorities
- quantity and complexity of items to be considered
- ministry internal consultation requirements
- legislative processes and timing
- completeness and quality of supporting information
- number of scopes of practice proposals from other applicants
- review status of other proposals.

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Completing Form 1: Notification to Ministry of Health

Completion and submission of Form 1: Notification, is the starting point. It notifies the ministry of the intention to submit a proposal for a scope of practice change and provides the ministry with an opportunity to respond, if appropriate, prior to the applicant developing a full proposal.

Section 1: Summary of Proposal

Provide a brief, plain language synopsis of the scope of practice change that is being sought.

Section 2: Contact Information

This section will include details on who is submitting the proposal and who will be working with the ministry on the proposal.

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Completing Form 2: Scope of Practice Change Proposal

Form 2: Scope of Practice Change Proposal has been developed to mirror the components of the MESPO framework to ensure a well-crafted proposal that includes data, quality evidence and information needed by the ministry as described below. Additionally, the Form contains guiding questions that are designed to prompt the applicant to ensure that the necessary information is provided to assist with government decision-making. Form 2 will be used by the ministry to determine if it will support the scope of practice change proposal. If the decision is to support the proposal, then health regulatory colleges must complete Form 3: Regulation Submission (see section *Completing Form 3: Regulatory Submission*).

Supporting the Proposal with Quality Evidence

Because the ministry will use the proposal to inform and facilitate recommendations and government decision-making, it is important that supportive, quality evidence is provided to help the ministry understand the need for, and impact of, the proposed scope of practice change.

A strong submission will include evidence that is:

- Directly relevant to the scope of practice change being proposed, with clear links to impacts
- Profession-specific and geographically relevant where possible
- Varied, using more than one type of evidence and combining peer-reviewed research, where possible, with other forms of information
- Accurately described, well documented and verifiable.

To enhance the understanding of the information provided in this form, include charts, graphs, tables, diagrams, and other visual aids. Include depictions of before-and-after processes, for example, those presenting workflows, patient pathway, and expected effects on the healthcare system.

Note that applicants must provide evidence in a reference list or footnotes wherever it is cited and/or include copies of materials/evidence gathered. If evidence appears within larger documents, please curate the information and/or provide the ministry with page numbers or other references to ensure the ministry reviews the information that is supporting your proposal.

Please refer to the Hierarchy of Evidence in Appendix 2 for additional information.

Where research evidence is not available, the ministry will assess and weigh the grey literature (e.g., reports, working papers, newsletters) and other supporting evidence (e.g., jurisdictional/environmental scans) provided by the applicant.

Section 1: Description

In this section, provide a clear, concise, plain language synopsis of what would change for the profession and how practitioners treat or interact with their patients. The ministry needs to clearly understand the problem, issue, or opportunity that the proposal is aiming to address. If the applicant feels that the proposal is urgent, then explain why it is needed immediately and the potential consequences if it does not move forward. Also include any advantages and disadvantages of the proposed scope of practice change.

Section 2: Impact on End Users and Outcomes

This evaluation component should highlight which patients/clients/members of the public are anticipated to be impacted by the proposal, as well as the nature and size of the impact. It is important here that applicants articulate why the proposal is important for the ministry to consider now.

Overall, the ministry needs a good understanding of:

- Access to Care
- Care Pathways
- Efficiency
- Equity
- Intended Outcomes
- Safety
- Social Determinants of Health
- Patient/Client/Resident Experience
- Professional Collaboration
- Any Other Outcomes Identified by the Applicant

Some scope of practice changes may affect the patient experience by providing smoother transitions or a shorter, more direct care pathway (e.g., eliminating the need for referrals to other professionals). Other changes may affect the health and clinical outcomes of patients or have impacts on population health and disease incidence and prevalence. It is unlikely that a change would affect all of these areas, therefore information provided should focus on the most likely or most important impacts. The anticipated size and nature of these impacts need to be identified, as do the anticipated positive and negative outcomes.

Section 3: Costs and Savings

This evaluation component will look at the direct compliance costs associated with the policy option and regulatory changes from the perspective of:

- Patients

- Healthcare service (HCS) providers and businesses[2] (if different from HCS providers)
- The government, Ministry of Health, and other ministries and government programs.

Outline all areas where costs would be incurred resulting from the scope of practice change. In some cases, the change may result in a reduction in costs to patients, taxpayers, the government, and/or other regulated health professions. Applicants should provide an analysis that is comprehensive, rigorous, and based on the most accurate and relevant information.

Where relevant, discuss potential costs that would be sustained by the broader public service such as hospitals, the community, universities and colleges, if the proposal were to be approved.

Note that information provided in the proposal will be used by the ministry to prepare a Regulatory Impact Analysis (RIA) if the proposal is supported by the Minister. A RIA supports decision-making by providing a systematic review of the potential incremental impacts of policy instruments on stakeholders, including any potential regulatory burdens resulting from the proposed change, such as financial costs. RIA's will be prepared and published for legislation, regulations (LGIC and Minister), policies and forms affecting for-profit business, not-for-profit, and the Broader Public Sector. The analysis will be made available on the Regulatory Registry.

Section 4: Alignment with Healthcare Priorities

Provide an assessment of the alignment, relevance, and impact of the scope of practice change to current healthcare priorities. These priorities could relate to:

- Ministry strategies and initiatives
- Government objectives and commitments (e.g., regulatory burden reduction, achieving fiscal sustainability)
- Other government priorities.

Section 5: Jurisdictional Comparison and Analysis

Understanding where other jurisdictions have implemented a particular scope of practice is a valuable source of information for the ministry as it may help illustrate what can be expected in Ontario should the change in scope of practice be made here.

This evaluation component contains three key points of information:

[2] Under the *Modernizing Ontario for People and Businesses Act, 2020* (MOPBA), the government aims to make it easier for businesses to grow and compete by cutting unnecessary red tape and streamlining regulations while protecting the public interest. The MOPBA applies to all regulated entities that are subject to regulations including every business, trade, occupation, profession, service, venture and broader public sector organization, whether or not carried on with a view to profit (subsection 1(1)).

- A scan of comparable jurisdictions in Canada and internationally indicating where the proposed changed scope of practice has been implemented.
- An analysis of the key effects of the scope of practice changes on end users and on costs/savings to taxpayers. In comparable jurisdictions where the change has already been implemented.

The jurisdictional comparison should indicate whether members of the profession are expected to perform the proposed scope change at entry to practice in other jurisdictions, and if so, whether members of the profession in Ontario have the necessary competencies to do so.

Section 6: Risk Identification and Mitigation

This evaluation component looks at key risks and potential mitigation strategies. A risk may be an event or condition that may or may not happen and its impact may have positive or negative consequences.

Each proposed change to a profession's scope of practice may present its own set of negative or positive risks. Some potential risks to consider include:

- Safety risks (e.g., to patients, to healthcare providers)
- Risks to healthcare priorities, the healthcare system, or care delivery (e.g., creating silos of care, increase patient volumes in hospitals, negative impacts on employers)
- Legal risks to health regulatory colleges, regulated health professionals
- Risks to other regulated professions and on interprofessional care
- Opposition to the scope of practice change by other professions, professional associations, other health regulatory colleges, and the public.

For each area of risk, indicate the probability (or likelihood) of the risk occurring; and the consequences (or the extent and severity of impacts) if the risk occurs and how it could be mitigated.

Section 7: Implementation Considerations

It is important for the ministry to understand the implementation activities and milestones that a college and/or profession may undertake if the proposed scope of practice change and regulatory amendments are approved by the government.

In this section, identify and explain key implementation considerations if known and where appropriate. Implementation considerations may include, but are not limited to:

- Impact on the profession
- Activities to ensure practice readiness (e.g., development of educational resources including education course/program)

- Impact to the College's overall functioning, resources and established workplans/strategic plans

Section 8: Approach for Ongoing Quality and Safety

Evaluating and monitoring intended and unintended outcomes is an important part of ensuring ongoing quality and safety. This section should provide an overview of the activities and approaches for ongoing quality and safety that will be needed to ensure that patients continue to have access to safe and competent care should the proposed scope of practice change be approved.

This could include but is not limited to:

- Conditions, registration requirements, new policies or other regulatory activities related to the College's expectations and practitioner accountabilities
- Partnerships between colleges and other provincial quality assurance initiatives.

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Completing Form 3: Regulatory Submission (To be completed by Health Regulatory Colleges Only)

Following receiving the ministry's support, health regulatory colleges must complete Form 3: Regulatory Submission.

Section 1: Contact Information

Please provide details on who from the health regulatory college will be working on the proposal.

Section 2: Summary of Proposal

In this section, please provide a clear, concise, plain language synopsis of what would change for the profession and how practitioners treat or interact with their patients. Here the health regulatory college should provide details on what will change from a regulatory or legislative perspective.

Section 3: Consultation

Under subsection 95(1.4) of the Health Professions Procedural Code in the *Regulated Health Professions Act, 1991*, each College regulation must be circulated to its members for a period of at least 60 days prior to the College Council approving the regulation.

In this section, health regulatory colleges should describe all the consultation activities that have been undertaken. Colleges must also provide details on any resulting proposed regulatory changes that resulted from these activities.

Section 4: Jurisdictional Comparison and Labour Mobility

Here, health regulatory colleges should include an analysis of labour mobility, including whether the proposal might impact regulated health professionals in this field from other jurisdictions who wish to register in Ontario.

Section 5: Approach for Ongoing Quality and Safety

In this section, the ministry is interested in knowing all the planned quality assurance activities that will be undertaken by the college.

Section 6: Implementation

Here, health regulatory colleges need to identify all implementation milestones and any anticipated timelines. Colleges should include:

- The implementation plan

- The time needed to prepare for the scope of practice change prior to the regulation coming into force and the date the College wants the regulation to come into force
- Any risks associated with implementation
- How the scope of practice change will be communicated
- The urgency of the scope of practice change

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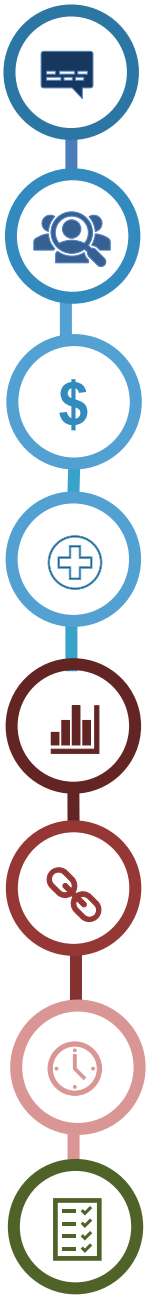
APPENDIX 1: MODEL FOR THE EVALUATION OF SCOPES OF PRACTICE IN ONTARIO (MESPO) FRAMEWORK



Description

Describes the proposed scope of practice change

Impact on End Users and Outcomes

- Impacts on:
  - Access to care
  - Care pathways
  - Efficiency
  - Equity
  - Intended outcomes
  - Safety
  - Social determinants of health
  - Patient/client/resident experience
  - Professional collaboration

Costs and Savings

- Costs and/or savings to patients
- Health care service providers and businesses
- Costs and/or savings to the government, the ministry, and other ministries and government programs

Alignment with Healthcare Priorities

- Alignment with ministry initiatives
- Government objectives and commitments
- Government priorities

Jurisdictional Comparison and Analysis

- A scan of comparable jurisdictions in Canada and internationally
- An analysis of the key effects of the scope of practice changes on end users and on costs/savings to taxpayers

Risk Identification & Mitigation

- Safety risks
- Risks to health care priorities, the healthcare system, or care delivery
- Legal risks to health regulatory colleges, regulated health professionals
- Risks to other regulated professions and on interprofessional care
- Implications of, and rationale for, opposition to the scope of practice change by other professions, professional associations, other health regulatory colleges, and the public

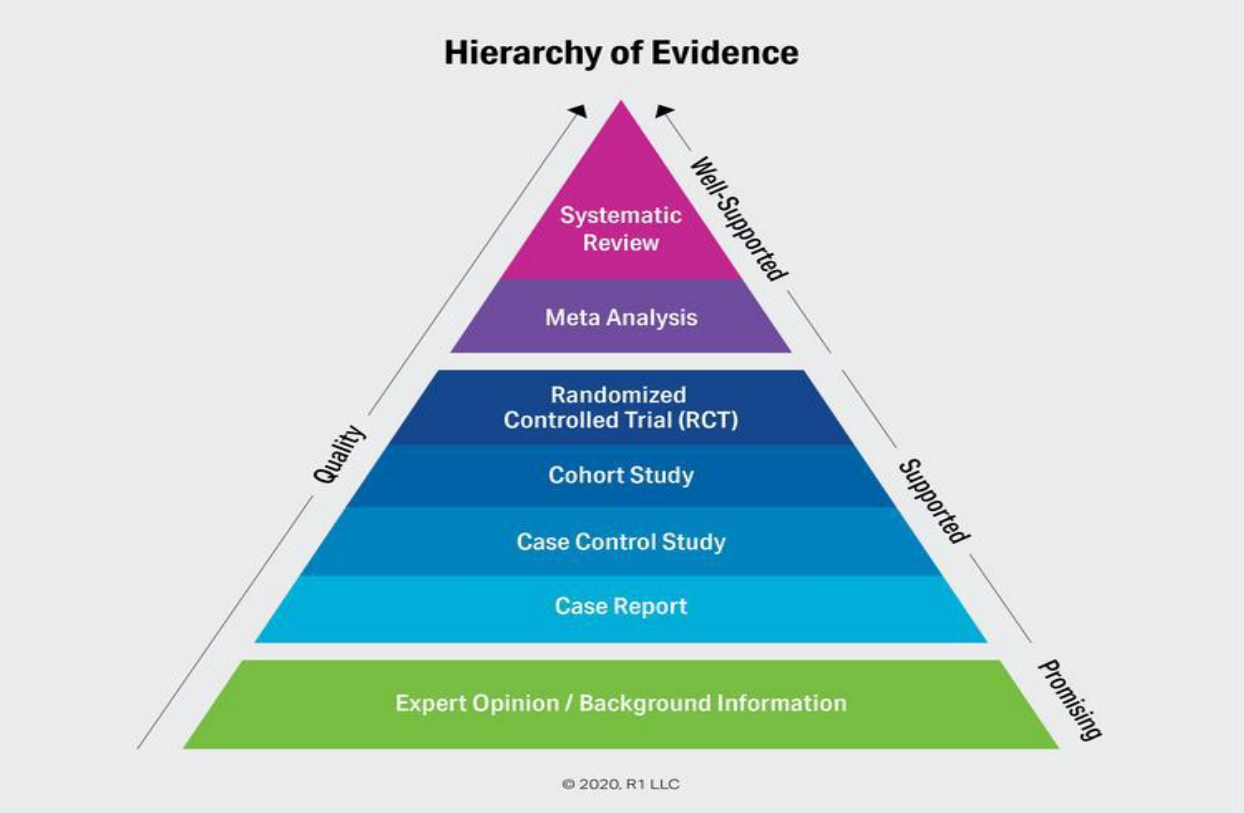
Implementation Considerations

- Health regulatory college's implementation plan
- Impact on the profession and activities to ensure practice readiness

Approach for Ongoing Quality and Safety

- Conditions, registration requirements, new policies or other regulatory activities related to the health regulatory college's expectations and practitioner accountabilities

Appendix 2: Hierarchy of Evidence



Appendix 3: Additional Required Document List for Health Regulatory Colleges

Health regulatory colleges are required to submit the following additional documents and information as part of their proposal.

Regulatory Amendments

- Provide a “Redline” version of the existing regulation with all tracked changes/amendments, including additions, deletions and/or changes in wording (if applicable).
- Provide a “Clean” version of the proposed new regulation or proposed amended regulation.
- For amending regulations only, complete the Regulation Comparison Chart template which can be downloaded at [placeholder for website].
- If the proposal is or includes a revoking regulation, explain why the regulation is being revoked and include instructions to the ministry that identify which regulation is being revoked.

Consultations

- If applicable, provide a copy of the Minister of Health’s letter waiving or amending circulation to the proposal required under the RHPA.
- Provide a copy of the information circulated and communicated to members, stakeholders, and the public during the circulation for consultation period including any cover correspondence or directions.
- Provide a copy of the materials and feedback generated during consultations.

Regulatory Council Approvals

- Provide the approved Council minutes passing a motion to adopt the regulation(s) including any pertinent discussions associated with the motion and its passage.
- Complete the following form - Position of Council Members on College’s Proposed Regulation template, which can be downloaded at [placeholder for website].