Review – McMaster Health Forum "Modernizing the Oversight of the Health Workforce in Ontario," 2017

The McMaster Health Forum, launched in 2009, is McMaster University's policy centre focused on improving health care systems. Its goal is to "generate action on the pressing health-system issues of our time, based on the best available research evidence and systematically elicited citizen values and stakeholder insights."

The Forum's recent report, "Modernizing the Oversight of the Health Workforce in Ontario," stemmed from a 2016 dialogue conducted by the group on planning for the future health workforce. Out of this, the Ontario Ministry of Health and Long-Term Care asked the McMaster Health Forum to take a deeper dive into this topic. They sought to examine how to modernize oversight of Ontario's medical workforce. Out of this, the Forum convened three citizen panels and a stakeholder dialogue throughout 2017, with the support of the Liberal government. Twenty-five participants from government, regional and provider groups, professional associations, patient groups, regulators and research hubs took part.

The report considered the challenges facing Ontario in terms of oversight of the health care workforce. It also considered what might constitute elements of a potential approach to modernize – really overhaul – the system, and how to implement it.

The report makes no recommendations and does not arrive at a hard consensus even as it explores the modernization of Ontario's medical oversight system – that is, the profession-based Colleges. Its findings are liable to be superseded by an as yet unknown alternative approach favoured by the recently-elected government of Premier Doug Ford. However, the report is nevertheless valuable as a synthesis of public thought on the issue of oversight reform, incorporating the feedback of other stakeholders in the sector.

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The report is effectively a synthesis of the feedback from citizen panels and stakeholder dialogues, with no recommendations but a number of key findings. A few key themes emerged from the discussions:

1) **Ontario's oversight system has not kept pace with the way the health system has changed**. It does not account for changing public expectations, patient-centred care or changing delivery models, among others.

2) **The current oversight framework focuses on regulating professions as individual categories, but not groups of them.** There are 26 Colleges and they all operate independently, leading to a siloed, uncoordinated approach, leading to overlap in areas like continuing education and pursuit of members. This is in contrast to the United Kingdom,

Australia, New Zealand and Ireland, where professionals are grouped based on risk of harm, functional area or geographic area.

3) **The oversight framework has a different focus than the framework being used to educate and train health workers** – that is, they focus on scopes of practice and ensuring that members are focused on acts only to be performed by their own profession. The framework effectively stops health workers from embracing a broader scope of practice, even if they have the skills to do it. This seems to suggest that the system is seen as unnecessarily pigeonholing professionals into their discipline.

4) **The Colleges are funded through membership fees. This doesn't optimize protection of the public**, but it does allow Colleges of better-paid professions to have a huge advantage over those who make less.

5) Similarly**, it is hard for the public to find information on the oversight bodies.** Even basic information, like number of registrants and codes of ethics, may be buried in an annual report that no regular citizen will ever read. This is especially true because many organizations work parallel to the Colleges. For instance, if something happened at a hospital, a patient or caregiver might have to complain to every regulatory college involved in care, to the hospital, to the hospital's funder, to the hospital's regulator, to the Patient Ombudsman, to the coroner and to the court system. Similarly, the incident might be recorded by something like Health Quality Ontario and lumped in among other, similar types of harm.

6) With 26 Colleges, it has been hit-or-miss as to how well they have engaged patients in their work. Some Colleges convene panels and have advisory committees; some have done this only minimally. The result is that many citizens have no clue the Colleges exist.

McMaster selected three elements of a potentially comprehensive approach to modernization and floated them for public input. The approaches are:

a) **Use a risk-based approach to health workforce oversight.** Effectively this means considering the potential harms a health worker could cause, the likelihood of such harms occurring, and how bad the consequences could be if they occur, then using those factors to guide how stiff the oversight should be. This seems to mean that they would consider it more worthwhile to apply stiff oversight to, for instance, a brain surgeon than they might to a Kinesiologist, because a botched brain surgery has much more potential for risk than slipping and falling during exercise.

b) **Use competencies as the focus of oversight.** This would include considering not just technical knowledge, but soft skills like listening and communication. McMaster was vague on what this could mean, but it could include seeking public input on defining core competencies for each category of worker; expanding the use of competencies in factors like preparatory and specialty education, continuing education and other forms of education; and potentially even discarding scopes of practice and controlled acts altogether (that is, dropping restrictions on activities which can cause harm if they are performed by an unqualified person – each profession has authority to perform a number of controlled acts, at the moment) and focusing the health workforce entirely on

competencies. However, there comes a risk of a lack of consensus as to what the core competencies are for certain health workers.

c) **Employ a performance measurement and management system for the health workforce and its oversight bodies.** This is seen as an accountability measure and envisages the regular collection and publication of data to show if the health care workforce is meeting its objectives. The increased transparency should theoretically make it easier for policymakers and patients to determine changes. This step could include asking an independent body to develop and implement performance measurement, developing metrics for judging workers' performance, and having a process in place for audits of the Colleges.