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Ontario Clinic Regulation Working Group
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Submitted via email to: feedback@ontarioclinicregulation.com
RE: Feedback on Proposed Clinic Regulation Model

January 19, 2016

To Whom It May Concern:

The Registered Massage Therapists' Association of Ontario (RMTAO) represents over 6000 active members and students of the profession of massage therapy across Ontario. We would like to thank the Ontario Clinic Regulation Working Group (Working Group) for their introduction of this discussion and their diligent work up to this point. We would also like to thank them for the opportunity to provide a response to the proposed model of clinic regulation.

The RMTAO believes the people of Ontario are well served by Regulated Health Professionals under the Regulated Health Professions Act (RHPA), introduced in 1991 and enacted in 1993. The RHPA supports Regulated Health Professionals in their delivery of ethical and quality health care. Furthermore, the RMTAO firmly believes that a strong regulatory framework continues to be necessary to serve the public interest. The continued and necessary development of the RHPA will also further assist Regulated Health Professionals to provide ethical business practices, wherever delivered, regardless of the setting or ownership structure.

The RMTAO recognizes that the Regulatory Colleges included in the Working Group have exposed a significant gap in the current regulatory model. They report seeing increased examples of owners or managers of health care clinics that are directing actions, or creating environments that hinder the ability of regulated health professionals to meet their professional standards, including quality of care and business practices. "The health regulatory colleges in the Working Group are concerned that the gaps in oversight of some kinds of clinics are leading to issues with quality of care and misuse of healthcare resources."¹

The Working Group has only put forward the single proposed model for the consideration of stakeholders.

¹ (<http://www.ontarioclinicregulation.com/why-explore-clinic-regulation/>)

The RMTAO has examined the proposed model, and while we agree that the gap in regulatory oversight expressed by the Working Group exists, we are not confident we have the information to understand the scope of the problem. Currently, there is no consistent data on the issue. Similarly, while we agree that the concept of clinic regulation is a necessary addition to the regulatory oversight model, the current proposed model is, by the Working Group's own admission, incomplete.

The RMTAO has indicated from the beginning that clinic regulation must be non-duplicative of existing regulatory processes, and must not impose undue financial hardship on the individual members of the profession. The Working Group has stated that there may well be exemptions for specific clinics or businesses that qualify as clinics. However, the criteria for exemption have not been made clear, and therefore we cannot have a position regarding the matter. We have been assured that clinic regulation will be performed on a cost-recovery basis. However, as in any marketplace, the costs of the clinic inspection process will be passed down to the individual practitioners in the clinic and therefore financially impact the individual members of the profession. There is currently no indication in the present model as to differentiation of cost to size of clinic or RHPA professionals employed. Currently, the Working Group has two separate definitions of what constitutes a "clinic". There has been no clear indication of which definition will be used in the model going forward for representation to the government.

The RMTAO supports the concept of clinic regulation whether this is realized through the creation of a separate regulatory body under the RHPA or an expansion/evolution of the current RHPA and its College regulatory framework. However, the RMTAO concludes that until there is a completed model, and definitions contained within that model, we cannot support the proposed model as presented by the Working Group at this time for profession stakeholders and Government. We believe that this is an important discussion and thank the Working Group for identifying the issue. We believe it needs a more detailed consultation involving all stakeholders, and we look forward to participating in that discussion. In preparation for that discussion, the RMTAO would like to submit the following as (partial) criteria for the framework of clinic regulation in whatever format that may take.

Criteria

- a) Clinic inspection criteria should be provided to all clinic owners and RHPA members at no charge so that clinic owners may develop and institute best practices prior to inspection.
- b) Best practice standards should be available to clinic owners and all RHPA members for all RHP professionals that fall under the same regulatory umbrella. All barriers should be removed so that clinic owners and RHP members can understand the similarities and differences to each profession and, therefore, the expectations for each.
- c) A clinic inspection process that does not duplicate a process already in place by the regulatory body.
- d) An agreement and clear position from the regulators regarding electronic record keeping is required.
- e) An easily recognizable rating system for clinic inspection results.
- f) A clear and understandable process for clinic exemption. Those RHP members that do not require a clinic inspection should earn an equal published rating. This system should be implemented so that there does not appear to be some work environments that have achieved a 'superior' rating.

- g) Reasonable time should be granted to those clinics that will require changes. Consideration should be given to any cost of the required change with time allowances that reflect that consideration.
- h) The cost of clinic inspection should be reasonable and minimal. Costs should be reflective of the size of the business and number of RHPA members. Smaller clinics should not subsidize larger clinics.
- i) Franchise enterprises should be liable for their own inspections. An entire company should NOT pay one fee, or have one single inspection. The inspection *and* fee should apply to *each* branch.
- j) Whistle-blower protection must be put in place.
- k) Inspections must be carried out in a consistent and comprehensive manner with transparent criteria for all health providers i.e. Records retention, receipt signatures, etc.
- l) Where it is discovered that a clinic is actively, now or has in the past, engaged in an illegal or criminal activity, said clinic ownership shall be reported by the clinic inspectors to the appropriate legal entity.
- m) Any clinic that has been subjected to an inspection outside of the accepted schedule due to a complaint that has proven to be spurious with no basis or foundation in fact, shall not be responsible for any fees associated with the inspection.

The RMTAO would like to thank the Ontario Clinic Regulation Working Group for the opportunity to submit our feedback to this consultation. We would also like to thank the Working Group for the invitation to discuss and hear the various perspectives at the recent consultation with the professional associations.

We believe wholeheartedly that no health professional should be placed in the position of having to decide between employment and upholding professional standards and ethical business practices. The RMTAO looks forward to participating in future consultations with the Working Group on Clinic Regulation.

Respectfully submitted,



Krystin Bokalo, BAHSc, CAT(C), RMT
Chair, Board of Directors, RMTAO

Cc: Corinne Flitton, Registrar and Chief Operating Officer, College of Massage Therapists of Ontario