

Program Review of the Ontario Personal Support Worker Registry

Final Report

January 2016

About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of nine statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation.¹ We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at www.professionalstandards.org.uk.

¹ Professional Standards Authority 2015 *Right-touch regulation revised*. Available at <http://www.professionalstandards.org.uk/policy-and-research/right-touch-regulation>

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1. Key points

From our independent program review of the Personal Support Worker (PSW) Registry, we have concluded the following:

1. The current arrangements for the Registry offer limited assurance for employers and clients of PSW's identity, competence and suitability to practise.
2. Our gap analysis identified several gaps in the current Registry, including the absence of a mechanism to review, suspend or terminate registration.
3. The operational costs of the Registry are high compared to the services and assurance it offers. We believe that currently the Registry does not offer value-for-money given its limited functions and utility. For a similar amount of money the Ministry could fund a voluntary register which does deliver all its Guiding Principles.
4. The Registry has not met some of the Guiding Principles against which we were asked to measure its progress.
5. The current governance and oversight structures of the Registry does not meet the Ministry's principle of inclusivity (that is, the current governance of the PSW Registry includes broad representation from sector stakeholders to ensure multiple viewpoints are represented and accommodated).
6. Our rapid review of the hazards presented by PSWs to clients suggests that there are relatively few relating to the tasks they undertake, but that the isolated practice context and the vulnerability of clients may heighten the risks.
7. After assessing several options for the future of the Registry we recommend strengthening the current voluntary registration model and rehousing it, preferably with some form of independent assurance, similar to the accredited registers model in the UK.
8. The Ministry could either set up a new body to host the voluntary Registry or house it with the College of Nurses of Ontario if it plans to statutorily regulate this workforce in future.

2. Introduction

- 2.1 The Professional Standards Authority has been commissioned by the Ontario Ministry of Health and Long-Term Care to undertake a program review of the Ontario Personal Support Worker Registry. The scope of the review and the methods of assessment are discussed in chapter 3 of this report. The review started in September 2015 and concluded in December 2015.
- 2.2 In this final report we provide an evaluation of the potential merits and challenges associated with alternatives to the current model, including alternative hosting arrangements for the PSW Registry, taking into account the legislative framework and policy mechanisms in Ontario. We make a recommendation on the model we believe to be the most appropriate for the PSW workforce in Ontario.
- 2.3 The Authority is authorised under the Health and Social Care Act (2012) to set and to publish accreditation criteria for voluntary registers of health and care occupations not regulated by statute in the UK and accredit those that meet the criteria. The criteria are set out in our *Standards for Accredited Registers*.² Organisations applying for accreditation must meet all eleven of our standards which include being committed to public protection, risk management, education and training, governance, setting standards for registrants, providing information, managing complaints and managing the register effectively.
- 2.4 In our original proposal for this review we said that we would assess the Registry against some relevant standards which we set for Accredited Voluntary Registers in the UK. We list the standards we adapted for this specific review in line with the deliverables of the project in Annex 3. However, we found that the Registry carries out very few functions compared to Accredited Registers in the UK so fully assessing it against our standards would add little value. That said the gap analysis allowed us to identify the standards which we would recommend to improve and strengthen the Registry. We will also suggest how some of these standards could be achieved based on our knowledge and experience of voluntary registers.
- 2.5 We thank the Ontario Community Support Association's Board and the Personal Support Worker Registry's staff for their positive engagement and co-operation with this review, for their readiness to provide us with the majority of the background information, paperwork and case files we needed and for the many hours they spent between them answering our questions and explaining their processes. We have also benefited from the perspectives of other stakeholders who submitted a response to our call for information and who we met face to face and by telephone.

² <http://www.professionalstandards.org.uk/accredited-registers/about-accredited-registers/our-standards>

3. Scope of the review and assessment

- 3.1 The Authority has been commissioned by the Ontario Ministry of Health and Long-Term Care to undertake a program review of the Ontario Personal Support Worker Registry. We have been asked to carry out the following:
- Conduct a gap analysis of current PSW Registry operations and administrative practices, particularly as they pertain to registration and validation of new applicants and renewing registrants, and assess current funding levels and value-for-money for the PSW Registry.
 - Assess whether the Registry has achieved the Ministry's **Guiding Principles** for the Registry, which include:
 - Phased implementation for mandatory registration of PSWs employed by publicly funded health care employers, beginning with the home care sector.
 - Ensuring as much of the current PSW workforce as possible is captured in the PSW Registry, including grandparenting.
 - Tiered access to the PSW Registry for clients and family caregivers to support self-directed care. If a client or family caregiver wants to hire a PSW, the PSW Registry will provide them with information on the PSW's training and experience. It will also provide linkages between PSWs and potential clients.
 - Tiered access to the PSW Registry for employers to support their use of the PSW Registry in the first instance to fill vacancies.
 - The establishment of a process for reviewing, suspending or terminating PSW registration, which will help to provide peace of mind to clients and their families that a PSW listed on the PSW Registry does not present a known risk to public safety.
 - Evaluate the PSW Registry's current governance and oversight structures.
 - Provide options and recommendations for strategic directions and potential pathways forward for the PSW Registry, including alternative models, such as professional regulation or certification and licensing models.

Review Framework

- 3.2 We prepared a review framework with the deliverables contractually required by the Ministry for this review. We reviewed the PSW Registry against the deliverables and the relevant standards we set for voluntary registers we accredit in the UK. We then identified gaps and made recommendations to improve and strengthen the Registry. We have taken into account the legislative and policy framework in Ontario when carrying out our assessment. We have also taken into account the context within which the Registry

operates. The framework listed the possible evidence we required to carry out the review.

Methods of Assessment

3.3 We adapted the assessment methods we currently use to assess and accredit voluntary registers in the UK for the review of the PSW Registry. We also adapted our *Standards for Accredited Registers*. The review consisted of:

- Documentary review of evidence provided by the Ministry and the PSW Registry
- Site visit to the Registry's office to audit the Registry's processes
- Assessment of governance and oversight structures including reviews of Committees' meetings minutes and papers and interviews with Chair and Board members
- Interviews with relevant Registry's staff (face to face and telephone)
- Interviews with other stakeholders (face to face and telephone)
- Call for information (survey) as part of stakeholder input deliverable
- Review of PSW Registry's website (service user pathway journey).

Timescale

3.4 The contract for this review was signed in September 2015. We were asked to provide a preliminary report to the Ministry by 6 November 2015 and a final report by 8 January 2016. Two members of the Authority's review team visited Toronto from 5 October to 9 October 2015. The preliminary report and this final report were delivered on time.

PART I: Review of the current PSW Registry

In Part I of this report we assess the current PSW Registry. We carried out a gap analysis, reviewed funding requirements and value-for-money, checked progress against the Ministry's Guiding Principles and reviewed the Registry's current governance and oversight structures.

4. The Personal Support Worker workforce and the Registry

The PSW workforce

- 4.1 According to the PSW Registry, PSWs are unregulated frontline health care workers who provide personal support services to patients/residents/clients in a variety of care settings, such as hospitals, long-term care homes, community-based care settings or in their clients' homes. PSWs work with people who have a broad spectrum of care needs and health conditions. Individuals who provide personal support services can hold different titles, including PSW, health care aide, personal attendant, home support worker, visiting homemaker, respite care worker, palliative care worker and supportive care assistant.
- 4.2 An analysis of the PSW Registry data³ (shared with us for this review) shows that the workforce is older (over 50% of registered PSWs are aged between 40 and 59) and predominantly female (92%). At the time of the analysis, 15% had a gap in their PSW employment history. In this sub-group 22% had taken maternity leave and 13% had taken time off to care for a family member. We understand from our engagement with stakeholders that some PSWs have multiple employers. The part-time and casual nature of PSW work has been considered in Ontario. The PSW workforce is significantly different from most other health care occupations in its levels of mobility, education, gender and pay.
- 4.3 In May 2011, the Ministry announced the creation of a Registry of Personal Support Workers to acknowledge the care they provide daily to some of Ontario's most vulnerable populations, including seniors and people with chronic illnesses and disabilities.⁴
- 4.4 The Ministry funded the Ontario Community Support Association (OCSA) to set up and manage the Registry.
- 4.5 On 1 June 2012, the Ontario PSW Registry was officially launched and according to the Registry's holder it now has over 30,000 registered PSWs.

³ Presentation by Janet Lum, Co-Chair of the Canadian Research Network for Care in the Community, Professor and Associate Dean, Research and Graduate Studies, Ryerson University. *What does the Ontario PSW Registry tell us...so far?*

⁴ Ministry of Health and Long-Term Care news release, 14 June 2012

- 4.6 Registration is voluntary. However, service providers offering publicly-funded personal support services were asked by the Ministry to encourage their PSWs to register. In addition, the MOHLTC planned to require publicly-funded health care providers, beginning with the home and community care sectors, to ensure workers providing publicly-funded personal support services in Ontario were registered with the PSW Registry.
- 4.7 All PSWs and individuals providing personal support services who meet the eligibility criteria are able to register, including those who work in the home and community care, long-term care or hospitals. There is no cost to PSWs to join the Registry. Individuals who can register are:
- Those who have completed a recognised Ontario PSW program that meets the educational standard established by any one of the following: Ministry of Training, Colleges and Universities, National Association of Career Colleges and MOHLTC/Ontario Community Support Association
 - Those who have not completed a recognised Ontario PSW program but are currently employed to provide personal support services in Ontario by a home or community service provider agency, long-term care home or hospital organization ('employer organisation') and not exclusively by a private individual
 - Those who have not completed a recognised Ontario PSW program and are not currently employed to provide personal support services, but have worked in that capacity for an employer organisation and not exclusively a private individual in Ontario at some point in the five years prior to registration.
- 4.8 The Registry responds to complaints about PSWs, employers and clients by referring inquiries to an appropriate authority, such as the relevant Community Care Access Centre or the Ministry of Labour, that can either address, investigate and/or resolve the complaint.
- 4.9 As stated above the Registry is currently funded by the MOHLTC. This is done by means of a Transfer Payment Agreement (TPA), setting out the amount to be transferred, the terms of the agreement, and a project description and timeline. Under the terms of that agreement, if the transfer payment recipient breaches the terms of the agreement (that is, by failing to deliver the project or by deviating from the budget), the MOHLTC can choose to avail itself of the relevant corrective action provisions set out in the Agreement, up to and including, termination of the agreement.

5. Gap analysis of the current PSW Registry

- 5.1 We have carried out a review, assessment and gap analysis of the current PSW Registry operations and administrative practices, particularly as they pertain to:
- a) Policies governing registration and validation of new applications and renewed registration
 - b) Determination whether the mechanisms currently employed by the PSW Registry to confirm and verify an applicant's identity, educational credentials, and employment history are sufficiently stringent to achieve the Ministry's commitment to the promotion of public safety
 - c) Advice on potential mechanisms and processes for optimal administration of the PSW Registry that meets the Ministry's Guiding Principles for the Registry.

Findings of review of registration process

- 5.2 During our site visit, we reviewed the Ontario PSW Registry Registration Policies and Practices (Version 1.0 February 2015) and how they are applied in practice. Based on the three eligibility criteria to enter the Registry we checked a random sample of:
- i) Five successful and five unsuccessful applications for registration from applicants/PSWs who should have a formal PSW Certificate from a recognized Ontario program
 - ii) Five successful and five unsuccessful applications for registration from applicants/PSW who should be currently employed to provide personal support services in Ontario by a home or community service provider agency, long-term care home or hospital organization (and not exclusively by a private individual)
 - iii) Five successful and five unsuccessful applications for registration from applicants/PSWs who should have been employed within the last five years to provide personal support services in Ontario by a home or community service provider agency, long-term care home or hospital organization (and not exclusively by a private individual).
- 5.3 A list with registration numbers under each category was provided by the Registry to the review team who then randomly selected the sample described above for review.
- 5.4 Applicants can apply for registration by sending a paper application to the Registry or completing an online application. The findings of our review of the sample of registration files are discussed below.

Proof of identity

- 5.5 The Registry does not require proof of identity from applicants.⁵ Applicants have to agree (by clicking 'I agree' in the online form and by signing the paper application) with the declaration and consent section of the application. This section states: '*I understand that making a false or misleading statement or representation on my application, renewal, or supporting documents may result in the cancellation of my registration application or renewal and/or the suspension of my Registry profile.*' However, the Registry does not have a documented process in place to review concerns about PSWs misrepresenting information or apparently in breach of their self-declaration. The Registry has told us that to strengthen the assurance that the submitted information is valid, the Registry has a multi-step verification process that includes cross checking of eligibility documents against the information provided by the applicant.

Education and training evidence

- 5.6 The Registry accepts copies of certificates in different formats. We saw registration files with the following: a black and white photocopied certificate, scanned copy in colour, a photo (JPEG file) of a certificate and an image pasted onto a Microsoft Word document. We believe that the acceptance of different formats may, facilitate the submission of fraudulent evidence. To mitigate this risk, the Registry provides guidelines for staff processing applications on how to verify whether or not a copy of a certificate is legitimate. For example, staff will ascertain the copy has the name, brand, stamp (or seal) and signature of the training provider in addition to the title of the course and name of the applicant. However, all these could be easily fabricated in an electronic or paper copy. The Registry has told us that their procedure has been successful in identifying certificates that do not meet the established verification criteria.
- 5.7 The Registry also verifies whether or not an educational institution is in operation and delivers (or had delivered in the past) the relevant training program.⁶ If they do, the Registry will add the educational institution to its database drop down list. If a provider is not listed the registration team will send its name to the stakeholder liaison person for verification. The verification process followed by the stakeholder liaison person was not documented at the time of the site visit. We were informed that there are 346 educational institutions identified by the Registry and on its database. The Registry has

⁵ In the documentation submitted by the Registry for this review we reviewed a letter of 29 July 2011 from the Assistant Commissioner (Privacy), Information and Privacy Commissioner of Ontario, to the Ministry of Health which stated 'While the identity of the registry participant would need to be verified for the registry, as you have indicated, this could be accomplished by means of their proof of education and/or certification and training.

⁶ The Registry has a draft 'Certificate Verification Standard Procedure' for staff. To be approved in due course.

told us that the time of the site visit (October 2015) coincided with the increased volume due to the Fall verification of education institutions providing PSW programs. The stakeholder liaison person had a list of 448 educational institutions, therefore there were 102 institutions to be added to the database. If Registry staff are still in doubt about the certificate they will request a transcript or seek consent from the applicant to contact the training provider for verification.

- 5.8 If the Registry cannot ascertain the legitimacy of the education and training information provided by the applicant it will assess whether or not the applicant satisfies the employment eligibility criteria. This means that applicants who potentially misrepresented their information about education and training may still be registered if they can show that they are currently employed or were employed in the past five years as a PSW. The Registry informed us that they had never identified a case of a fraudulent certificate, therefore there is no evidence of materialisation of the risk described above. However, their verification process may not identify fraud.
- 5.9 Since April 2015, certificates of training programs delivered by private colleges have to be accompanied by a certificate from the National Association of Career Colleges (NACC). The latter means that the applicant has passed a theory exam at the end of their practical training with the private college. Since April 2015, new applicants and renewing registrants who graduated from private colleges have been asked to provide their NACC certificate.⁷ This may suggest that the Registry is not able to be sure that all of its registrants trained in private colleges and registered prior to April 2015 meet both the practical and theoretical parts of the education criteria. The Registry has told us that this difference would be resolved during ongoing annual renewal processes.

Currency of education and training

- 5.10 We were informed that approved PSW training started in 1997. Some training providers no longer exist and others no longer deliver the PSW training program or have done so on-and-off for a period of time. Therefore, this provides a challenge for the Registry's verification process because it may not be able to obtain assurance from the training provider that it delivered the course in the specified period. The Registry has also identified that its current eligibility criteria do not specify a cut-off period for currency of education.⁸ In addition, we found that the Registry has no policy or mechanism requiring registrants to keep their practice up to date, and no regular checks that registrants continue to be competent and safe. This type of assurance would be particularly important for registrants who trained long time ago and had not practised for some time wishing to return to practice and register.

⁷ We discuss the renewal process in paragraphs 5.22-5.28.

⁸ 'Common PSW Education Standard', draft document prepared by the Registry and shared with us for this review.

Employment evidence

- 5.11 Applicants applying through the employment route must provide a letter from their current employer as proof that they are currently employed or from their last employer as proof that they were employed in the past five years. In order to assist with this, the Registry provides a template letter which can be used by employers. The template letter states: *'[name of applicant] is currently employed or has been employed in the past 5 years'*. We noticed in our review a case where the letter from the employer did not specify one or the other. The Registry accepted the letter as proof, however there was no way for the Registry to know if the applicant was currently employed or employed in the past five years. In the online application the applicant must select whether they are currently employed or had been employed in the past five years. In this case, the Registry relied on the answer provided by the applicant as the letter was not clear.
- 5.12 The Registry accepts different formats of letters, including JPEG scan files, PDF and hard copies. The Registry does not accept letters submitted as a Microsoft Word file. The Registry verifies whether or not a letter is on headed paper, signed and with the logo and brand of the employer. The Registry database contains a drop-down list of identified employers. If an employer is not listed the registration team will send its name to the stakeholder liaison person for verification. The Registry told us that only employers that are successfully verified will be added to the database. At the time of the site visit, the stakeholder liaison person's process of verification was not documented. We were informed that there are 1024 employers identified by the Registry and on its database. At the time of the site visit the stakeholder liaison person had a list of 1714 employers, therefore there were 690 identified employers still to be added to the database.⁹
- 5.13 The Registry neither specifies who in the employer organisation should sign the letter provided by the applicant nor the level of seniority or responsibility (for example, line manager of the applicant). We believe that this may enable the submission of fraudulent evidence.
- 5.14 The Registry does not accept offer of employment letters as evidence. We saw cases where the application was rejected on these grounds. Since February 2015, at the request of the Ministry, the Registry has stopped accepting letters from a private individual employer as proof of employment. We were unable to verify on site how many registrants on the database had already provided this type of evidence in order to register. The Registry has told us that less than 1% of registrants fall into this category.
- 5.15 The Registry informed us that PSWs were often concerned about disclosing their employer's name as they think the Registry will contact the employer to ask about their performance. PSWs have also reported concerns about disclosing more than one employer when they work for multiple employers to

⁹ The Registry has a draft 'Verification of PSW Employer Organisations Standard Operating Procedure' for staff. To be approved in due course.

make up a reasonable number of work hours a month – with the concern that one employer will find out that the PSW is working for another employer.

- 5.16 The Registry accepts as evidence for the third eligibility criterion ‘an employment letter from his or her most recent Ontario employer organisation; or a copy of his or her employer organisation paystub if it shows his or her job position on the pay stub (and provided that the job position indicates a personal support worker role)’.¹⁰ The Registry has told us that this allows an applicant to submit a paystub from any employer within the last five years and does not have to be the applicant’s ‘most recent’ employer. The registration policy is not clear that the paystub can be from any employer in the past five years.

Length of employment

- 5.17 The employment route to the Registry does not require PSWs to be employed for a period of time before they can register. Therefore, a practitioner employed for a few days is entitled to register. In the same way, an applicant not currently employed but who has been employed as a PSW in the past five years is not required to have been employed for a specific length of time in the past five years. We found a case where the letter from the last employer confirmed that the registrant was employed as a PSW in the summer 2014 and during the Christmas holiday in 2014. The lack of a minimum number of practice hours to be eligible to apply for registration could be considered a gap in the eligibility criteria.

Verification of postal address

- 5.18 The Registry will verify the postal address provided by the applicant if unsure of its legitimacy. For example, PO boxes and rural addresses are checked by registration staff. There are no written guidelines or standard operating procedure setting out the types of addresses staff need to check. That said, the Registry has a quality assurance process in place whereby the Team Leader of the registration team audits a sample of applications weekly to ensure they contain relevant information and were properly processed. The Team Leader will verify postal addresses as well if they believe it to be necessary. The Registry has told us that, in addition, Registry staff contact applicants/registrants when mail is returned to verify their address information.

Draft and incomplete applications for registration

- 5.19 The applicant has 30 days to submit an online application after they start the process. The application will be saved as a draft on the database and completion can be resumed by the applicant at any time. According to the Registry’s policy if the applicant does not submit after 30 days the draft will be deleted. At the time of the site visit there were 2985 drafts on the database. The Registry informed that drafts from inception up to November 2014 were deleted before the start of the renewal process in 2015 and that it did not have

¹⁰ Registry’s *Registration Policies and Practices* (version 1) document.

the resources to contact applicants who had started applications but did not submit. Furthermore, applicants have six months after submission to upload proof of education and training or employment. According to the Registry's policy after six months, incomplete applications will be deleted. The Registry followed up applications prior to August 2014 which were incomplete to try to finalise them. The applications with no documentation uploaded were deactivated and are not accessible by the registration team, however they are still available to management (approximately 6,000 profiles).

- 5.20 Once an application has been submitted, the applicant receives an email confirming this and explaining that it will be assessed by the Registry. In the email they also receive an applicant number with the letter 'A' (for applicant) at the end of the number. After assessment, if an application does not satisfy the eligibility criteria the registration team will mark it as 'registration incomplete'. The applicant will still be able to access its application online even after the Registry has deemed the registration to be incomplete. The current database does not have '*application rejected or denied*' functionality. This may impact on the Registry's ability to demonstrate that it only accepts those who meet its criteria. We found a case during our review where a fraudulent letter of employment was identified by the registration team. The applicant was informed that the letter was not accepted as proof of employment and the application was marked as 'registration incomplete'. However, as described above, the applicant could still access its profile on the Registry database without it being clear that they were not registered or still under consideration. We understand that this case, an external attempt to test the robustness of the Registry's registration process, was reported in the Toronto press. The Registry informed us that the database was being improved to add more direct and clear language to provide the outcome of an application: for example, '*application denied*' instead of incomplete or expired and '*application on hold*' for evidence that does not satisfy the Registry's verification process.

Monitoring of issues

- 5.21 The Registry has a list of individual PSWs who have been exposed in the press or had issues identified during registration as described above. The registration team checks this list every day before they start processing applications. In case these individuals attempt to register the team will refer to a manager for consideration. We understand that a new version of the database will include those names and '*refer to manager*' option for review. The manager may seek advice from the Registration Management Advisory Committee (RMAC) for some cases. Final decision about registration is made by the Registry's senior management. An example of this in practice is provided below.

Findings of review of renewal process

- 5.22 During the site visit we also checked a random sample of renewal cases as following:
- i) 20 successful applications for renewal of registration

- ii) 10 unsuccessful applications for renewal of registration
- 5.23 A list with registration numbers under each category was provided by the Registry to the review team who then randomly selected the sample above for review.
- 5.24 Registrants can renew their registration by sending a paper renewal application to the Registry or completing an online application. The findings of our review of the sample of renewal of registration files are discussed below.
- 5.25 The Registry started its first renewal process in January 2015. It received 15,000 applications for renewal. The registration team consisting of four customer service representatives, a team leader, a manager and temporary staff that were responsible for processing new and renewal applications. The Registry was asked by the Ministry to pause processing of renewal applications in January 2015 due to concerns about the assurance provided by the Registry in relation to PSWs. The Registry resumed processing in February 2015 therefore at the time of the site visit a backlog of renewals and new applications was being processed.
- 5.26 We found that since the opening of the Registry the type of evidence to demonstrate an applicant meets the eligibility criteria had changed several times. This was most evident when we looked at renewal applications. For example, for the education and training route, honourable certificates¹¹ and letters from a training provider confirming completion of a course were accepted as evidence in the past. For the employment route, letters from private individual employers were previously accepted as evidence. During the renewal process, the Registry decided to request the current most up to date evidence from registrants who had provided one of the documents above at the time of their initial registration. The registration team was instructed to review all the information in each individual renewal profile as if they were a new application. This full re-assessment and request for new evidence in conjunction with the pause in the processing of renewals contributed to the backlog of applications mentioned above (as also explained below).
- 5.27 To illustrate changes in the evidence requirement we noted a case where renewal was not approved because at the time of initial registration (October 2012) the letter from the employer stated that the registrant was '*Attendant of Personal Services*' (evidence accepted by the Registry at the time but no longer sufficient). The requirement for including '*personal support worker or an individual providing personal support services*' in the letter from employers was put in place in March 2014. From July 2015 the Registry started accepting letters from employers confirming that an applicant carried out a list of duties (designed by the Registry) as an indicator that the applicant provide personal support services. This is in the template letter available to employers.

¹¹ Honourable certificates are not demonstration of graduation but of high grades.

- 5.28 Because renewal is not compulsory, these changes to requirements mean that those registrants who chose to renew have had to comply with up-to-date policies while those who chose not to have not.

Findings of review of termination and suspension of registration

- 5.29 We asked to check a random sample of the following at the site visit:
- i) 10 cases where registration was terminated by the Registry and not requested by the registrant (involuntary termination)
 - ii) 10 cases where registration was terminated by the Registry at the request of the registrant
 - iii) 10 cases where registration was suspended by the Registry.
- 5.30 The Registry has never suspended a registrant so we were unable to check such a sample. It does not have a policy or procedure in place for suspension of registrants. We were informed that the Registry is currently in the early stages of developing a policy for suspension linked to proposed changes to the database discussed above to include '*application on hold/denied*'.
- 5.31 The Registry has terminated the registration of one registrant since its inception (involuntary termination). The registrant was caught on camera mistreating an elderly patient and was dismissed by their employer. The Registry's '*Registration Policies and Practices (version 1)*' state that the registrant will be removed from the Registry if he or she has been convicted of a serious crime that creates a reputational risk that threatens the credibility and good standing of the Registry. In this case the registrant was neither convicted nor charged. The Registry removed the registrant on the basis of the declaration and consent submitted by the registrant as part of the original application, which stated that OCSA has a general right to suspend profiles or cancel registration if deemed appropriate. Even so, there is a gap in the Registry's written policy to describe how it will respond to concerns and complaints about registrants not convicted of a serious crime.
- 5.32 The RMAC was consulted on whether or not to remove the registrant mentioned above from the Registry. However, the registration policy does not state that RMAC will be consulted on issues of conduct not related to criminal convictions. In addition, the Registry does not have a code of conduct or set of personal behaviour standards that registrants must follow and be held to account against. We have seen a summary form submitted by the Registry to RMAC with information of the case and questions for the Committee on whether or not the case constituted a reputational risk and therefore the registrant had to be removed. The RMAC advised removal in May 2015. Registry management agreed and removed the registrant in July 2015. The Registry informed us that it took this long to remove the registrant because they were finalising the process for removal to be used for future cases and were agreeing the language to be used in the outcome letter sent to the registrant. We have not seen the process for removal and the registration

policy has not been amended so far. However, the Registry has told us that they have a draft process ready for implementation.

- 5.33 In our review of 10 cases of registrants removed at their request (self-removal under the Registry's registration policy) we noted that 63 registrants had been removed since 2012. The process for self-removal and the form registrants are required to complete were implemented in November 2014. We reviewed a case where the registrant had asked to be removed in December 2013 but was only removed from the Registry in November 2014 when the process was put in place.

Findings after review of concerns and complaints

- 5.34 We asked to review a random sample of 20 concerns or complaints about registrants handled by the Registry. The Registry does not have the authority or mechanisms to resolve complaints or investigate concerns about registrants. If a member of the public makes a complaint against a registrant the Registry will refer the complainant to a relevant agency or authority able to assist, for example, the relevant Community Care Access Centre or the Ministry of Labour. The Registry started recording complaints referrals in July 2015. There was one case recorded at the time of the site visit. The Registry has told us that the list we reviewed while on site included only complaint referrals logged from the start of the renewal period and that complaint referrals have been tracked since the launch of the Registry in 2012 and the full to-date report can be provided upon request.
- 5.35 As briefly discussed above (para 5.21), the Registry started a list in April 2015 with names of PSWs who had issues related to their conduct reported in the media or through authoritative and credible information provided to the Registry which can be verified by publicly accessible sources or directly with the applicant/registrant. We reviewed a case where an applicant declared, during the renewal process, that they had a criminal record for a less serious criminal offence. The Registry referred the case to RMAC, which advised that Registry management request the applicant to re-read the Registry's removal criteria (item 7 of *Registration Policies and Practices* version 1) related to reputational risk and determine whether or not they fit the criteria. If the applicant determined that their criminal record did not fit the criteria for removal, then they would have to attest that they had not been convicted of one of the crimes stated in the policy. If at a later date, the Registry received proof that the individual had lied then he or she could be removed from the Registry. The Registry's management accepted RMAC's advice and wrote to the registrant. At the time of the site visit the registrant had not responded to this request and their renewal had not been completed and was therefore not visible to approved employers. Their name is in the 'refer to manager' list discussed above so that the registration team will refer to a manager for review if a response is received. The Registry does not have a policy and formal procedure in place for dealing with less serious offences or criminal convictions. It does not have a policy or procedure to deal with self-

declarations about character or fitness to practise made by applicants and registrants during the registration and renewal processes respectively.

- 5.36 The Registry handles complaints or concerns about itself as an organisation. We saw some examples during our site visit.

Findings after review of register database maintenance

- 5.37 We reviewed the register database maintenance and its operational functions. We received a list of the changes implemented in the past years to improve the database and the quality of the data. The Registry took us through the completion of an online application step by step. The database collects comprehensive information about registrants including health human resources information (as described in the application form) to assist with workforce planning and provision of services. This information is collected at the request of the Ministry. The Registry informed us that the aggregate information has not been requested by the Ministry yet. The Registry told us that under the 2013-2014 TPA, the Registry was tasked with compiling and publishing a health human resources statistical report based on the above database.¹²
- 5.38 Registrants can access their profile and change relevant information except their name, education and employment history. They are able to change address and contact details at any time. If in future the Registry is able to investigate complaints about registrants it may choose to validate changes to contact details in case it needs to contact a Registrant about a complaint.

Recommendations following gap analysis

- 5.39 We recommend that consent for verification of educational credentials should be included in the initial declaration and consent form for initial registration. This would improve the process by making it possible for the Registry to check that a person bearing a specific name obtained the qualification in a particular year. It would also help reduce the risk of fraud.
- 5.40 We recommend that the template letter used by employers to confirm an applicant is currently employed or has been employed as a PSW in the past five years is amended to ask employers to specify one or the other.
- 5.41 In future, provided that draft applications for registration contain sufficient information about applicants, the Registry should take reasonable steps to support these individuals to complete their application as an opportunity for capturing as many PSWs as possible (Ministry's Guiding Principle). The same should be applied for applications submitted but not completed because the applicant did not upload supporting documentation. The Registry should consider and put in place the necessary resources required to support these applicants to complete their application.

¹² This was completed and is available at:

www.pswregistry.org/Web%20Documents/PSW%20Registry%20Data%20Analysis%20Results%20Feb%205%202014%20FINAL%20EN.pdf

- 5.42 We recommend that the applicant's ability to access their profile on the database is removed after an application is rejected or denied.
- 5.43 We recommend that changes in the evidence required to demonstrate compliance with the eligibility criteria are planned and agreed in advance, with reasonable notice given to registrants affected by the change to provide the additional evidence. This would improve procedural fairness and the operational efficiency of the Registry.
- 5.44 In future, we recommend that the Registry should review whether it would be appropriate and proportionate to only assess renewal applications where the applicant provided amended, updated or additional information instead of review all the information in each individual renewal profile as if they were a new application. Registrants could be asked in the 'Declaration and Consent' section of the application to confirm that their information has not changed since last registration (or last renewal). This would optimise processing of renewal applications. However, the Registry would need to have a mechanism in place to review potential misrepresentation of information in case it had reason to believe that the registrant had been dishonest in their declaration. Whichever option was implemented, we would recommend that all registrants be required to renew or confirm at regular intervals.
- 5.45 We recommend that the Registry separate renewal process from quality assurance of registrants or evidence. For the latter the Registry could consider implementing an audit process for quality assuring a percentage of registrants a year or a month when new evidence could be requested. The Registry would have to inform registrants and include this process in the terms and conditions agreed by them. The Registry could also implement phased renewal of registration with separate cohorts of registrants going through renewal at different times of the year. Another alternative would be for registrants to be asked annually to confirm their information is up to date and they continue to comply with the criteria set by the Registry. A full assessment of their registration (re-registration), including quality assurance of evidence, could take place every three or five years.
- 5.46 We recommend that the Registry develop a concerns and complaints policy and procedure to review, investigate and adjudicate on concerns and complaints about registrants submitted by any member of the public or through any reliable source. We believe this to be an essential mechanism for a Registry to be able to enhance consumer and public protection and support users of the Registry to make informed decisions. We recommend that the main purpose of this mechanism should be to protect clients and service users rather than to protect the credibility and good standing of the Registry. We believe that, if the Registry handled complaints effectively, fairly, transparently and consistently to protect the public, its credibility and good standing would also be enhanced.

Final determination and advice

- 5.47 We were asked to determine whether the mechanisms currently employed by the Registry to confirm and verify an applicant's identity, educational credentials, and employment history are sufficiently stringent to achieve the Ministry's commitment to the promotion of public safety.
- 5.48 We advise that the Registry strengthens its verification of an applicant's identity by requiring a copy of an official photo ID (for example, passport or driving licence). This in conjunction with the 'Declaration and Consent Notice' agreed by the applicant, their educational credentials and/or employment history would make verification of identify more stringent.
- 5.49 We advise that verification of educational credentials is improved by either a) requiring a certified copy of education and training certificate; or b) specifying the digital format of certificates to only include scanned colour copies with the relevant features (logo, stamp or seal, signature) matched against the list of verified education providers and training programmes on the Registry's database. Alternatively, the Registry could amend its consent notice to ask applicants for consent to verify that they have completed a training course with a relevant provider. We would also recommend that training providers seek consent from PSW students to disclose a list of graduates to the Registry. The Registry and training providers could consider how to work in partnership to promote registration and professionalism amongst graduates.
- 5.50 We advise that the Registry strengthens its verification of employment for applicants applying through that route. Given that the applicant would have asked the employer to provide a letter for the purpose of registering with the Registry, the latter could contact employers by email or telephone to confirm the information. This should be added to the consent notice agreed by the applicant. PSWs' concerns discussed above would need to be considered in more detail.
- 5.51 We believe that the Ministry's Guiding Principle of '*capturing as much of the workforce as possible, including grandparenting*' in conjunction with the tight timescales as established by the Ministry in 2012 (register 70% of PSWs employed by publicly-funded home care employers from 1 June to 31 August 2012) may have adversely impacted on the Registry's ability to be more stringent with its confirmation and verification process. In future, we recommend that the Guiding Principle could be kept however with reasonable timescales, phased key performance indicators, and caveats to support the use of criteria to enter the Registry and suitability of practitioner's requirements. This Guiding Principle should be reviewed regularly to assess and overcome challenges (not always within the Registry's control).

Review against Standards for Accredited Registers

- 5.52 In our original proposal for this review we said we would assess the Registry against some relevant standards which we set for Accredited Voluntary Registers in the UK. We list the standards we adapted for this specific review in line with the deliverables of the project in Annex 2. However, we found that

the Registry carries out very few functions compared to Accredited Registers in the UK so fully assessing it against our standards would add little value. That said, the gap analysis allowed us to identify the standards which we recommend to improve and strengthen the Registry. We also suggest how some of these standards could be achieved based on our knowledge and experience of voluntary registers. These matters are discussed below.

Setting standards for registrants

- 5.53 The Registry should set, require and promote good standards of personal behaviour, technical competence and business practice. Standards for personal behaviour should be based upon an ethical framework - a defined set of values and principles – that include responsibility, honesty, openness, integrity and respect. Technical competence refers to applied knowledge, training and skills. It includes both the set of competencies that a voluntary register requires of people on its register and the skill with which they apply their knowledge and carry out key components of their discipline, particular occupation or specialist area of practice. Business practice includes financial, managerial and administrative activities and is relevant for independent/self-employed practitioners.

Education and training

- 5.54 The Registry should set appropriate educational standards that enable its registrants to practise competently the occupation covered by its register. In setting its standards the organisation takes account of the following factors:
- The nature and extent of risk to service users and the public
 - The nature and extent of knowledge, skill and experience required to provide service users and the public with good quality care
 - Maintaining public confidence
 - Equality, diversity and human rights.
- 5.55 The Registry should require its registrants to meet its educational standards and assure itself that they do.
- 5.56 The Registry should only approve or accept those education and training courses that equip students to meet its educational standards. In addition:
- Where it permits an experience based entry route, it ensures that registrants undergo an objective assessment of equivalence.
- 5.57 We understand that the Ministry of Training, Colleges and Universities (MTCU) has established a new common educational standard based on vocational learning outcomes for PSW education and training programmes being delivered from September 2015 onwards. All training and educational institutions in Ontario that offer PSW training programmes will be required to meet these learning outcomes. Graduates will have to demonstrate they meet the learning outcomes at the end of the training programme. This will provide a common baseline of skills and competencies of newly trained PSWs. It does

not stipulate a minimum number of learning hours therefore the delivery and length of programs may still vary. Providers can also enhance their training courses as long as they contain the vocational learning outcomes.

- 5.58 In light of the above, we recommend that the Registry adopts this vocational learning outcomes as their education and training standards and ensure that registrants meets their standards at the time of registration. The Registry could consider developing a recognition of training courses scheme with criteria and a process for assessing and approving courses. Recognition by the Registry could be an additional quality mark for the course (a badge or logo could be offered to providers, for example, 'Registry recognised course'). This could generate income for the Registry if it charges a reasonable fee to recognise courses. Recognised courses would be listed on the Registry website to support aspirant PSWs to choose a provider.
- 5.59 For registrants applying through the experience route we recommend the development of an objective equivalence test to ensure that applicants who did not have their training with one of the recognised providers are assessed against the vocational learning outcomes in the new standard. For example, the Registry could consider developing a competence test. This would also allow the Registry to register PSWs trained in different provinces of Canada and abroad. This would increase its ability to capture as many PSWs as possible, promote mobility of the workforce and attract competent PSWs to Ontario. The test could also be applied to address the issues of currency of training, whether or not an applicant has sufficient number of practice hours or length of employment and a mixture of some training and experience as discussed above.

Managing the register

- 5.60 The Registry should focus on promoting the health, safety and well-being of service users and generating confidence in its register. It should maintain a register that is accurate, easily accessible to the public and supports all those using it to make informed decisions.
- 5.61 The Registry should only allow those who meet its standards to join and remain on/be on the register.
- 5.62 The Registry should require registrants to keep their practice up to date and checks at appropriate intervals that registrants continue to meet its standards.
- 5.63 The Registry should recognise decisions made by relevant authorities and employers when deciding whether a person should be admitted, kept on or removed from their register.
- 5.64 The Registry should explain clearly the circumstances in which it will review its decisions relating to admissions to the register and removal from it, and how it will do that.

Concerns and complaints handling

- 5.65 The Registry should provide clear information about its arrangements for handling complaints and concerns about a) its registrants and b) itself. It should have a procedure in place to do so.
- 5.66 The Registry should make sound decisions that are fair, transparent, consistent and explained clearly.
- 5.67 It will report concerns to other relevant agencies, for example, the police or social services, when needed to protect the public.

Mandate and authority

- 5.68 We recommend the mandate and authority to achieve the above outcomes should be in the form of a contractual relationship between the Registry and registrants. Registrants could be asked to sign clear terms and conditions of registration. The rights and responsibilities of both parties should be clearly described, in accordance with the relevant laws and agreed. This 'contract' between the Registry and the registrant would include that, amongst other things, registrants must abide by the standards of the Registry and be subject to a complaints procedure if a breach of standards is alleged. If a registrant is proven to be in breach of the standards, they could have conditions imposed on their registration, have it suspended or terminated depending on the seriousness of the breach. The Registry could use insurance to cover legal expenses and other liabilities in case its decision is challenged in a civil court.¹³
- 5.69 The benefits of registration should be clearly communicated to PSWs, employers and service users. If employers and clients have the assurance they need from the Registry and therefore only hire registered PSWs, practitioners will realise the value of being on the Registry, making registration 'mandatory by choice'. We therefore do not believe legislative change is required to deliver the functions of the Registry.

¹³ We note in the TPA effective as of the 1st April 2014 that there is a provision for insurance, including 'dispute/complaints resolution disbursements' but it was clear that OCSA did not consider this covered their legal liability risks.

6. Funding requirements and value-for-money

- 6.1 We were asked to assess the current funding requirements for the PSW Registry and provide a value-for-money assessment, including in relation to funding requirements for organisations with a similar mandate and size of client base (for example, approximately 32,000 registrants). The above should be done drawing upon the findings of the Ontario Internal Audit – Health Services Audit Team’s financial review.
- 6.2 We aimed to compare the funding requirements for the PSW Registry with two voluntary registries in Canada and two in the UK. We contacted: a) the British Columbia Care Aide and Community Health Worker Registry (CACHWR) and the Nova Scotia Continuing Care Assistant Registry (CCAR) in Canada; and b) the British Association for Counselling and Psychotherapy (BACP) and the Academy of Healthcare Science (AHS) in the UK (both the latter hold a register accredited by us). We asked whether or not they could provide their total budget, total costs, costs of registration and number of registrants. We had access to financial information from CACHWR, CCAR, the BACP and the AHS.
- 6.3 The table below shows a comparison based on the costs of those registers. The UK registers provide significantly more services than the two Canadian registers and it was not possible to obtain exact figures of costs of registration (break down of costs per function of the register divided by the number of registrants) in order to make a direct comparison with the PSW Registry. The nearest comparison is with the CACHWR, however, their costs are subsidised by paying low overheads to their host, the Health Employers Association of British Columbia (an Arm’s Length Body of the Ministry of Health of British Columbia). This subsidy is not quantified in their accounts.

	PSWR (Ontario)	CACHWR (BC)	CCAR (NS)	BACP (UK)	AHS (UK)
Type of registrant	Personal support workers	Care Aide and Community Health Worker	Continuing Care Assistant	Counsellors and Psychotherapists	Health scientists and technicians
Registrants	32,000	30,403	1,810	22,115	around 500
Fee	\$0	\$0	\$0	\$320 ¹⁴	Practitioner Training Programme Equivalence \$100. Academy's Accredited Register \$100.
Renewal frequency	Annual (?)	Annual	Annual	Annual	Annual
Services offered					
Register	Y	Y	Y	Y	Y
Registrant checks ¹⁵	Partial			Y	Y
Accreditation		Y		Y	Y
Insurance				Y	
Complaints investigation		Y		Y	Y
Total Budget	\$2,506,968 ¹⁶	\$600,000 ¹⁷	\$75,000 ¹⁸	\$14,000,000 ¹⁹	min of \$1,500,000 ²⁰
Estimated cost of register²¹	\$2,097,103	\$348,000 ²²	\$75,000	\$3,000,000	\$380,000 ²³
Estimated cost of the register per registrant	\$66	\$12	\$41	\$136	\$760

¹⁴ Converted from UK £ at a rate of £1 to CAD\$2 (October 2015).

¹⁵ Includes checking ID, education qualifications and criminal background.

¹⁶ 2014/2015 financial year.

¹⁷ CACHWR (BC) have some of their running costs subsidised by the Health Employers Association of British Columbia

¹⁸ Budget for 2016/17. Some of the indirect costs of managing the Registry are absorbed by the CCA Program and have not been included in this estimate.

¹⁹ 2013-2014 financial year.

²⁰ The AHS has received £500,000 (CAD\$ 1m) from the UK Government as prime development fund.

²¹ The "total budget" row for each organisation is the total cost of their operations. The estimated cost of the register is what they spend purely on the registration function, after we have split out services offered such as accreditation of training courses and complaints.

²² \$20,000 is budgeted for complaints and staff are employed to do investigations on an ad-hoc basis. Two of the five full-time employees do accreditation and it is assumed the other three work on registration. Therefore, the cost of registration is estimated as 60% of the total budget excluding the \$20,000 budgeted for complaints.

²³ This is the cost of the Regulation Council and includes legal, insurance, running the register and external expenses.

- 6.4 Our general conclusion is that there is no consistent model of what a register includes or how much it should cost, as shown by the wide variation in the table. These are all well respected organisations but they all perform different functions and their costs vary significantly. Furthermore, the UK organisations register, and to an extent greater than the Canadian ones, regulate professionals who may require more rigorous (and more expensive) monitoring. This was one of the findings in the cost-efficiency review of the health professional regulators that the Centre for Health Service Economics and Organisation carried out with the Authority in 2012.²⁴ Therefore, we should not put too much emphasis on the UK bodies in terms of cost.
- 6.5 The CCAR (NS) maintains a register with limited functions but also a small one. The size means that they cannot fully exploit the scale efficiencies that we found to be a major determinant of cost in the review we mentioned above. They are still significantly cheaper per person than the much larger PSW Registry.
- 6.6 As discussed above the CACHWR (BC) is the most relevant comparator. They perform a similar task with similar registrants and carry out the register functions for \$348,000 per year. Although the overheads are subsidised (see below) we consider CACHWR (BC) gives us a reasonable cost for running the PSW Registry. It is not our aim to determine a precise number for future operational costs as we do not have all the information about the cost, social and other differences between Ontario and British Columbia that could influence an estimate like this. However, with a similar model there is no reason why Ontario should not be able to match the British Columbia costs to run a Registry for this workforce. The CACHWR (BC) performs the same services of the PSW Registry for \$600,000 plus subsidies per year.
- 6.7 In relation to subsidies, we note that CACHWR (BC) pay their host a subsidised share of rent, bills, IT, security and legal support out of their budget. If we assume that premises, professional fees and IT were to be subsidised for the PSW Registry that would come to a total of \$971,000 based on their expenditure in 2014-2015.²⁵ This is equivalent to approximately \$32 per registrant. This shows that the \$12 per person to run the CACHWR (BC) may be unrealistic if subsidies cannot be quantified. That said a similar set-up for the PSW Registry based on a Ministry own building and using government systems hosted by a larger organisation could reduce costs and control spending.
- 6.8 Finally, as demonstrated in the table above, the operational costs of the Registry are high compared to the services and assurance it offers. We understand that significant funds were invested in developing the infrastructure of the Registry such as its IT database for registration. However, we believe that currently the Registry does not offer value-for-money given its limited

²⁴ Available on our website: <http://www.professionalstandards.org.uk/library/document-detail?id=5c7ffe06-95cf-4284-8a56-f3c6a4d300e6>

²⁵ PSW Registry 2014-2015 budget shared with us for this review.

functions and utility. For similar amount of money the Ministry could fund a voluntary register which delivers its Guiding Principles.

7. Progress in meeting the Ministry's Guiding Principles for the Registry

- 7.1 In this section, we assess the PSW Registry's progress against the Ministry's five Guiding Principles set out in paragraph 3.1 above.
- 7.2 There have been some changes to the way the Guiding Principles have been presented. Three were set out first in the Transfer Payment Agreement (TPA) between the Ministry and the OCSA (dated 1 September 2011 and subsequently amended), as well as in a letter to the OCSA Chair from the then Minister for Health and Long-Term Care, Deb Matthews, on 11 April 2012. They were:
- Phased implementation for mandatory registration of PSWs employed by publicly funded health care employers, beginning with the home care sector.
 - Ensuring as much of the current PSW workforce as possible is captured in the Registry, including grandparenting.
 - Tiered access to the PSW Registry for clients and family caregivers to support self-directed care and for employers to support their use of the Registry in the first instance to fill vacancies.²⁶
- 7.3 Both the 2011 TPA and the April 2012 letter also explained that the Registry would be expected to establish a process for reviewing, suspending, or terminating PSW registration, as a means of achieving the third Guiding Principle.
- 7.4 We note that subsequent TPAs (2013-14 and 2014-16) do not explicitly mention the Guiding Principles, instead, they include detailed project descriptions and timelines.
- Phased implementation for mandatory registration of PSWs employed by publicly funded health care employers, beginning with the home care sector**
- 7.5 We consider that this Guiding Principle has not been met because mandatory registration of the PSW workforce has not been implemented for the home care sector, or indeed for any sector. It is however not within the Registry's powers to mandate registration – this would need to be led by the Ministry of Health and Long-term Care. There would be two options open to the Ministry:
- Through legislation: making it mandatory to be registered either to carry out specific care acts or to use the title of 'Personal Support Worker'; or
 - Through contractual arrangements with publicly funded care providers so that they only employ registered PSWs.
- 7.6 We discuss these two options in chapter 11 on alternative models of assurance for the PSW workforce.

²⁶ The third Guiding Principle here is set out as two separate ones in the Ministry's documentation relating to this review.

- 7.7 We were told by senior Registry staff that the Ministry's commitment to introducing mandatory registration was a barrier to the setting up of more stringent criteria for registration and of a process for removal of PSWs deemed unsuitable. The OCSA was concerned that once registration had been made mandatory, the Registry would be open to legal challenge that a PSW's right to employment had been breached if it either refused or terminated registration. They had received legal advice that this would be the case even if registration were only mandated for publicly-funded employers.
- 7.8 This concern about legal challenge may have been a driver for the OCSA issuing a letter to employers earlier this year, reminding them that registration was not compulsory. This letter was a response to the fact that a number of employers had been telling their PSWs that they had to register. We consider that it was not for the Registry to intervene in this situation, as the question of whether registration was mandatory was and remains a matter for the Ministry. We note that the OCSA took this action despite the fact that such a move from employers would have encouraged greater numbers to register and potentially paved the way for a mandatory scheme.

Ensuring as much of the current PSW workforce as possible is captured in the PSW Registry, including grandparenting

- 7.9 To date, the PSW Registry has registered approximately 33,000 PSWs of the total workforce of approximately 90,000. In the Minister's letter of 11 September 2011 the Registry was asked to register 70% of PSWs employed by publicly funded home care employers from inception (1 June 2012) to 31 August 2012. We were unable to verify how many of PSWs employed by publicly funded home care employers are registered therefore we cannot ascertain this target has been met. We nevertheless consider the current number of registrants to be an achievement given that there has never been any mechanism for mandating registration.
- 7.10 The Registry's eligibility criteria (see paragraph 4.7 above of the Gap Analysis) have undoubtedly encouraged greater numbers to register. Opening registration to those who are currently in employment or who have been employed in the past five years has enabled those already working but who do not hold a recognised qualification to be captured.
- 7.11 The term 'grandparenting' was used in the Minister's letter of 11 September 2011 to describe the process by which 'existing PSWs' might be allowed onto the register. By making these criteria so broad, the employment route to registration has undoubtedly facilitated this process. The Registry informed us that approximately 10% of registrants were registered via this route. Unfortunately, in doing so, the Registry may have compromised on the quality of assessment of PSWs' competence and suitability on the Registry. In our view, this highlights a possible tension between the Guiding Principle of registering as many PSWs as possible, and the purpose of supporting enhanced public safety that appears in the TPAs from 2013 onwards. This tension between a Government's duties to protect the public and to facilitate

access to services is a recognised phenomenon.²⁷ It comes to the fore when the responsibility for delivering these two competing aims resides in one organisation.

- 7.12 During our documentary review we saw a letter (mentioned above) from the Registry to employers stating: ‘The Ontario PSW Registry is aware that some employer organisations may have implemented a practice of making registration with the Registry a condition of employment for PSW employee candidates and/or employees. Please be reminded that at this time, the Registry remains voluntary in nature. Individuals have the option to register with the Registry or not. [...] Again, given the voluntary nature of registration in the PSW Registry, we would hope that employers understand and clearly articulate this with their staff.’ We consider that this communication runs counter to this Guiding Principle.

Access to the PSW Registry for clients and family caregivers to support self-directed care

- 7.13 The Registry does not currently publish a list of individual registered PSWs on its website. It was asked by the Ministry to remove the searchable engine previously available to clients and family caregivers to support self-directed care. The Registry did not provide assurance that registered PSWs were competent and safe to practise, therefore, clients and family caregivers could not rely on the Registry to make informed choices. This is evidenced in the ‘Personal Support Services Guide for Clients and Family Caregivers’ document published by the Registry. On the first page the document states: *‘Important Disclaimer: The ‘Personal Support Services Guide for Clients and Family Caregivers’ is provided for information purposes only. The decision to hire a PSW (where through an agency or privately) poses unique considerations for each individual and this Guide is not an exhaustive discussion of all possible issues, risks, considerations or scenarios. It is your responsibility to conduct your own research and rigorous screening process. Such a process should include (among other elements) seeking legal advice when necessary and consulting with appropriate legislation to ensure compliance and an understanding of your rights and duties under the law.’* This disclaimer raises a question about the value of the Registry since it makes clear it cannot be relied on in any way.
- 7.14 We carried out a review of the PSW Registry website using our patient/service-user pathway review tool as described in the methods of assessment (chapter 3) above. Our review identified the following:
- a) When a prospective service-user searches for information on the occupation using a web search engine and type the term ‘personal support worker Ontario’ the Registry is the third item in the results list.
 - b) A service-user finds the Registry’s website and looks for advice on the services available. They will find a list of duties carried out by PSWs, the

²⁷ See for example a presentation given by Dr Katie Elkin to the IAMRA conference 2014 on this very subject as it relates to health professional regulation in Australia and New Zealand. Available at: https://registration.livegroup.co.uk/Uploads/Event_764/Downloads/IAMRA%20presentation%20Sept%2014%20UK%20-%20revised%2011%20Sept.pdf. Accessed 21 October 2015.

benefits and what to expect. However, there is not a defined knowledge base and whether or not one is being developed is not explicit to the public. The Registry accepts three education and training programs listed on the website, however, they are not explained. A set of competencies or learning outcomes are not provided for the service user to be able to make an informed decision about the competence of PSWs.

- c) A service-user is unable to search for PSWs available in their area. The search function was removed from the website as discussed above.
- d) There is a fact sheet for the public and a toolkit with useful information on what to expect and how to hire a PSW. However, there is a disclaimer (see above para 7.13) stating that the user should not rely on the Registry for assurance that the PSW is safe and competent.
- e) Limited information is provided and limited assurance is given so it is not possible for the user to make an informed decision. In addition, the 'Data Report' under 'Resources' webpage of the Registry states: *'The Ontario PSW Registry does not guarantee the accuracy, currency, suitability or reliability of any data made available on the Registry's website at www.pswregistry.org. The user accepts the data 'as is' and assumes all risks associated with the data's use, whether actual or consequential.'* This appears to negate the value of the Registry entirely.
- f) There is no disciplinary procedure in place if the service user is unhappy with the service provided or with the conduct of a registered PSW. Therefore, the Registry cannot investigate, adjudicate or impose sanctions about complaints against registered PSWs. Consequently, information about sanctions is not available on the website. The Registry website informs users that concerns about PSWs will be referred to a relevant agency or body for resolution.
- g) It is not clear on the website how to raise a concern against the Registry as an organisation and what process is in place to deal with such concerns.
- h) The font size of the website may impact on overall accessibility. The colour scheme appears fine and there is not much use of italics to adversely impact on individuals with a visual or reading disability. The website does not appear to be offered in large font size or readable (audio) version for the visually impaired. There is a version of the website in French for French speaking Canadian citizens.
- i) The website pages are divided by three main audiences: PSWs, employers and the public. The content is designed with the relevant audience in mind.

7.15 In light of the above the Registry has not progressed in meeting this Guiding Principle. We understand that the Registry had plans to improve access for clients and family caregivers to support their care, which were put on hold until the outcome of this review.

Access to the PSW Registry for employers to support their use of the PSW Registry in the first instance to fill vacancies

7.16 Employers are able to search for specific PSWs on the website and/or obtain lists of PSWs who self-identify as being employed by that employer ('Employer Reports'). They have to sign the 'Employer User Agreement' with the Registry. Item 7 of the agreement states: *'the employer is solely responsible for*

conducting appropriate background checks on prospective PSW employees (e.g. validating educational requirements, conducting criminal record checks, etc) prior to making any hiring or other decisions made relying on information available via the Registry (including via the website). The OCSA is not responsible for those decisions. The OCSA does not endorse any PSW, whether registered or not.'

- 7.17 While the Registry does provide access for employers and offers a job board for employers to post job vacancies for PSWs overall we conclude that the Registry does not support employers' use of the Registry to fill vacancies because the employer cannot rely on any information provided by the Registry.

Process for reviewing, suspending or terminating PSW registration

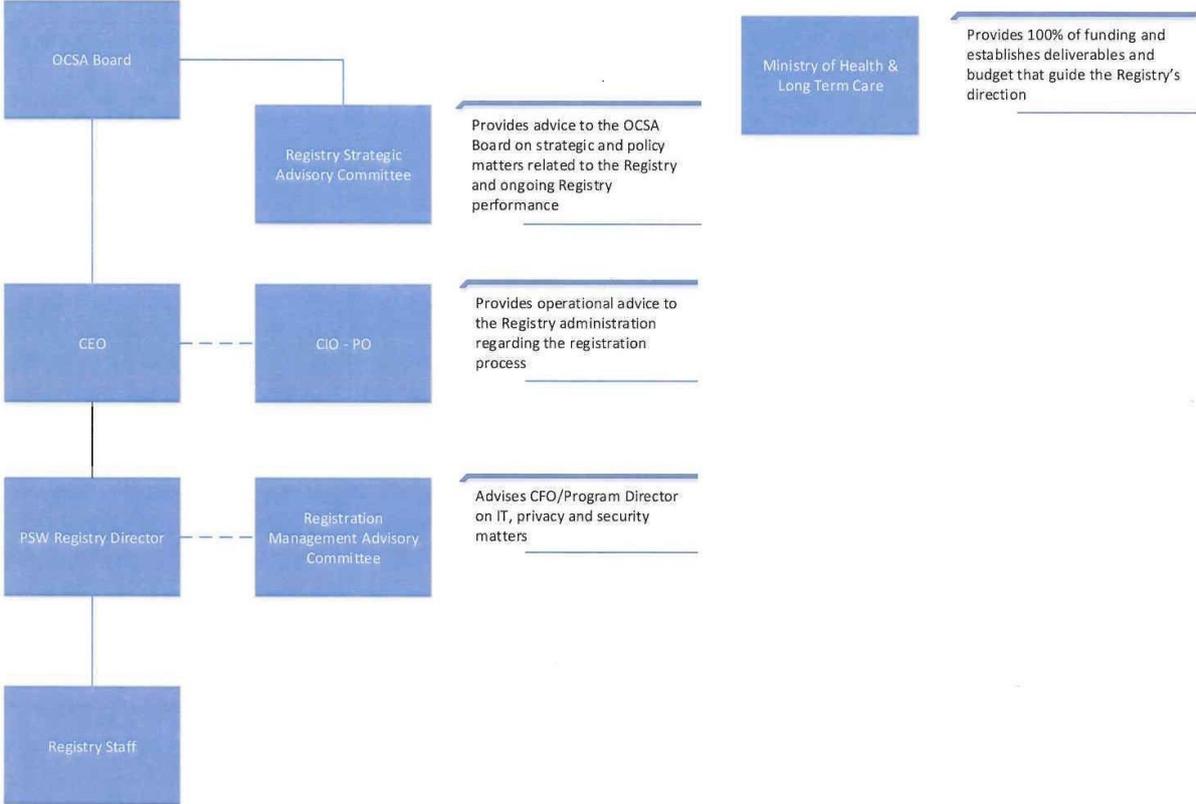
- 7.18 The review, assessment and gap analysis discussed in chapter 5 shows that the Registry has not progressed in meeting this Guiding Principle.

8. Current governance and oversight structures

- 8.1 The Registry supplied us with a governance structure diagram (see Figure 1). The OCSA Board of Directors has the ultimate responsibility for the Registry and makes strategic and policy decisions regarding registration matters. The Board is formed by 13 Directors (including the Chair and Chief Executive Officer). At the time of this review there were 11 Directors, two posts being vacant. All Board Directors except the Chief Executive Officer (*ex-officio*), are elected by OCSA member organisations. The President, Vice President and Secretary are elected by the Board from among their number. One person may hold more than one office.
- 8.2 We requested agendas, minutes and papers of the past three Board of Directors meetings in order to assess governance and oversight structure of the Registry. The review team wanted to assess the documentation in the Registry's office in Toronto during its site visit. However, the OCSA declined to provide minutes and papers of meetings of OCSA Board of Directors for review citing reasons of confidentiality. That said, during our interview with OCSA Board Members they offered to show us an example of the quarterly report the Executive of the Registry submits to OCSA Board. We have since seen a report (as at August 31, 2015) where we noted the following information:
- a) Overall Registry performance indicators
 - b) Financial performance
 - c) Status of TPA deliverables (table with 'traffic light' style to show status of completion of deliverables set in the TPA)
- 8.3 The OCSA provided agendas of Board meetings for review where items relating to the management of the Registry were included for discussion by the Board. There is a standing item on the Board's agenda for a PSW Registry update or a Registry Strategic Advisory Committee (see more information below) update. The team saw the agendas for the following meetings: 19 September 2014, 21 November 2014, 23 January 2015, 13 March 2015, 24 April 2015, 5 June 2015, 21 August 2015 and 18 September 2015.

Figure 1

PSW Registry – Governance Structure



8.4 In the absence of Board papers and minutes to review the Authority was unable to apply its governance assessment tool used to assess whether or not an organisation’s governance is based on good practice. Therefore, the limited findings below were based only on the review of the governance structure and interviews with PSW Registry Management and Board Members.

8.5 We reviewed minutes and agendas of meetings of the Registry Strategy Advisory Committee (RSAC) as discussed below. The Committee advises the OCSA Board of Directors on strategic and policy matters related to the Registry and ongoing Registry performance. It is formed by three OCSA Board Members, one of whom will be appointed as the Committee Chair by the Board as a whole, and three external members who are not OCSA Board Members. The Registry told us that RSAC had four OCSA Board Members until June 2015, at which time it was reduced to three. According to RSAC’s Terms of Reference (ToR) these individuals bring external perspectives and provide broad strategic expertise on matters related to the PSW Registry such as:

- Ontario’s health system transformation and priorities
- Health human resources planning in Ontario
- Knowledge of the PSW workforce and the evolving role of the PSWs
- General knowledge of establishing/managing professional registries.

- 8.6 There are no patient/service users representatives or lay members in RSAC. We were provided with the names of RSAC members by the Registry.
- 8.7 There may be a perceived or actual conflict of interest in having three OCSA Board members on RSAC advising the Board. However, OCSA has made clear that it disagrees with this concern stating that the RSAC is only advisory. There is an item in the RSAC's ToR on 'Confidentiality and Conflict of Interest' which states: '*Committee members will act in accordance with the confidentiality and conflict of interest requirements of OCSA. For Committee members who are Board members, the requirements are as outlined in Board policy. Committee members who are not Board members will sign a confidentiality agreement.*' There is no overall conflict of interest policy or register of interests for the Registry's committee members.
- 8.8 The Registry provided the review team with agendas and minutes of RSAC's meetings on 7 January 2014, 4 September 2014, 7 November 2014, 27 February 2015, 23 April 2015 (draft minutes as it was the most recent meeting of RSAC). The team reviewed in detail minutes of the past three meetings. In the November 2014 meeting we noted a discussion about making the Registry a separate legal entity and the mandatory registration requirement from the Ministry. In the February 2015 meeting we noted approval of the OCSA Board to make the Registry a separate legal entity, discussion about the mandate review and consideration of registrant removal criteria. In the April 2015 meeting we noted that the three external members of RSAC were not present and the meeting went ahead with the three OCSA Board members only. RSAC's ToR submitted to us for this review (with no version control date) states that '*quorum will constitute the majority of committee members and including at least 50% of elected director members*'. However, they continued the meeting despite it appearing to be inquorate. There was a recommendation by the Committee that it should maintain a strategic focus and that their work should better align with their ToR.
- 8.9 The Registration Management Advisory Committee (RMAC) provides strategic and operational advice to the Registry administration regarding the registration process. RMAC's responsibilities are:
- Consider and advise on the administration of the Registration Status Policy
 - Consider, on a case-by-case basis, applications from individuals who do not clearly meet the requirements for registration and determine their eligibility for registration
 - Consider, on a case-by-case basis, registrants who do not clearly meet renewal requirements and determine their eligibility for continued registration, suspension or removal
 - Provide advice to the OCSA Board (or delegated committee) on any changes to the Registry's eligibility criteria and registration policies
 - Advise on continuing development of eligibility criteria required for continuous improvement including criteria for suspension and removal.

- 8.10 According to RMAC's ToR, the Committee membership should focus on achieving a cross-section of knowledge, experience and skills relevant to implementing the Registry and strive to reflect the variety of stakeholders, including:
- Two PSWs
 - Labour
 - Employers
 - Educational Sector Representatives
 - Public/Client/Family Caregivers
 - Expertise in registration practices (regulatory or association)
- 8.11 The Registry informed us that RMAC currently have two PSWs, one labour representative, two employers' representatives, two educational sector representatives, one family caregiver (who is also one of the two PSWs above) and one representative with expertise in registration practices. The Registry did not have permission from individual Committee members to share their names and biographies with us therefore we could not assess perceived or actual conflicts of interest. The ToR has a section on conflicts of interest which require members to remain impartial in their deliberations and provision of advice to the Registry administration, to notify the Chair immediately upon identifying a potential or known conflict of interest and refrain from any discussion of the matter in question with members of the Committee.
- 8.12 RMAC members and the Chair are recommended by the PSW Registry Program Director and approved by the OCSA Board (or delegated committee). The ToR does not include the process for recruiting RMAC members and there is not a selection process based on a set of competencies or specified criteria. The Committee members are invited to join RMAC and report to the PSW Program Director.
- 8.13 As described above RSAC and RMAC are both advisory committees with no decision making powers. The OCSA Board is the ultimate authority for decisions about the strategic direction of the Registry. Therefore, we do not believe that the current governance and oversight structures of the Registry meet the Ministry's principle of inclusivity (that is the current governance of the PSW Registry includes broad representation from sector stakeholders to ensure multiple viewpoints are represented and accommodated). RMAC's membership, if improved, could potentially meet the Ministry's principle of inclusivity. However, its lack of decision making powers does not provide appropriate oversight of the Registry's functions. In addition, we would also recommend that more patients and clients representatives are involved in the governance of the Registry.

Review against our Standards for Accredited Registers

- 8.14 In our gap analysis of the Registry functions we identified some standards which we would recommend to improve and strengthen the Registry. The standards related to governance are set out below.

- 8.15 The Registry should ensure that the governance of its voluntary register functions is directed toward protecting the public and promoting public confidence in the occupation it registers.
- 8.16 It should carry out its governance in accordance with good practice. It is for the organisation to determine what good practice standards it adopts as appropriate to its form and function. They should include as a minimum adherence to the following principles:
- Being clear about its purpose
 - Being independent and fair
 - Exercising control effectively
 - Behaving with integrity (including proper management of conflicts of interests)
 - Being open
 - Being accountable
 - Being socially responsible.
- 8.17 The Registry's governance should demonstrate that it seeks, understands and uses the views and experiences of stakeholders to inform key decisions about its voluntary register functions.
- 8.18 It should ensure that in carrying out its voluntary register functions it is fair, effective, proportionate and transparent so that it is respected and trusted.
- 8.19 We recommend that the Registry further develop its governance and oversight structures. In doing so, we recommend the outcomes described above are taken into account. In addition, the Registry may wish to consider our guidance paper '*Fit and Proper? Governance in the public interest*' (March 2013).²⁸ We have summarised the outcomes from this paper in the table provided in Annex 4.

²⁸ <http://www.professionalstandards.org.uk/library/document-detail?id=d53298ac-3d5d-45cf-85fe-5004132741e0>

PART II: The future of the PSW Registry

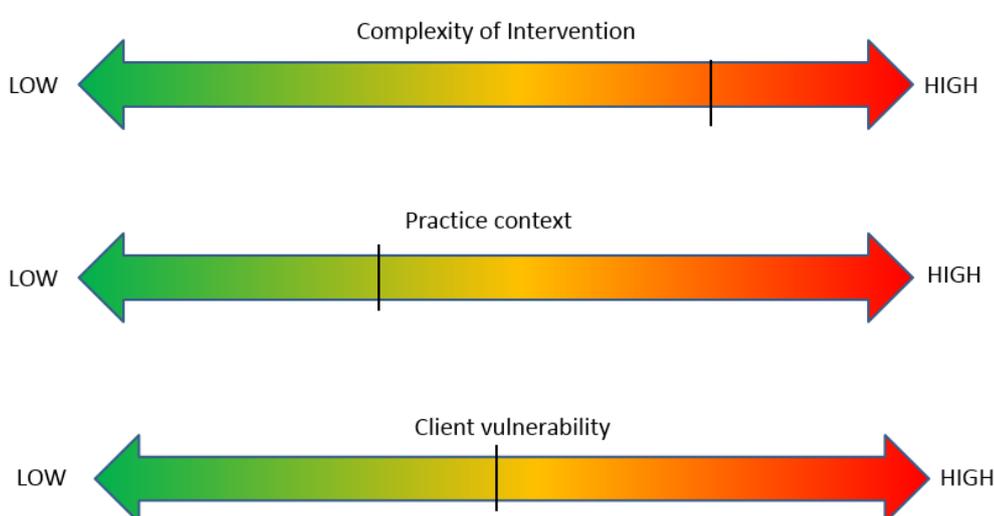
In Part II, we discuss the future of the Registry. We assess the risks presented by PSWs, consider the feedback we received from stakeholders, and set out the merits and challenges of different assurance models and possible hosts for the Registry. We draw on all these elements to develop our final conclusions.

9. Personal Support Workers and client protection

About Right-touch regulation

- 9.1 The Professional Standards Authority advocates an approach to regulatory policy development based on the principles of *Right-touch regulation*.²⁹ It is our view that for a decision to be made about whether and how to regulate a specific occupation, the risks of harm to patients/service-users presented by that group should be both quantified (measured) and qualified (described).
- 9.2 We find it helpful to classify possible causes of harm (hazards) as follows:
- **Intervention:** the complexity and inherent dangers of the activity
 - **Context:** the environment in which the intervention takes place
 - **Agency:** clients' vulnerability or autonomy.
- 9.3 This is illustrated in Figure 2.

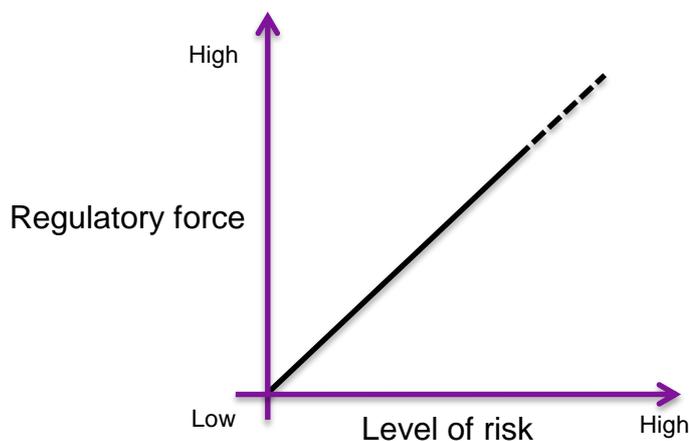
Figure 2: Possible causes of harm



²⁹ Professional Standards Authority, October 2015. *Right-touch regulation – Revised*. Available at: <http://www.professionalstandards.org.uk/library/document-detail?id=a3ea5638-fadf-400e-8635-47bf4b028a1f>.

- 9.4 The bars in figure 2 show where the risk of harm may lie in a particular occupation.
- 9.5 Any regulatory response should be proportionate to the risks identified. We find it helpful to think of the range of possible responses on a risk-based continuum of assurance, with those providing the greatest regulatory force (for example, for the highest-risk professions) at one end of the continuum, and decreasing amounts of regulatory force as the risk decreases (see figure 3). Regulation should only be used where the risk of harm is sufficient to warrant it and it is the most effective means of control.

Figure 3: Risk and regulatory force



- 9.6 The diagram in figure 3 shows that as the level of risk rises the necessary regulatory force to manage it also rises.
- 9.7 We also argue that the type of risk identified should guide decisions about the design of the response. In order for us to make a considered judgement about options for the future of the Registry, it is necessary for us to consider any available information about the risks presented by PSWs in Ontario.

Evidence

- 9.8 We understand that to date no risk assessment has been carried out for the PSW workforce in Ontario, and a rapid review of published material suggests that little work has been carried out on this topic elsewhere. Quantification of the risks will therefore not be possible for this review. There is however some information available about the types of risks presented by the PSW workforce.
- 9.9 The 2006 report of the Health Professions Regulatory Advisory Council³⁰ in Ontario made the following recommendation:

³⁰ Health Professions Regulatory Advisory Council, September 2006. *The Regulation of Personal Support Workers*. See 3.2, page 10 of the report. Available at: <http://www.hprac.org/en/reports/resources/PSW-FinalReportSept27-06.pdf>

'[...] Personal Support Workers should not be regulated as a profession under the Regulated Health Professions Act. HPRAC also concludes that the closest alternate form of regulation - a Personal Support Worker Registry - should not be implemented.'

*HPRAC recommends that additional steps be taken within the current system to improve the education and training of PSWs and their staffing and supervision. There should also be better access to more satisfactory recourse for patients and clients as a means of addressing instances of abuse and misconduct.'*³¹

- 9.10 The HPRAC report included some analysis on the subject of risk based on anecdotal evidence from stakeholders. This was used to determine whether PSWs met the criterion about risk of harm. This criterion required there to be a 'substantial risk of physical, emotional or psychological harm' to persons in the care of the workforce, stemming from their practice for them to recommend regulation through a College.
- 9.11 In terms of risks relating to treatment, the report found that harm could arise as a result of PSWs not following instructions properly, deviating from the care plan, or not recognising symptoms of a change in a patient's condition. These issues appeared to arise because the PSWs were neither expected nor empowered to plan and provide treatment independently. The report suggested that these risks were best addressed through measures taken in the workplace and improved training.
- 9.12 HPRAC also found a risk of harm through abuse and misconduct, relating to the vulnerability of the clients or service users. They talked about the '*numerous instances of serious abuse*' that had been reported to them in the course of their investigations. The examples given were:
- 'psychological abuse such as the social and/or physical isolation of the client; verbal and emotional abuse including insults and threats of harm or abandonment; withholding services and/or the essentials of life including medications and access to health care; physical and/or sexual abuse including inappropriate remarks; and fraud in financial matters or coercing changes to the client's will or powers of attorney.'*
- 9.13 This is supported by a UK report from 2008³², which set out the views of employers of personal assistants (private individual employers of PSWs) on compulsory registration. It did not assess risks, but did find that among those who supported registration, the most common justification was to enhance security and trust (47%), with improvements to qualifications and to the service provided a distant second (10%). This suggests that for this group misconduct was seen as the prime risk.

³¹ As above. See page 2 of the report.

³² IFF Research, May 2008. *Research Report: Employment Aspects and Workforce Implications of Direct Payments*. Available at: <http://panet.org.uk/wp-content/uploads/2011/08/Employment-Aspects-of-Direct-PaymentsReport.pdf>. Accessed 3 November 2015.

- 9.14 HPRAC noted that there was an issue with underreporting of abuse and misconduct, because of the vulnerable nature of the clientele. This finding is supported by a small UK study from 2015³³ looking at patient perceptions of harm across health and social care. Participants reported that the harms that were least visible were those that were less likely to be reported, and were often associated with:
- Vulnerable service users, for example, older people who may be unable to speak up for themselves and may be less inclined to complain than younger people, as well as those with learning difficulties, and those with disabilities, and
 - Intangible forms of harm, such as embarrassment or humiliation.
- 9.15 Many people who use the services of PSWs could be described as vulnerable, making it easier for unscrupulous workers to take advantage, and less likely that any wrongdoing will be reported. The second bullet point highlights is that harm can be psychological and emotional, and not just physical. We believe that these types of harm may be under-reported because they are less tangible and harder to evidence, and because patients who feel ashamed or humiliated are less likely to want to report it.
- 9.16 The final issue HPRAC identified was that information about past PSW *'misconduct, previous employment and qualifications was not necessarily available to employers.'* This was in part due to the Ontario Labour Relations Act and the arbitration process. They explained that according to many employers:
- 'the high threshold required to prove abuse coupled with the desire for a speedy resolution to an incident often encourages employers to offer a "buy out" to an employee rather than follow the procedures that would lead to dismissal. The "buy out" would be accompanied by a confidentiality agreement.'*
- 9.17 HPRAC concluded that there were some serious risks associated with the PSW workforce, but that these potential harms could be addressed through *'enhanced supervision, adequate recourse for clients and patients, improved PSW training and the application of diligent employer standards.'*

Analysis

- 9.18 A crude classification of the risks highlighted in this section puts most of the hazards in the 'context' and 'agency' categories (see Fig. 1 above). The care provided by PSWs is simple and unlikely to cause harm, but they are carried out in unsupervised settings and there may be a lack of proper training. Isolated environments like people's homes may heighten the risk of deliberate harm or negligence, as may the fact that many of the people requiring the services of PSWs are likely to be vulnerable in one way or another.

³³ Research Works, July 2015. *Research with patients and service users on assuring the quality of health and care professionals through Right-touch regulation.* Available at: <http://www.professionalstandards.org.uk/docs/default-source/psa-library/150630-patient-and-service-users-report-finalA07E27CCF12846EEF6B5213E.pdf?sfvrsn=0>

- 9.19 The context also determines the extent to which background checks can be carried out. The HPRAC report suggests that employers of all types may find it difficult to obtain reliable information about a PSW's employment and disciplinary history. Private individual employers in particular may not be in a position to ask for criminal record checks on a prospective PSW.
- 9.20 In summary, there appear to be few hazards relating to 'intervention', whereas hazards relating to 'context' and 'agency' are more evident. This basic risk analysis provides us with some useful information on which to base our recommendations for future models of assurance.

10. Stakeholder input

The Registry

- 10.1 The Registry has provided a summary of the challenges it encountered in the past three years. These challenges are discussed below.
- 10.2 Since the outset, the OCSA recognised limitations in its ability to accomplish certain Registry objectives, because of the absence of any authority to compel participation by PSWs and cooperation by employers, and the perceived absence of protection from legal and reputational risk to the holder of the Registry (OCSA). Some objectives were conflicting and challenging to reconcile, for example, 'contribute to enhanced public safety' which requires a more stringent measure of competence which conflicts with capturing as much of the current workforce as possible which included practitioners who had on-the-job training.
- 10.3 The Registry depended on other government and sector decisions that needed to be made to achieve the Registry's objectives, for example, there was not a common provincial educational standard, standards of practice, scope of practice or core competencies for PSWs at the time the Registry was set up. A collaborative partnership with multiple system key stakeholders was required to build the foundation blocks for a Registry for the PSW workforce in Ontario.
- 10.4 There was no legislative framework to give mandate and authority to the Registry, resulting in its inability to rely on broad based collaboration and sharing of information between stakeholders to achieve its objectives. For example, privacy laws would prevent the exchange of disciplinary information between employers and the Registry. In addition, the Registry holder (OCSA) states that the lack of legislative authority or immunity creates undue risk. Legal risks are particularly higher in undertaking investigations and carrying out disciplinary actions without the enabling legislative authority.
- 10.5 Since its launch the Registry has received 50,000 applications and has registered over 33,000 PSWs. We understand that the remaining 17,000 applications were a mixture of applicants who did not meet the criteria, provide correct evidence or complete their applications. According to the Registry, despite their success in registering a third of the PSW workforce in Ontario, PSWs see limited perceived or real benefit in registration. In the Registry's view this may be because PSWs did not drive the creation of the Registry and are not clear about its purpose.
- 10.6 The Registry believes that the annual Transfer Payment Agreement structure hinders long term financial planning efforts and the ability to swiftly adjust deliverables in response to new learning. Furthermore, the OCSA Board agreed that the Registry should be a separate legal entity with an independent governing structure to allow inclusion of relevant stakeholders such as PSWs and service users in its governance and promote long term ownership and sustainability.

Our call for information

- 10.7 As part of this review of the Ontario PSW Registry, we issued a call for information to gather the views of stakeholders and have their input based on the deliverables of the review. The call was open from 30 September to 29 October 2015 and it was emailed out to individuals on a list provided by the Ministry which included stakeholders from several sectors, including health system employers' associations, unions, client/family advocacy groups, PSW advocates and educational associations. We suggested that stakeholders could share our call for information with their networks and other interested parties. We are grateful to those who submitted a response and Annex 2 shows the variety of stakeholders who shared their views.
- 10.8 We received a total of 75 responses to the call for information, of which 73 used the questionnaire provided. This is a significant number of responses for a consultation of this kind. Comments from the two responses received by letter have been included in the discussion under further comments. A total of 41 organisations and 34 individuals submitted responses. A number of different stakeholders were represented including unions, employers, PSWs and members of the public. The majority of respondents described themselves as either an educational organisation/association (53%) or a Personal Support Worker (31%). No respondent described themselves as a client, however three respondents described themselves as client advocate organisations, two as caregivers and another three as members of the public. When asked to indicate which care settings were relevant to them, the majority of respondents stated long-term care home (89%).
- 10.9 The summary below describes the responses received under each question of the questionnaire.

What contact have you had with the PSW Registry or with personal support workers?

- 10.10 A total of 63 respondents answered this question showing a range of different types of contact with the PSW Registry or PSWs. The majority of respondents reported that they were involved in the education and training of PSWs. Seven of the respondents reported that they either employed or worked with PSWs; five respondents stated that they were involved with the setup and governance of the PSW Registry; one respondent reported that they were a registrant and nine reported that they had no contact with the PSW Registry.

Do you support the mandatory registration of PSWs employed by publicly funded healthcare providers?

- 62 responses to this question
 - 52% supported the mandatory registration of PSWs
- 10.11 Out of those who supported the mandatory registration of PSWs employed by publicly funded healthcare providers, 24 provided comments to support their response. A number of reasons were given in support of mandatory registration, including ensuring standards were adhered to and maintained leading to the delivery of better services which would benefit employers,

clients and families. It would also enhance the status of the PSWs. Amongst the responses which did not support mandatory registration, 16 provided their reasons, including that the current system does not go far enough, for example, mandatory registration should include both publicly and privately funded healthcare providers. In addition, the Registry should provide more assurance than just list PSWs for mandatory registration to work. A respondent stated that, as the Registry has been described as a means of recognising PSWs, it should be the individual PSW's decision whether they wish to join the Registry. Some concerns were raised, for example, the term 'Registry' may lead to confusion for the public by implying statutory regulation; the privacy of PSWs would not be maintained as clients and their families would be able to access their personal contact information; and there was no mechanism for appealing decisions made by the Registry.

In your view, is the PSW Registry ready to move to the mandatory registration of PSWs employed by publicly funded health care providers?

- 58 responses to this question
- 67% answered no

10.12 The majority of respondents did not think that the PSW Registry was ready to move to mandatory registration. Out of those who did not agree, 21 provided their reasons. Many of the respondents raised concerns about different aspects of the Registry, including the requirement for a common minimum standard of competence to join the Registry, clarification about the consequences for PSWs of not registering, the requirement for a mechanism for removal of a PSW from the Registry and an appeals route for the PSW to challenge decisions made by the Registry. Further concerns were raised about the lack of resources including staff and funds of the current Registry, the potential risks to data security and the possibility of losing PSWs from the healthcare workforce due to them not meeting the required standards or not wanting to be registered. Other concerns raised included the lack of transparency within the current PSW Registry and the potential conflict of interest that is a trade association of employers hosting the Registry. Amongst the responses which agreed that the PSW Registry was ready to move to mandatory registration 12 provided reasons, including that PSWs and employers are already aware of the PSW Registry and that the sooner this is done the better it will be for public protection.

Do you feel that the PSW Registry has done what it can to register as much of the PSW workforce as possible?

- 56 responses to this question
- 68% answered no

10.13 The majority of respondents did not agree that the Registry had done all it could to register as much of the PSW workforce as possible. A total of 21 respondents provided reasons. Views raised under this question included that some PSWs were and would be excluded from registration as they do not have formal qualifications or have been working outside of the Province for the

past five years. Conversely, the respondents who answered yes, stated that the PSW Registry had done all that it could including providing a 'grandfathering' route for those with relevant experience but without formal qualifications. They also stated that the Registry delivered presentations about registration for PSW students at educational institutions. Some of the respondents answered no, however they stated that they were not aware of all the outreach that had been used by the Registry to promote registration amongst PSWs. Others noted that not all key stakeholders had been engaged with the PSW Registry, with one client advocate organisation highlighting that there had not been adequate outreach to PSWs, many of whom were facing barriers to registering themselves due to their limited technology skills to complete the online form.

In your experience, has the PSW Registry provided the necessary information on PSW training and experience to clients and family care givers and made linkages between PSWs and potential clients?

- 53 responses to this question
- 77% answered no

10.14 The majority of respondents did not agree that the PSW Registry had provided the necessary information about PSWs' training and experience to clients and family care givers and made linkages between PSWs and potential clients. Comments were provided in 23 responses. Some commented on the information that is provided on the Registry website with an educational institution stating that the website assumed the reader spoke English and that the information provided was 'difficult and daunting' to access. Another respondent, an employer, stated that the website was not user-friendly. A respondent stated that the Registry directed people to their local Community Care Access Centre to find services and did not provide linkages itself. Some respondents stated that they were not aware of the information that had been disseminated and one suggested that the PSW Registry would benefit from engaging in a public awareness campaign so that users understand the purpose and scope of the Registry.

In your experience, has the PSW Registry provided access for employers to support their use of the PSW Registry to fill vacancies?

- 48 responses to this question
- 65% answered no

10.15 The majority of respondents did not agree that the PSW Registry provided access for employers to support their use of the Registry to fill vacancies. Comments were provided by 13 respondents. Some stated that they were unaware that the Registry could fulfil this role including one respondent who employed PSWs. Other respondents who employed PSWs either did not provide any comment or stated they were unable to answer. Two education organisations/associations stated that employers tend to contact them directly. Six respondents who answered yes provided comments, with one of the respondents stating that the Registry has provided access for employers to some degree, however, there appears to be variation amongst employers

about their knowledge of the Registry. Another respondent stated that employers can post vacancies on the job board maintained by the Registry which can be viewed by PSWs who are registered.

In your view, has the PSW Registry been successful in establishing a process for reviewing, suspending or terminating PSW registration? The purpose of these mechanisms is to provide peace of mind to clients and families that a PSW listed on the PSW Registry does not present a known risk to public safety.

- 53 responses to this question
- 87% answered no

10.16 The majority of respondents did not agree that the PSW Registry had been successful in establishing a process for reviewing, suspending or terminating PSW registration with 27 respondents providing further comments. Respondents stated that the Registry refers complaints to other bodies and it was unclear how they would follow up on complaints themselves. One of the respondents stated that the public would perceive that PSWs on the Registry had been vetted, however, there appeared to be little or no checks carried out, presenting a public protection issue. Some of the respondents (seven) stated that they were unaware or unsure of any processes in place by which the Registry could review, suspend or terminate a PSW's registration and a further five respondents stated that the Registry did not have such processes in place suggesting that the PSW Registry had not been successful in establishing them. Another respondent suggested that to have a successful process registration would need to be mandatory. Concerns were raised about the employment rights of the PSWs who were removed from the Registry if registration was mandatory to work and the legal liability and reputational risk to the current host of the Registry in taking on this role. There were no comments from those who answered yes to this question.

In your view, would an alternative organization or body be better suited to host the PSW Registry?

- 50 responses to this question
- 54% answered no

10.17 Comments were provided by 16 respondents who answered that an alternative organisation would be better suited to host the Registry. Respondents have highlighted the need for the Registry to be held within a neutral organisation with no conflict of interest. Other concerns have been raised such as the need to develop a complaints process. Some of the respondents have included suggestions for alternative organisations, these include Health Force Ontario, the Ontario College of Nurses and the Ministry of Health and Long-Term Care. Comments were provided by 10 respondents who agreed that the PSW Registry was hosted by the right organisation. One of the comments stated that whilst they believed that the Registry was held by the right organisation, it needed to 'evolve and expand' and that this should include developing a complaints process, stating a minimum standard of practice and having training requirements for supervisors of PSWs.

Do you have any other comments about the PSW Registry that could help inform our review? If yes, please provide them below.

- 10.18 Many of the additional comments highlighted the importance of PSWs within Ontario's healthcare system. However, many also raised concerns about the mandatory registration of PSWs with seven respondents stating that they did not think that PSWs needed to be registered at all. Some of the respondents argued that the term 'registered' is misleading to the public and could be confused for healthcare workers that are regulated by law. Another concern was that the Registry may provide PSWs the opportunity to work for more than one employer (for example, PSWs listed on the Registry could be approached by several employers) and as such increase the chances that PSWs would work more than the number of hours allowed by the Employment Standards Act 2000 so putting their own and their clients health and safety at risk.
- 10.19 Some respondents were concerned about the potential job losses for PSWs caused by regulating the occupation in case they did not meet the registration criteria. A respondent outlined that as part of considering strategic directions and potential forward pathways for the PSW Registry, it was important to be cognizant of the fact that depending on the way the Registry is modelled, it could remove School Board Programs from the delivering bodies of such accredited programs, thus decreasing the total number of PSW graduates provincially. Some respondents described concerns about the current working practice of some PSWs, including that at times some PSWs may be performing duties beyond the scope of their competence and that they may not have sufficient supervision. It was also noted that there was not a central organisation to handle complaints about PSWs. One respondent stated that the 'PSW Registry can play an important role' in ensuring public protection but would need to be transparent and would need to involve all the relevant stakeholders. Another respondent highlighted the need to phase in changes over a period of time to ensure that both clients and PSWs are engaged.

Stakeholder meetings

- 10.20 We have also met with several stakeholders, either face to face or by telephone, in the past month. We include a list of the people we talked to in Annex 5. Our meetings with stakeholders highlighted some common themes which are described below:
- a) The foundation for further developing the PSW profession needs to be strengthened by creating a common provincial set of competencies, standards of practice and code of conduct for PSWs.
 - b) The purpose of the PSW Registry has not been clear to PSWs, service users or other stakeholders.
 - c) The Guiding Principles appeared to be conflicting and the multiple purposes of the Registry diverted its focus.
 - d) Registration may be seen as an additional burden on employers and PSWs.

- e) The Registry does not provide the assurance service users need to hire PSWs and it does not inspire public confidence in the occupation because it is unable to investigate concerns and complaints.

10.21 The comments provided through our call for information and the content of our discussions with stakeholders, in conjunction with the information we gathered as part of our documentary review, findings of our site visit and interviews, informed our final recommendation for the future strategic direction of the Registry and the assurance model for the PSW workforce in Ontario.

11. Options for the future of the Registry

- 11.1 In this section we describe a number of different models of assurance of the PSW workforce and consider their merits and challenges.³⁴
- 11.2 Along with an assessment of whether these models would meet the Ministry's Guiding Principles for the Registry, we have evaluated them against several key criteria most of which we have discussed elsewhere in the report:
- The nature of the PSW workforce (see chapter 4)
 - The level of risk posed by PSWs to clients (see chapter 9)
 - The cost of regulatory models (see chapter 6)
 - The benefits of the different regulatory models (discussed in this chapter)
 - Whether the model would be a proportionate response to the risks (see chapter 9).

Model 1: Compulsory registration (licensing) of all personal support workers overseen by an existing statutory body under the Regulated Health Professions Act 1991

- 11.3 In this model, all PSWs working in both publicly and privately funded positions would have to be registered with a statutory body in order to practise legally. The statutory body would be an existing College, for example, the College of Nurses of Ontario. For this, the legislation governing the existing College would need to be amended as would their governance arrangements and by-laws. There is a precedent for a College in Ontario registering more than one occupational group. The College of Nurses of Ontario registers both nurses and practical nurses, and the Ontario College of Pharmacists regulates both pharmacists and pharmacy technicians.
- 11.4 PSWs would need to be compelled to register through legal protection of either the title 'Personal Support Worker' or a set of controlled acts that only PSWs could undertake or both. In Ontario, the *Regulated Health Professions Act 1991* (RHPA) follows the latter model, by setting out a list of Controlled Acts³⁵. The RHPA would need amending to incorporate this new occupation. Title protection also exists for the different professions.³⁶ People who breach protection of title or controlled acts legislation can be prosecuted.
- 11.5 Because of its legislative underpinnings, the functions of a statutory regulator are usually described in varying degrees of detail in primary and/or secondary legislation. These functions are:

³⁴ During the preparation of this report the Ministry decided to remove the operation of the Registry from the current holder (OCSA). For this reason we have not considered maintaining the Registry with OCSA as an option.

³⁵ The Regulated Health Professions Act 1991, S.O. 1991, c. 18. s. 27 (2). Available at: <http://www.ontario.ca/laws/statute/91r18#BK24>. Accessed 28 October 2015.

³⁶ See for example, the Nursing Act 2007, c.10, Sched.B, s.14 (1)

- Standard setting: standards of conduct and competence are set for all registrants
 - Quality assurance of education and training: this ensures certain standards are met by training courses; it is not usually the role of the regulator to decide on the curriculum
 - Registration: compulsory for all registrants, usually involves a regular cycle of renewal, which may be linked to continuing fitness to practise³⁷ requirements
 - Continuing fitness to practise
 - Complaints/disciplinary/fitness to practise: quasi-judicial process for dealing with complaints about registrants. Involves an investigation stage, followed by a decision about whether or not to close the case with no further action, dispose of the case consensually (if the legislation allows for this) or send the case to a hearing where a sanction may be imposed (for example, suspension or removal from the register).
- 11.6 It is common for information about registrants on a statutory register to be made readily available to the public so that they can be identified; in our view any information about sanctions should also appear. However, a statutory register would not normally provide more than basic information on education and training, or provide linkages between PSWs and potential clients.
- 11.7 The most common funding model for statutory regulation is through registration fees paid by registrants, although it is generally accepted that even under these so-called self-funding models, costs are ultimately borne by the ‘buyer’ of the services that is passed on to patients and clients. There are other models like the Scottish Social Services Council (SSSC), which regulates social care workers in Scotland. The SSSC is only partly funded by registration fees, which remain low,³⁸ with the remaining funds coming from the Scottish Government. We note that the PSW workforce in Ontario is low paid, so it seems likely the regulator would need to be subsidised.
- 11.8 In Ontario, HPRAC recommends that statutory regulation should only be used for groups where there is membership support and willingness to be regulated. However, in the UK Government policy aims to apply a continuum of assurance, based on the level of risk posed by an occupational group to service users, which goes from employer-led codes of conduct to accredited registration or statutory regulation.³⁹

Merits

- 11.9 Mandating registration through legislation could offer a high level of protection to clients, because PSWs could be removed from the register if found in

³⁷ A registrant is judged fit to practise if they meet a regulator’s standards of conduct and competence.

³⁸ At the time of writing, the fee for social workers in Scotland was £30 (approximately CAD \$60). The regulator for social workers in England, which receives no government funding was £80 (CAD \$160).

³⁹ Department of Health, February 2011. *Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216580/dh_124374.pdf

breach of registration requirements. In addition, anyone who breached protection of title or controlled acts legislation could be prosecuted. Among all the models, this option would probably compel the greatest number of PSWs to register, across all settings.

- 11.10 This model could also introduce quality assurance of education and training by the regulator and the setting of professional standards for PSWs.
- 11.11 Minimum standards of practice and competence and a clear definition of personal support work would enable the development of equivalence tests, so that PSWs from outside the Province could become registered in Ontario.
- 11.12 Having the registration and complaints processes (and appeals) set out in the College's regulatory framework can provide some transparency and can be used to require a level of fairness and procedural propriety. It would also embed in legislation the overarching purpose of the regulator, which should, in our view, be protection of the public.
- 11.13 The register of PSWs would be made available to the public and, with the introduction of a robust complaints process, PSWs who do not meet the standards set by the College could be removed from the register and no longer be entitled to practise using the title of PSW. Other, less severe or more remedial sanctions, such as conditions or warnings, could also be introduced, providing the College with the option of more proportionate, fairer sanctions and enabling it to take action without removing a PSW from the register.
- 11.14 This form of regulation is also perceived as validating an occupation and improving its professional status. While we do not believe this to be a valid argument for introducing statutory regulation,⁴⁰ giving it a sense of professional identity could be a positive side-effect of introducing statutory regulation.

Disadvantages

- 11.15 Statutory registration is not a proportionate response to the risks posed by PSWs as it has significant cost implications. Legislation has to be drafted, passed and kept up-to-date, which is costly and time-consuming. This model lacks flexibility and agility, since any policy changes often require legislation to be updated. In addition, the quasi-judicial nature of the complaints process makes this function expensive to run.⁴¹
- 11.16 This option goes against the HPRAC recommendation from 2006.⁴² It also appears to lack support from other key stakeholders – it was not clear to us from our review which existing College would be willing to take on the PSW workforce. This is an important point: in order to house a statutory register of

⁴⁰ See our publication *Rethinking Regulation* (August 2015). Available at:

<https://www.professionalstandards.org.uk/library/document-detail?id=f32e5b9e-2ce2-6f4b-9ceb-ff0000b2236b>

⁴¹ In a 2012 review of the cost-effectiveness of the nine statutory regulators we oversee, we found that on average, the complaints process accounted for 62% of expenditure. The report is available at <http://www.professionalstandards.org.uk/docs/default-source/psa-library/november-2012---advice-on-cost-effectiveness-and-efficiency.pdf?sfvrsn=0>.

⁴² Health Professions Regulatory Advisory Council, September 2006. *The Regulation of Personal Support Workers*. Available at: <http://www.hprac.org/en/reports/resources/PSW-FinalReportSept27-06.pdf>

PSWs within an existing regulatory body, a number of changes would need to be made to governance policies (for example, constitution of boards, committees, and decision-making complaints panels) to account for the existence of the new register. This merger could create professional tensions.

- 11.17 Protecting titles and/or acts could exclude some PSWs, as could the setting of minimum standards of competence. It is also possible that protection of title or controlled acts would not in fact provide the assurance that one would expect of statutory regulation. Given the diversity of roles carried out by PSWs, developing a list of acts that every worker fulfils could present a significant challenge. We also know from our review of the current Registry that PSWs use a range of job titles, many of which do not contain the words ‘personal support worker’ – a point that was also made by the Registry’s Steering Group in its 2012 report.⁴³ This points to a risk that workers could choose to ‘opt out’ of registering simply by choosing to use a different job title. If, over time, regulation were to result in an increase to PSW pay or other cost of employment, employers may also be tempted to employ PSWs under another title to cut costs.⁴⁴
- 11.18 The PSW workforce in Ontario is low paid⁴⁵ and many are part-time or casual workers.⁴⁶ Without ongoing government subsidy, PSWs may struggle to pay an annual fee and other costs associated with registration (such as professional development courses). This could lead to higher attrition rates and present a disincentive to people entering the workforce.

In summary

- 11.19 **Client protection:** this model would not address the fact that many PSWs work without supervision, which may heighten the risks. However, it could help to improve quality of care by ensuring that all PSWs were trained to an adequate standard and required to keep up to date, regardless of where they worked. All PSWs would be subject to proper background checks at registration and to a duty to report anything that affected their suitability to practise.⁴⁷ In addition, a robust complaints mechanism would remove or remediate a proportion of PSWs who fell below acceptable standards of competence or conduct, and provide employers, clients and their families with an avenue for reporting concerns.
- 11.20 **Guiding Principles:** this option would ensure that the public could access information about safe and competent PSWs and provide a mechanism for

⁴³ OCSA, September 2012. *The Ontario Personal Support Worker Registry – Public Report*.

⁴⁴ This is a well-documented phenomenon in the UK. See for example a 2012 report into the future of nursing and expansion of the health care assistant workforce in the UK National Health Service: <http://www.nursingtimes.net/download?ac=1255026>.

⁴⁵ As acknowledged by the Ministry’s recent commitment to increasing the minimum wage by up to four dollars over the next three years. See 2014: <https://news.ontario.ca/mof/en/2014/04/improving-home-and-community-care-for-ontario-seniors.html> and 2015:

http://www.health.gov.on.ca/en/news/bulletin/2015/hb_20150622.aspx

⁴⁶ As shown in the presentation by Janet Lum, Co-Chair of the Canadian Research Network for Care in the Community, Professor and Associate Dean, Research and Graduate Studies, Ryerson University. What does the Ontario PSW Registry tell us...so far?

⁴⁷ It would be extremely costly, as well as unusual under this model of regulation, to carry out further regular background checks once the PSW was on the register.

reviewing, suspending and terminating registration where there are concerns about a PSW's conduct or fitness to practise. However, a statutory register would not normally fulfil the function of giving more than basic information on training or provide linkages between PSWs and potential clients. It could however provide more information to employers through tiered access. Mandating registration in law would risk redefining the boundaries of the workforce – as explained above, protecting titles and/or acts could exclude some PSWs, as could the setting of minimum standards of conduct and competence. Grandparenting and equivalence tests would need to be in place to allow PSWs without the necessary formal training to demonstrate they met the standards – this would be made possible by the introduction of a minimum set of competencies and scope of practice.

- 11.21 **Our conclusion:** while this option could provide a high level of assurance, it is not clear that this amount of regulatory force is justified as it brings with it significant costs and heavy burden on the sector. It may have significant unintended consequences. We recommend that other options are considered.

Model 2: Compulsory registration (licensing) of all personal support workers overseen by a new statutory body under the Regulated Health Professions Act 1991

- 11.22 As with the previous model, all PSWs working in both publicly and privately funded positions would have to be registered with a statutory body in order to practise legally. The statutory body would be a new College. In order to create this regulator, new legislation would have to be passed under the *Regulated Health Professions Act 1991*.
- 11.23 The new body could be created as a single profession regulator, like the existing 26 regulatory health Colleges in Ontario. Alternatively, it could be set up as a multi-profession regulator, like the Health and Care Professions Council (HCPC) in the UK.⁴⁸ The HCPC⁴⁹, which was established in 2001, was the UK's first multi-professional regulator, with 12 professions. It now regulates 16 professions, ranging from arts therapists, to paramedics and social workers.
- 11.24 They set generic standards of conduct, performance and ethics for all these groups, and specific standards of proficiency for each one.⁵⁰ The Council of the HCPC consists of 12 members (6 registrant and 6 lay members), including the Chair. In addition, the HCPC has a number of committees to support the Council. The HCPC uses 'Partners', who are usually HCPC registrants, to bring in expertise on discrete tasks.⁵¹
- 11.25 All professions are subject to the same registration and renewal requirements, and they share registration, investigation and complaints functions.

⁴⁸ See www.hcpc-uk.org

⁴⁹ Originally the Health Professions Council or HPC.

⁵⁰ See <http://www.hcpc-uk.org/aboutregistration/standards/>.

⁵¹ More information on the HCPC Partner model is available here: <http://www.hcpc-uk.org/aboutus/partners/>

Merits

- 11.26 In addition to the merits outlined for model 1, the creation of a dedicated College presents some of its own advantages. Setting it up might be a simpler task than housing it within an existing College, because it could prove easier to create something new rather than re-arranging an existing body. Giving PSWs their own College could also boost the professional status of the workforce.
- 11.27 There could be the potential for gaining rewards of economies of scale setting up a multi-professional regulator, particularly if the Ministry were minded to bring a number of professions under its remit. In the UK, the Health and Care Professions Council, which regulates 16 different professions, was found to be highly efficient and effective in a review of cost-effectiveness and efficiency of the regulators we oversee.⁵²

Disadvantages

- 11.28 See the disadvantages set out for model 1. In addition, establishing a dedicated PSW College and implementing statutory registration could be a lengthy process (for example, the Kinesiology Act came into force in 2007 and registration has only just opened in Ontario). The timeframe could be compressed, as we understand to have been the case for early childhood educators, albeit at a cost.
- 11.29 Setting up a new single-profession College is also a costly option – any efficiencies of scale that could be achieved by adding PSWs to an existing College would be lost. While creating a multi-professional College could lead to efficiencies over time, the upfront cost of setting it up would be significant.

In summary

- 11.30 See our summary for model 1.
- 11.31 **Our conclusion:** while this option could provide a high level of assurance, it is not clear that this amount of regulatory force is justified as it brings with it significant costs and heavy burden on the sector. We recommend that other options are considered.

Model 3a: Strengthen the current voluntary Registry and house it elsewhere

- 11.32 In this model, registration would remain voluntary, which means it would continue to be permissible to practise as a PSW without registering.
- 11.33 Strengthening the model would mean defining personal support work (scope of practice), setting standards for education and training⁵³, developing standards of practice and conduct, ensuring PSWs met the requirements for entry to the register and to registration periodic renewal, and operating a

⁵² The report is available at <http://www.professionalstandards.org.uk/docs/default-source/psa-library/november-2012---advice-on-cost-effectiveness-and-efficiency.pdf?sfvrsn=0>.

⁵³ We note that the Ministry of Health and Long-Term Care is currently consulting on amendments to the Long-Term Care Homes Act 2007 that would formalise the use of the common educational standard established by the Ministry of Training, Colleges and Universities.

complaints process with a range of sanctions including removal from the register. We would expect the register of PSWs to be in the public domain and to cover the whole PSW workforce, including those working for clients employing PSWs directly.

- 11.34 Following a model set by a number of accredited registers in the UK, the Registry could also set up a group insurance scheme for PSWs, to offer professional indemnity cover as part of registration and supplement its income stream from registrants.

Merits

- 11.35 Since the Registry would not be in statute, it would provide a more flexible, agile, lower cost model than statutory regulation. It could offer many of the same benefits as a College that is a defined scope of practice, a published register, standards for education and training, standards of practice and conduct, requirements for entry to the register and a complaints process which could lead to removal from the register. In addition, all of these could be developed, implemented and adapted more quickly and cost-effectively outside a statutory framework.
- 11.36 Registration could still be made mandatory for all PSWs working in publicly-funded care settings, through contractual arrangements between local government authorities commissioning care and providers. This would be a more targeted, proportionate approach to mandatory registration than legal protection of title or acts.
- 11.37 Having a minimum standards of practice, competence and a clear definition of personal support work would enable the development of equivalence tests, so that PSWs from outside the Province could become registered in Ontario.
- 11.38 In addition, with a publicly available register and appropriate advertising of the Registry, employers, clients and family caregivers would be able to make informed choices about whether or not to employ a PSW from the Registry. In choosing a registered PSW, they would have certain assurances about their competence and suitability to practise as a PSW.

Disadvantages

- 11.39 If registration were voluntary, it would not be possible to register all PSWs. A register that is not comprehensive might not satisfy public opinion, particularly when there is media attention given to a negative incident involving a PSW. In addition, it would need to be run by an organisation that had the confidence of PSWs, employers and the public, and had no actual or perceived conflicts of interest.
- 11.40 Any organisation hosting the Registry would need to be prepared to take on the legal risks of running it. These risks would mainly take the form of challenges from prospective or former registrants unhappy with a Registry's decision to refuse or terminate registration, perhaps on human rights grounds related to the right to work. This risk would be heightened by a Government decision to make registration mandatory for PSWs working in any particular setting. There is also a risk of challenge from PSWs whose personal

information might have been shared with an employer or education provider in the course of the Registry running checks or conducting an investigation. The Registry would need to make consent to this kind of information sharing a condition of registration.

11.41 We consider a number of alternative homes for the Registry below.

In summary

- 11.42 **Client protection:** The benefits of this model would be available to all care providers who were either willing or compelled to use only registered PSWs, as well as clients and family caregivers in self-directed care arrangements. Like statutory regulation, this model would not directly address the lack of supervision in certain settings, however it could help to mitigate this risk by ensuring that all registered PSWs were trained to an adequate standard and required to keep up to date. Registered PSWs would be subject to proper background checks at registration and to a duty to report anything that affected their suitability to practise.⁵⁴ In addition, a robust complaints mechanism would remove or remediate a proportion of PSWs who fell below acceptable standards of competence or conduct, and provide employers, clients and their families with an avenue for reporting concerns. Raising public awareness about the Registry would be important so that employers, clients and family caregivers could make informed choices about whether or not to use a registered PSW. We do not think it impossible to construct fair terms and conditions of registration that would enable public disclosure of relevant information for the benefit of employers and the public while still protecting the rights of registrants.
- 11.43 **Guiding Principles:** this option would allow public and employer access to information about safe and competent PSWs and provide a mechanism for reviewing, suspending and terminating registration where there were concerns about a PSW's conduct and fitness to practise. It could provide details of PSWs' qualifications and specialisms, and provide a means of making linkages between PSWs and potential clients. Equivalence tests would need to be in place to allow PSWs without the necessary formal training to demonstrate they met the standards – this would be made possible by the introduction of a minimum set of competencies and scope of practice.
- 11.44 **Our conclusion:** this option could provide a satisfactory level of assurance based on risks at significantly reduced cost compared to the statutory model. Some investment would need to be made to raise awareness of the voluntary register so that employers and private clients alike could benefit from the assurances provided by the Registry. We recommend that options for the host organisation are carefully considered as this decision will have a significant impact on the future success of the Registry.

⁵⁴ It would be extremely costly, as well as unusual under this model of regulation, to carry out further regular checks once the PSW was on the register.

Possible hosts for the PSW Registry

Health Force Ontario Marketing and Recruitment Agency

- 11.45 Health Force Ontario (HFO) is the Ontario Government's strategy for ensuring that the population of Ontario has timely access to the right number and mix of qualified healthcare providers. The operational services agency, HealthForceOntario Marketing and Recruitment Agency (HFO MRA),⁵⁵ was established to implement the HFO strategy.
- 11.46 HFO MRA is a Government-funded Agency of the Ministry of Health and Long-term Care. It was established under statute⁵⁶ in 2007 and its main responsibilities are to:
- recruit, internationally, nationally and provincially, health care practitioners to practise in Ontario
 - attract persons to the practice of health care in Ontario
 - assist health care practitioners and other interested persons in identifying requirements that must be met to practise health care in Ontario and determining ways to meet the requirements
 - encourage health care practitioners who currently practise in Ontario to continue practising in Ontario
 - work with communities in Ontario to enhance their recruitment and retention of health care practitioners to help meet communities' health needs
 - make Ontarians aware of the services and initiatives of the Ministry of Health and Long-Term Care that are designed to enhance the supply and distribution of health care practitioners in Ontario.⁵⁷
- 11.47 It has a Board of up to nine members, appointed by the Lieutenant Governor in Council.⁵⁸ The Minister of Health and Long-term Care uses the medium of a Memorandum of Understanding,⁵⁹ issued every five years, to set out the terms with which HFO MRA must comply.⁶⁰ The Minister can also issue Directions to the Board.⁶¹

⁵⁵ More information is available at:

http://www.healthforceontario.ca/en/M4/About_Us/HealthForceOntario_Marketing_and_Recruitment_Agency_%28HFO_MRA%29.

⁵⁶ By *Ontario Regulation 249/07 HealthForceOntario Marketing and Recruitment Agency*, under the *Development Corporations Act*, R.S.O. 1990, c. D.10. Available at: <http://www.ontario.ca/laws/regulation/070249>. Accessed 20.10.15.

⁵⁷ O. Reg. 249/07, s. 3.

⁵⁸ O. Reg. 249/07, s. 5 (1)

⁵⁹ See <http://www.healthforceontario.ca/UserFiles/file/Floating/Publications/hfomra-mou-en.pdf>.

⁶⁰ O. Reg. 249/07, s. 8 (1)

⁶¹ O. Reg. 249/07, s. 7

11.48 HFO MRA must report annually to the Minister⁶² and the report is laid before the Assembly. The Minister also approves its Business Plans⁶³ and has the power to close the Agency if he or she so wishes.⁶⁴

Merits

11.49 We consider that there would be some advantages to the Ministry housing the Registry with an arms-length body, because, through mechanisms like Memorandum of Understanding, it could retain oversight of its operations, while giving them a degree of independence. As this new function would need to be written into HFO MRA's legislation, the Government would have an opportunity to set clear aims for the running of the Registry.

11.50 In addition, because it is an arms-length body, the Public Appointments Secretariat⁶⁵ would be able to provide the Ministry with assurance around the recruitment process for the board of directors of HFO. As the board's membership would almost certainly need to be changed to take into account the new Registry function, this oversight would undoubtedly be welcome.

11.51 As the organisation's functions and powers are set out in regulations, this could confer authority on the Registry to carry out some of the functions that are considered too risky by the current Registry under the current arrangements, namely investigating complaints and removing registrants for lack of competence or misconduct.

11.52 HFO MRA carries out some functions that could be helpful in running the PSW Registry. It has expertise in a range of different roles in healthcare and in the education and training of healthcare professionals. It understands the Ontario labour market, the healthcare sector and works with competency frameworks for professionals. All of these areas could be useful in setting standards of competence for PSWs developing ways of testing competence for experience-based routes, setting standards for and quality assuring education and training, and developing policies for assuring the continuing competence of PSWs.

Disadvantages

11.53 In spite of the possible synergies described in the preceding paragraph, we believe that taking on the Registry would represent a significant shift from the HFO MRA's current role. The Government would need to amend its responsibilities in statute to include the running of the Registry. The organisation itself would need to make significant changes to both its governance and its operations.

11.54 Our main concerns would be the potential for conflicts of interest and the possible lack of expertise within the organisation in running a publicly accessible register. In our view, the primary purpose of the Registry should be protecting the public, and as we suggested in paragraph 7.11, this sits

⁶² O. Reg. 249/07, s. 10 (1)

⁶³ O. Reg. 249/07, s. 11 (1)

⁶⁴ O. Reg. 249/07, s. 14 (1)

⁶⁵ For more information see: <https://www.pas.gov.on.ca/scripts/en/Home.asp>

uneasily with growing the workforce to improve access. As the HFO MRA's current role is primarily to grow the workforce, there is a potential for conflict.

- 11.55 In addition, the organisation, based on its current functions, may be lacking in two crucial areas of operational expertise: developing and running a publicly accessible register, and developing and running a robust complaints mechanism.

Our view

- 11.56 HFO MRA would not be an appropriate host for the Registry. In our view, the disadvantages described above relating to conflicts of interest and possible lack of expertise in key areas would be resource intensive to overcome.

eHealth Ontario

- 11.57 eHealth Ontario is a Government-funded Agency of the Ministry of Health and Long-Term Care. It was established by the provincial government in September 2008 as an independent agency of the Ministry. Its role is to enable physicians and health care providers to establish and maintain electronic health records for the residents of Ontario. As of June 2012, '*more than 9,400 community-based clinicians representing approximately 9 million Ontarians have or are in the process of implementing electronic medical record (EMR) software in their practices.*'⁶⁶
- 11.58 The objects of the Agency as set out in legislation are:
- To provide eHealth services and related support for the effective and efficient planning, management and delivery of health care in Ontario
 - To develop eHealth services strategy and operational policy
 - To protect the privacy of individuals whose personal information or personal health information is collected, transmitted, stored or exchanged by and through the Agency, in accordance with the *Freedom of Information and Protection of Privacy Act 1990*, the *Personal Health Information Protection Act 2004* and any other applicable law.⁶⁷
- 11.59 Like HFO MRA, eHealth Ontario's accountability arrangements and divisions of responsibility are set out in a MoU with the Ministry.⁶⁸⁶⁹ The Minister of Health and Long-Term Care can issue directions to eHealth Ontario.⁷⁰
- 11.60 The Board of Directors of the Agency is composed of a maximum of 12 members, appointed by the Lieutenant Governor in Council on the recommendation of the Minister and includes one member from the Ministry of Health and Long-Term Care.

⁶⁶ See <http://www.ehealthontario.on.ca/en/about>.

⁶⁷ O. Reg. 339/08, s. 4. Available at: <http://www.ontario.ca/laws/regulation/020043/v7#BK4>

⁶⁸ O. Reg. 339/08, s. 12 (1)

⁶⁹ See http://www.ehealthontario.on.ca/images/uploads/annual_reports/2015_MOU_eHealth_Ontario.pdf

⁷⁰ O. Reg. 43/02, s. 8 (1)

- 11.61 eHealth Ontario must report annually to the Minister⁷¹ and the report is laid before the Ontario Assembly.⁷² The Minister also approves its Business Plans⁷³ and has the power to close the Agency if he or she so wishes.⁷⁴

Merits

- 11.62 As with HFO MRA, we consider that there would be some advantages to the Ministry housing the Registry with an arms-length body, because, through mechanisms like Memorandum of Understanding, it could retain oversight of its operations, while giving them a degree of independence. As this new function would need to be written into eHealth Ontario's legislation, the Government would have an opportunity to set clear aims for the running of the Registry.
- 11.63 In addition, because it is an arms-length body, the Public Appointments Secretariat⁷⁵ would be able to provide the Ministry with assurance around the recruitment process for the Board of Directors. As the Board's membership would almost certainly need to be changed to take into account the new Registry function, this oversight would undoubtedly be welcome.
- 11.64 As the organisation's functions and powers are set out in regulations, this could confer authority on the Registry to carry out some of the functions that are considered too risky by the current Registry under the current arrangements, namely investigating complaints and removing registrants for lack of competence or misconduct.
- 11.65 eHealth Ontario would undoubtedly have the expertise to set up and run a database of registrants, given its experience of setting up a large electronic record system for patients in Ontario. It also has knowledge of the health and care sector in the Province.

Disadvantages

- 11.66 The Government would need to amend eHealth Ontario's responsibilities in statute to include the running of the Registry. The organisation itself would have to make significant changes to both its governance and its operations, as taking on the Registry would represent a significant departure from its current role.
- 11.67 Aside from the expertise within the organisation in developing a register database and data management, it is far from evident that eHealth Ontario would have the expertise to fulfil any of the other essential functions of a Registry.

⁷¹ O. Reg. 339/08, s. 11

⁷² O. Reg. 339/08, s. 11

⁷³ O. Reg. 54/05, s. 5

⁷⁴ O. Reg. 43/02, s. 14 (1)

⁷⁵ For more information see: <https://www.pas.gov.on.ca/scripts/en/Home.asp>

Our view

- 11.68 eHealth Ontario would not be an appropriate host for the Registry. In our view, the disadvantages relating to possible lack of expertise in key areas would be resource intensive to overcome.

Alzheimer Society, Ontario

- 11.69 The Alzheimer Society, Ontario (ASO) is a charitable organisation set up in 1983. Its role is as follows:
- *‘Providing care, support, information and education for people living with dementia*
 - *Funding research to find a cure*
 - *Educating decision-makers about the need for improved health care services and qualified health care workers to support people with dementia*
 - *Increasing awareness of dementia and its impact on the whole family.*⁷⁶
- 11.70 It has a network of 30 Societies across Ontario providing ‘support programs, educational resources and referral services to ease the burden of care and improve the quality of life for people living with Alzheimer’s disease and other dementias.’ Services, which are free for as long as they are needed, include:
- Memory clinics for early detection
 - Education and information sessions
 - Support groups
 - Private and family counselling
 - Respite care – short term overnight stays to alleviate caregiver burden
 - Art and music programs
- 11.71 In the financial year ending 31 March 2015, it had revenues of CAD \$9,500,000.⁷⁷

Merits

- 11.72 In our view it would be pioneering for a Registry to be held by an organisation whose main interest was in supporting clients and caregivers. The Society would be in a good position to ensure that the education and training of PSWs, and codes of practice and conduct focused on the needs of clients and caregivers.
- 11.73 In addition, the Society could promote the Registry through its well established links with healthcare providers, clients and caregivers. We understand that some local branches of the Society have their own list of PSWs that they employ to provide services to the community they serve.

⁷⁶ See <http://www.alzheimer.ca/en/on/About-us/About-the-Alzheimer-Society>

⁷⁷ See http://www.alzheimer.ca/on/~/_media/Files/on/Annual%20Reports/2015%20Financials.pdf

Disadvantages

- 11.74 The Society appears not to have experience of running a Registry of this type. The fact that it currently employs a number of PSWs through local Societies could create a conflict of interest if it was also running a Registry. It would be understandable if it had concerns about expanding the remit of an organisation that focus primarily on supporting and advising clients and caregivers.
- 11.75 It may not have the support from other sectors including PSWs and employers to run the Registry which could lead to inability to include the views of these stakeholders in the management of the register. Changes in the governance of the organisation to accommodate the Ministry's principle of inclusivity may not be a desired change. Lack of support from PSWs may impact on number of PSWs signing up for registration.

Our view

- 11.76 We do not believe that the Alzheimer Society of Ontario would be an appropriate host for the PSW Registry. Taking on such a function could create conflicts with its existing, primary, objectives.

College of Nurses of Ontario

- 11.77 The College of Nurses of Ontario (CNO) is the statutory regulator for registered nurses, registered practical nurses and nurse practitioners in the Province. The College was established in 1963 when the profession became regulated by statute.⁷⁸ Currently its mission is described as 'regulating nurses in the public interest'.
- 11.78 It describes its main functions as:
- Establishing requirements for entry to practise
 - Articulating and promoting practice standards
 - Administering its Quality Assurance⁷⁹ program
 - Enforcing standards of practice and conduct.⁸⁰
- 11.79 The College's main duty is set out in statute. Specifically, the RHPA states: 'It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.'⁸¹ Its governance arrangements, functions and processes are set out in various pieces of legislation.⁸²
- 11.80 Its Council is composed of:

⁷⁸ See <http://www.cno.org/en/what-is-cno/>

⁷⁹ This is what is referred to as continuing professional development, continuing fitness to practice or revalidation in the UK.

⁸⁰ See <http://www.cno.org/en/what-is-cno/>

⁸¹ 2008, c. 18, s. 1.

⁸² For more information, see <http://www.cno.org/en/what-is-cno/regulation-and-legislation/>.

- 21 elected members, 14 from among members who are registered nurses and seven from among members who are practical nurses; and
- Between 14 and 18 lay members appointed by the Lieutenant Governor in Council.⁸³

11.81 In the UK, the nine statutory regulators overseen by the Professional Standards Authority are able to set up voluntary registers should they decide to do so.

Merits

11.82 The CNO has significant expertise in and experience of developing and running the main processes that would be needed for a voluntary Registry: registration, complaints, overseeing education and training and setting standards. It also has clear governance and operates in the public interest. If the Ministry were minded to move towards statutory regulation in the long-term, housing the voluntary registry with the CNO could be a step towards this.

11.83 In addition, having nurses, practical nurses, nurse practitioners and personal support workers under the same umbrella could promote team working. The settings in which PSWs work, and the clients they care for, are similar to nurses. All four occupational groups are likely to have similar stakeholders which would present a significant advantage.

11.84 Because of the CNO's status as a statutory regulatory College it is likely that stakeholders would have confidence in its ability to run a voluntary register effectively.

Disadvantages

11.85 It is likely that the CNO's legislation would need to be amended to enable it to take on the Registry in the first place and to reflect any changes to governance and financial arrangements. This could undermine one of the key assets of a voluntary Registry, namely the fact that it is not underpinned by statute, and is therefore cheaper and more agile.

11.86 It could also result in complex governance and financial arrangements, if the College were to ensure that both parts (statutory and voluntary registrations) of the organisation were appropriately run.

11.87 There is also a concern that housing a voluntary register within a regulatory College has the potential to confuse the public. This is not unsurmountable but would need to be addressed through clear communication.

Our view

11.88 The CNO could be an effective host for the voluntary Registry, although some changes would need to be made to its governance, financial arrangements, and legislation.

⁸³ 1991, c. 32, s. 9 (1); 1998, c. 18, Sched. G, s. 37 (1); 2009, c. 26, s. 18 (5)

Ontario Personal Support Worker Association

- 11.89 The Ontario Personal Support Worker Association (OPSWA) is an association of PSWs in Ontario, led by PSWs. It has developed a code of ethics⁸⁴ and a number of practice standards.⁸⁵ It requires PSWs to meet certain standards and carries out due diligence checks before accepting a PSW as a member.⁸⁶ It provides annual police record checks for all members.⁸⁷
- 11.90 No information is available on its website about the organisation's governance arrangements. We also did not find any information about their complaints process, though as far as we are aware, they do have one.
- 11.91 We were told that OPSWA has around 15,000 members although it has not been possible to verify this.

Merits

- 11.92 The Registry would be led by PSWs themselves rather than another occupation or profession. This could inspire the confidence of PSWs and encourage them to register, although it would depend on the reputation of the organisation with its stakeholders.
- 11.93 OPSWA already fulfils many of the functions that would be required of it if it were to host the Registry.⁸⁸ Its experience of holding a large membership database, would prove helpful in running a Registry database.
- 11.94 The Association may be able to attract those not working in publicly-funded healthcare through the additional benefits it provides as a professional association, for example, indemnity insurance cover.
- 11.95 In relation to the Guiding Principles of the Registry, OPSWA could be in a position to provide linkages between PSWs and potential clients. OPSWA states it connects PSWs with employers by posting job vacancies on its website and answering enquiries from employers.

Disadvantages

- 11.96 OPSWA is a small organisation whose high profile leadership has openly criticised the current Registry arrangements.⁸⁹ Any new host would need to inspire the confidence of PSWs, employers, the public and other stakeholders, and be prepared to work closely and collaboratively with the Ministry. The organisation is led by PSWs and would have to include other stakeholders in its governance to hold the Registry, in order to meet the Ministry's principle of inclusivity.
- 11.97 It is a professional association with a primary focus on PSWs rather than clients and caregivers – the public interest would need to become more evident in the way the organisation communicated and operated. We know

⁸⁴ See <http://opswa.webs.com/OPSWA%20Code%20of%20Ethics.pdf>.

⁸⁵ See <http://opswa.webs.com/scope-of-practice>.

⁸⁶ See <http://opswa.webs.com/about-us>.

⁸⁷ See <http://opswa.webs.com/psw-membership>.

⁸⁸ See <http://opswa.webs.com/scope-of-practice>

⁸⁹ See <http://ontarioseniors.blogspot.co.uk/2013/05/press-release-from-opswa-re-abuse-in.html>.

from our work accrediting registers in the UK that this difficulty is surmountable, but can be a challenge.

- 11.98 While the benefits provided to members may be attractive to many PSWs, it may be necessary to establish a separate category of registration for those who do not wish to pay for the benefits of membership but still want to be a registrant.
- 11.99 Transparency about the organisation, its functions, policies, processes and governance would need to be improved, if OPSWA were to host the Registry. As this is a professional association, some external assessment of the organisation's arrangements to host a Registry would no doubt be necessary. This could be carried out as part of an accreditation process – see model 3b – or through an external audit.

Our view

- 11.100 OPSWA has the potential to host the Registry, although as it is an organisation led by PSWs for PSWs, a shift in focus to the public interest would be needed and could be a challenge. In addition, its governance arrangements, ability to set standards for PSWs, assess education and training, manage a register and handle complaints about PSWs would need to be assessed before a decision was made for the Association to house the Registry.

The Registered Practical Nurses Association of Ontario

- 11.101 The Registered Practical Nurses Association of Ontario (RPNAO) is a professional association for Registered Practical Nurses (RPNs), who are regulated by the College of Nurses of Ontario. According to RPNAO there are more than 38,000 RPNs registered in Ontario of whom more than 32,000 are currently practising. In the year 2013-14 (most recent published figures), the RPNAO has nearly 13,500 members.⁹⁰
- 11.102 The RPNAO is governed by a nine member provincial Board of Directors, all of whom are RPNs, and managed by an executive team led by an Executive Director. The organisation's objectives⁹¹ are to:
- Advocate for RPNs in diverse settings, resulting in optimum client health services through policy, legislation and regulation
 - Advocate for quality, respectful working environments for RPNs
 - Enhance the professional competencies of RPNs by ensuring the research, development and delivery of quality educational programs
 - Promote the benefits of membership to RPNs in order to ensure a strong and unified professional voice

⁹⁰ Figures published in 2013-14 annual report, available at: <https://www.rpnao.org/sites/default/files/RPNAO%20Annual%20Report%202014.pdf>. Accessed 1 December 2015.

⁹¹ <https://www.rpnao.org/about/missionandobjectives> Accessed on 23 November 2015.

- Promote a closer working relationship with other health and related organisations.
- 11.103 Membership of the Association includes comprehensive malpractice/professional liability protection (PLP) insurance and legal expense insurance.⁹²

Merits

- 11.104 The RPNAO has experience of running a database of healthcare professionals, albeit for the purposes of a professional association. We understand that RPNs work closely with PSWs in Ontario and some PSWs choose to continue their training to become an RPN. The proximity of the two occupations means that RPNs have some awareness of the practice of personal support workers in Ontario. This could give the Association a useful foundation for managing a Registry of PSWs.
- 11.105 The Association offers professional liability insurance which could potentially be extended to registrants of the Registry and help to protect the public against malpractice. In addition, the Association promotes continuing professional development by offering discounts for skill enhancing courses, e-learning and career development tools. This approach could assist PSWs in further developing their skills and maintaining their competence.

Disadvantages

- 11.106 Much like OPSWA, the RPNAO would need to rebalance its focus so professional interests did not dominate or unintentionally subvert the public protection interest. Public protection is not part of the organisation's current objectives and functions. The organisation is led by RPNs and would have to include other stakeholders in its governance to hold the Registry, in order to meet the Ministry's principle of inclusivity.
- 11.107 The Association may be concerned about the legal liability risks involved in registering or de-registering PSWs in Ontario. However as we have said we do not consider this to be an insurmountable problem. It may also find it challenging to provide the assurance required in the Guiding Principles without having a legal framework underpinning its functions.

Our view

- 11.108 The RPNAO has the potential to host the Registry, although as it is an organisation led by RPNs for RPNs, a shift in focus to the public interest would be needed and could be a challenge. In addition, its governance arrangements, ability to set standards for PSWs, assess education and training, manage a register and handle complaints about PSWs would need to be assessed before a decision was made for the Association to house the Registry.

⁹² <https://www.rpnao.org/membership>

Create a new organisation

- 11.109 If no suitable hosts were found among existing organisations, the Ministry could consider setting up a dedicated PSW Registry. We note that this option was deliberately left open by the Steering Committee.⁹³
- 11.110 We would expect this organisation to hold a Registry that meets the proper requirements for public protection such as our *Standards for Accredited Registers*.⁹⁴ The organisation's focus would be the public interest, and this would be reflected in its governance including in the lay representation both on the board, and on decision-making panels.
- 11.111 The Ministry could consider creating an umbrella register covering multiple occupations not regulated by law. For example, in the UK, the Complementary and Natural Healthcare Council (CNHC)⁹⁵ was created by the Department of Health in 2005 to be a voluntary register for 15 complementary therapies, including naturopathy, massage therapy, nutritional therapy, reflexology and hypnotherapy.
- 11.112 CNHC's umbrella register is accredited by the Professional Standards Authority. CNHC's model is based on an umbrella organisation holding a single voluntary register and carrying out *some* of the functions related to the management of a voluntary register. Other functions are devolved to individual organisations under the umbrella. The umbrella organisation has to demonstrate mechanisms to ensure that functions carried out by individual organisations also comply with our Standards. These individual organisations are professional associations covering the multiple occupations on the register. They assess whether or not practitioners meet the standards of education and training set by the umbrella register. In CNHC's case they are classified as 'verifying organisations' and are 52 in total. CNHC quality assures the assessment carried out by the verifying organisations annually by auditing a sample of their decisions.
- 11.113 Another umbrella model is based on an umbrella organisation holding a single voluntary register with several occupations and carrying out all the functions related to the management of a voluntary register. The Health and Care Professions Council is an example of this model but is a statutory register instead of voluntary. It is described above in paragraphs 11.23-11.25.
- 11.114 In Annex 1, we present a good practice model for a voluntary register which may be used by the Ministry as a checklist for contracting the delivery of Registry functions by another host or a new organisation.

Merits

- 11.115 This option would give the Ministry the opportunity to shape the Registry more than any other. It would get around the problem of vested interests that any existing organisation would bring. Unlike the other hosting options, there would

⁹³ See Steering Committee report, para 4.8.3, page 45.

⁹⁴ For more information, see <http://www.professionalstandards.org.uk/accredited-registers>.

⁹⁵ <http://www.cnhc.org.uk/>

not be the conflict of trying to adapt existing governance arrangements or shift the focus to the public interest – these elements could be built into the design of the organisation.

- 11.116 If permission were obtained from PSWs, it could use the contact details from the current register as a basis for its own Registry.

Disadvantages

- 11.117 It may take more time for the Ministry to establish a new organisation than to house with an existing one. The starting fund to set up a brand new organisation may also be greater. In addition, it may take time for the new organisation to establish its functions and become sustainable, respected and trusted by stakeholders.

Our view

- 11.118 This is an option that should be explored. The investment of financial and human resources to establish the new organisation may be greater in the beginning but economies of scale may be found in the future particularly if a multi occupational umbrella organisation is created. Moreover, the Registry could be delivered in a way that meets the Ministry's outcomes.

Model 3b: Additional assurance of the rehoused voluntary registry

- 11.119 Model 3a could be strengthened further with the development of an accreditation scheme for voluntary registers, which could also potentially be used for registers of other unregulated occupational groups in the future. This would be similar to the Accreditation Programme run by the Professional Standards Authority in the UK for registers of groups not regulated by law.⁹⁶
- 11.120 Accreditation of the Registry would be based on a set of standards against which it could be assessed initially and reviewed annually. The standards could require a register holder to fulfil any or all of the following:
- Hold a voluntary register of health and care practitioners
 - Be committed to protecting the public
 - Understand, monitor and control risks
 - Be financially sound
 - Inspire public confidence
 - Have or develop a knowledge base
 - Provide strong and effective governance
 - Set good standards for practitioners on the register
 - Ensure appropriate education and training for practitioners
 - Run the register well

⁹⁶ For more information see <http://www.professionalstandards.org.uk/accredited-registers>.

- Manage complaints fairly and effectively.
- 11.121 The accreditation function would need to be performed by an independent body to avoid any perceived or actual conflict of interest. This could be a new organisation, an existing accreditation body, or a statutory body that currently performs a different function but that the Ministry has confidence in. The Ministry could also perform this function, but there is the potential for actual or perceived conflict of interest if the Ministry continues to fund the Registry.

Merits

- 11.122 In addition to the merits set out under model 3a, this model could provide the Ministry with assurance that the Registry was well run and working in the public interest, and that its registrants were competent and suitable to practise as PSWs. It would also provide the public, employers/providers, commissioners, PSWs and other professionals with these assurances.
- 11.123 The independent vetting of the Registry against a set of standards could lead to enhanced credibility and potentially attract greater numbers of registrants in any settings where registration was not mandatory. The Registry and PSWs alike could use the accreditation brand to promote their services and registered PSWs could distinguish themselves from those who are not. Independent accreditation also reduces the burden on and protects the Ministry

Disadvantages

- 11.124 Introducing this additional layer of assurance would bring with it additional costs, which would be borne either by the Registry (and any other voluntary registries that were accredited), or by the Ministry itself. Under both these funding models however, in order to be cost-effective, the number of accredited registers would need to grow over time. It is also likely that even in a self-funding model, the Ministry would have to bear the set-up costs and continue to fund it until the accreditation scheme could become fully financially sustainable or partially funded by a small subvention from the Ministry.

In summary

- 11.125 **Client protection:** Bringing this layer of assurance to model 3a could give the Ministry greater confidence that the Registry has mechanisms in place to mitigate the risks to clients as we outlined under 3a.
- 11.126 **Guiding Principles:** In addition to the benefits set out under 3a, with the use of accreditation branding, this option could give the public, commissioners and employers even greater peace of mind about the suitability and competence of PSWs on the Registry. If the accrediting body also acted as a hub for accredited registers, it could provide a further means for clients and employers to get access to clear information about registries of suitable healthcare practitioners. Finally, with the additional credibility and assurance provided by accreditation, the Registry could attract greater number of PSWs, thereby helping to meet the guiding principle relating to registering as many PSWs as possible.

- 11.127 **Our conclusion:** this option could provide a high level of assurance at significantly reduced cost compared to the statutory model. Some investment would need to be made to raise awareness of the accreditation scheme among commissioners, employers, clients and the public. It would allow the Ministry to step back from direct oversight.

Model 4: A statutory code of conduct and prohibition orders

- 11.128 Under this model, the Government of Ontario would make in regulation a Code of Conduct for PSWs (and, potentially, other unregulated health practitioners). A new or existing regulator or other statutory body would be conferred with statutory powers to investigate breaches of the code. Where a breach of the code by a practitioner places the public at serious risk of harm, the relevant investigatory body would issue a prohibition order that may prohibit or restrict the practitioner from providing health services. A breach of a prohibition order would be a punishable offence.
- 11.129 This model is in force in Australia, in New South Wales,⁹⁷ South Australia and Queensland. In 2015, the Federal Government of Australia made the recommendation that all states and territories should amend or enact legislation to give effect to a national Code of Conduct across Australia for all unregulated health care workers, as well as a consistent regime for applying prohibition orders.⁹⁸ A further aim is to have a common web portal across Australia, to enable public access to all decisions and prohibition orders made by health complaints entities or tribunals in participating states and territories.
- 11.130 This model would require new legislation and regulations and costs would be borne by the Government.

Merits

- 11.131 This model would provide the public with some reassurance that any PSWs about whom concerns had been reported and who had been identified as posing a threat to public safety were unable to practise. It would include a complaints procedure set out in statute with an appeals process for PSWs.
- 11.132 The model also has the potential to apply more broadly to other groups of unregistered healthcare practitioners and could set a precedent for other provinces and territories in Canada.
- 11.133 The Ministry could draw on the experience of an established model in New South Wales.

Disadvantages

- 11.134 Under this scheme, no standards of competence or conduct would be set beyond the assertions in the Code. The negative nature of the scheme would be likely to yield a code of practice focused more on what practitioners should not do than on what they should do. Because the only regulatory powers in this model would relate to restrictions on practice or prohibition, the threshold

⁹⁷ See <http://www.health.nsw.gov.au/phact/Pages/code-of-conduct.aspx>

⁹⁸ For more information, see <http://www.aims.org.au/documents/item/542>

for action would need to be high, and the effect of the standards established by the code of practice would be correspondingly low. We would also expect the majority of successful barring applications to relate to misconduct rather than incompetence, because competence cases would be dealt with by employers, and bad character is, in our view, less easily remediated than incompetence.

- 11.135 In addition, there would be no standards or quality assurance arrangements for qualifying education, and no post-registration competence or suitability checks. This means that this model would do little to promote professionalism and raise the standards of competence in the workforce. It would also be highly unlikely to yield any benefits relating to raising workforce morale or filling gaps in the workforce.
- 11.136 Schemes of this kind only deal with the worst cases of misconduct and only after harm has been caused. They do prevent future harm by the same individual by removing them from the workforce.
- 11.137 It would require new legislation and regulations, which could be lengthy and costly, and create a rigid framework that is difficult to amend. The costs of setting up and maintaining the scheme would necessarily be borne by the Government, as there are no registrants as such to fund the model.
- 11.138 There would need to be a robust strategy for communicating the code and prohibition scheme to all PSWs, but also, as it would be a complaints-led framework, to employers and clients.

In summary

- 11.139 **Client protection:** This model could provide some assurance that PSWs of unsuitable character or those with serious deficiencies in their practice could be prohibited to practise – but in all likelihood only after an incident had occurred. It would place no checks at the point of entry to the workforce, so would address neither the difficulty of obtaining reliable information about past conduct and performance, nor the concerns about competence resulting from lack of proper training and supervision.
- 11.140 **Guiding Principles:** As this model does not include a register, it cannot be said to fulfil any of the Guiding Principles in full. It would in part deliver the Guiding Principles relating to reviewing, suspending or terminating PSW registration, and coverage of the maximum number of PSWs (all PSWs would be covered and no grandparenting would be needed). It does not fulfil either of the Guiding Principles relating to tiered access.
- 11.141 **Our conclusion:** This option provides only a low level of assurance. In the main, it would not address the risks to clients that we identified in our analysis. It would also only partially fulfil the intentions behind two of the five Guiding Principles, and would not do so at all for the remaining three.

Model 5: A voluntary code of conduct and training standards (employer-led assurance)

- 11.142 Under this model, a voluntary Code of Conduct would be rolled out for an unregulated group. Adherence to the Code would be voluntary, but its

adoption by employers and practitioners would be encouraged and considered good practice. It could be coupled with a set of standards around education and training, underpinned by learning outcomes and assessment criteria. When the training standards have been met, the PSW could gain a certificate, which would be recognised by all employers.

- 11.143 Although the training standards would not be mandatory, their adoption could be encouraged through contractual arrangements with publicly-funded providers, through the regulation of service providers, or through some form of incentive (for example, tax relief). Both the Code and the training standards could be promoted as bringing benefits to employers and PSWs alike.
- 11.144 The Ministry could be responsible for developing and maintaining both parts of this framework or could delegate this responsibility to another organisation.
- 11.145 With some minor differences, there are precedents for both these models in both England and Scotland with codes of practice and training standards for healthcare support workers (for example, the Care Certificate in England).

Merits

- 11.146 This model could be relatively low-cost for the Ministry as the main responsibility for implementation would sit with employers. That said, the costs for employers would be passed to the price of services provided to clients (public and private). In the case of publicly-funded healthcare services, it could be made compulsory by making funding for posts contingent on the compliance of PSWs with the Code of Conduct and possession of required qualifications.
- 11.147 In addition, the Code of Conduct would give employers a sound basis for assessing the conduct of their staff and taking action when needed. This type of benefit could help persuade privately-funded providers to use the Code. The qualifications developed for PSWs could be of benefit right across the sector. The Code and training requirements could also be shared with clients so they were aware of the standards that PSWs were expected to meet and could report breaches to providers.
- 11.148 As clients' needs and the social context changes over time, it may be useful to have a flexible workforce. This model would allow flexibility in the scope of PSWs' roles, which may not be possible under professional regulation.
- 11.149 If the qualifications requirements were based on a competency framework, equivalence tests could be developed to allow for grandparenting and employment of PSWs from outside Ontario.

Disadvantages

- 11.150 There would be no database available to those wishing to choose their own PSW and no mechanism providing linkages between PSWs and potential clients. There is also no guarantee that this model would improve the exchange of information between employers about employees' conduct and competence.

- 11.151 If enforcement of the Code and training requirements were through funding contracts, rather than changes to legislation, it will only cover those PSWs working in publicly-funded posts. In addition, there could be concerns about variations in interpretation and application of the Code across the Province among different employers and settings.
- 11.152 In England, the quality assurance of the Care Certificate, and the certification itself, will be the responsibility of employers. Whilst this could suit bigger organisations, it could be onerous or unworkable in the case of smaller employers. Although the Certificate would in theory be ‘portable’ (recognised by all employers), one employer’s assessment of whether a PSWs met the standards could differ from another’s. This could undermine the benefits of the Certificate, from the perspective of the employer as well as the PSW.
- 11.153 The reliance on employers means that the model could benefit from additional assurance by an inspection body (see model 6).

In summary

- 11.154 **Client protection:** for publicly-funded settings this model would address some concerns about competence and conduct of PSWs. The situation for PSWs in privately-funded settings could be similarly improved if this group of employers could be encouraged to sign up to both the Code and the minimum qualification requirements. That said, in neither part of the sector, would this model seek to overcome barriers to information sharing between former and prospective employers about poor performance or conduct (identified in para 9.16 above). In addition, as the model would be employer-based, it would provide little assurance for clients employing PSWs directly.
- 11.155 **Guiding Principles:** As this model does not involve the development of a register of PSWs, it does not fulfil the requirements set out in the two Guiding Principles relating to tiered access. It could fulfil part of the intention behind the Guiding Principle about mandatory registration in publicly-funded settings (to improve standards and provide some safeguards against poor practice and misconduct). It would fall short on the intention behind registering as much of the workforce as possible. Grandparenting could however be made possible if a competency framework and equivalence tests were developed. It would not deliver the Principle about providing peace of mind in relation to PSWs in the workforce – in the absence of a register or prohibition orders, the scheme would be dependent on employers’ effective sharing of information about PSW performance and conduct, which we know to be problematic.
- 11.156 **Our conclusion:** this option could potentially provide an adequate level of assurance in publicly-funded settings but would fall short for privately-funded providers and clients who are direct employers.

Model 6: Inspection-based model

- 11.157 This model would require all care providers to have a named person responsible for ensuring that PSWs were adequately qualified and suitable to perform the role of a PSW. This person would be called upon by an inspection body to account for, among other things, the organisation’s performance in

recruiting, training, monitoring and disciplining care staff. They could be required to hold a certain level and type of qualification.

- 11.158 In England, the care inspectorate known as the Care Quality Commission, uses 'registered managers' in adult social care to help support providers to meet their standards and to improve accountability.⁹⁹ In addition to legal requirements on the managers themselves, they are also responsible for ensuring that the provision of care meets certain standards. The CQC assesses the extent to which a potential registered manager has the skills, qualifications and experience necessary to manage the regulated activities they have applied for.
- 11.159 In particular, they must demonstrate that they are:
- of good character;
 - physically and mentally fit to carry on the regulated activity and have the necessary qualifications, skills and experience to do so.
- 11.160 Registered managers are responsible for a wide range of aspects of care delivery, and their registration is closely tied to the registration of the provider. The CQC can impose conditions, suspension or cancellation of registration for the manager, based on whether the regulations for both the provider and the manager are met.¹⁰⁰ This option could be combined with model 5.

Merits

- 11.161 As responsibility for monitoring the performance of health and care providers sits jointly with the Ministry and with Health Quality Ontario, an arms-length body of the Ministry,¹⁰¹¹⁰² the Provincial Government could have ongoing oversight of the implementation of this model.
- 11.162 This option would be relatively low cost for the Ministry as it makes use of existing regulatory arrangements. It could improve employer accountability and performance generally, because the 'registered manager' would be accountable across all areas of performance and not just PSW recruitment and training.
- 11.163 This option could be used, amongst other things, as a means of monitoring the implementation of model 5 (voluntary code of conduct and minimum qualifications).

Disadvantages

- 11.164 As with models 4 and 5, this option would provide only partial cover of the sector, as it would only affect publicly-funded services.

⁹⁹ For more information, see

http://www.cqc.org.uk/sites/default/files/documents/20130625_800743_v1_00_supporting_information_-_qualifications_and_cpd_for_registered_managers_for_publication.pdf

¹⁰⁰ See CQC Enforcement Policy:

http://www.cqc.org.uk/sites/default/files/20150209_enforcement_policy_v1-1.pdf

¹⁰¹ See http://www.health.gov.on.ca/en/public/programs/ltc/31_pr_inspections.aspx

¹⁰² See <http://www.hqontario.ca/About-Us/Our-Mandate>.

11.165 Amendments would need to be made to the different pieces of legislation governing the operation and inspection of health and care providers (such as the Long-Term Care Homes Act 2007¹⁰³ and regulations under the Public Hospitals Act 1990¹⁰⁴). As PSWs operate in many different settings (hospitals, long-term care homes, home care and so forth) this could be very costly and time-consuming. Given that this model would require changes to both primary and secondary legislation, in our view it would not be an agile framework.

In summary

- 11.166 **Client protection:** as with model 5, for PSWs working in publicly-funded settings, this model could address some concerns about the competence and conduct of PSWs. It could potentially address the issues with information sharing between former and prospective employers about poor performance or conduct by introducing and enforcing requirements about disciplinary procedures and employee references (see para 9.16 of our discussion on risk). However, it would provide no assurance for clients employing PSWs directly, or for those in privately-funded settings.
- 11.167 **Guiding Principles:** As this model does not involve the development of a register of PSWs, it does not fulfil the requirements set out in the two Guiding Principles relating to tiered access. Combined with standards for providers relating to recruitment and training (possibly model 5), it could fulfil part of the intention behind the Guiding Principle about mandatory registration in publicly-funded settings (to improve standards and provide some safeguards against poor practice and misconduct). It would fall short on the intention behind registering as much of the workforce as possible.
- 11.168 **Our conclusion:** Combined with model 5 (or other robust standards for recruitment and training of PSWs) this option could potentially provide a high level of assurance in publicly-funded settings, but would fall short for privately-funded providers and clients who are direct employers.

Model 7: Standardised mandatory exam (certification) (Nova Scotia model)

- 11.169 This model is in place in Nova Scotia for Continuing Care Assistants (CCAs).¹⁰⁵ In order to practise an individual would have to be a graduate of a standardised education program delivered by a licensed education provider and have successfully passed a mandatory certification exam.
- 11.170 There could be two distinct education options available for an individual to gain certification: classroom courses and recognized prior learning. Only certificated practitioners would be eligible to work in publicly-funded care settings, but they could work in other settings if the qualification was recognised and valued by other employers. The costs are shared between students, educators and government - students would undoubtedly need to

¹⁰³ Available at: <http://www.ontario.ca/laws/statute/07l08?search=long-term+care+homes+act>.

¹⁰⁴ Available at: <http://www.ontario.ca/laws/statute/90p40#BK0>

¹⁰⁵ For more information, see <http://www.novascotiaccia.ca/Generic.aspx?PAGE=About+the+CCA+Registry&portalName=ha>.

pay all or some of the costs of the training (in Nova Scotia this is approximately CAD \$6,000).

- 11.171 We note that there is also a voluntary registry in Nova Scotia. For the purposes of this report however, we have assessed the certification model on its own, because once combined with a voluntary registry, the model described is very similar to option 3a.¹⁰⁶

Merits

- 11.172 This model would standardise education of PSWs through quality assured educational establishments which could be used to promote better quality and consistency of care.
- 11.173 A common qualification and a single professional title could also help employers recruiting staff by establishing what skills and knowledge their new recruits would possess.
- 11.174 A broad curriculum could enable graduates to work in a variety of settings, providing them with more employment opportunities and enlarging the pool of potential recruits for employers. It could lead to a flexible workforce that supported moves towards greater integration of care.
- 11.175 The certification (and possible voluntary registry) could provide a visible form of recognition for individuals, which could help PSWs feel that they were valued. Asking PSWs to make a personal investment in qualifying could also improve retention within the sector as students could be more inclined to see it as a career choice and seek to recover their investment.

Disadvantages

- 11.176 The benefits of this model would be largely limited to publicly-funded care because only those employers could be compelled to employ qualified PSWs. In addition, without a registry, it would not address the risks related to bad character PSWs moving into new roles unchecked.
- 11.177 If implemented without a voluntary registry (see model 3a), workforce planning would be difficult: the Ministry would need to conduct a separate analysis to decide how much to invest in the training of new PSWs.
- 11.178 The cost of courses and low salary prospects could put some people off, making it difficult to attract sufficient numbers of people with the right attributes.
- 11.179 Ontario may need to pass legislation to make it mandatory that all providers of publicly-funded personal support services employ certified PSWs.

In summary

- 11.180 **Client protection:** for PSWs working in publicly-funded settings, this model could address some concerns about the competence of PSWs. It would not address issues of conduct or ongoing performance, and the concerns about

¹⁰⁶ In Nova Scotia, CCAs are also able to join a Registry on a voluntary basis. We understand that currently, the Registry covers around 20% of CCAs in the Province, and that there are calls to make registration mandatory.

poor information sharing between former and prospective employers would remain. It could provide some assurance for clients employing PSWs directly, and for those in privately-funded settings, if there was a sufficient level of awareness of the existence of the certificate.

- 11.181 **Guiding Principles:** As we are considering only the certification aspects of this model, without a register of PSWs, it would not fulfil the requirements set out in the two Guiding Principles relating to tiered access. It could fulfil part of the intention behind the Guiding Principle about mandatory registration in publicly-funded settings (to improve standards). It would fall short on the intention behind registering as much of the workforce as possible. It could not deliver the Principle about terminating PSWs' registration.
- 11.182 **Our conclusion:** A certification scheme would only satisfactorily address concerns relating to the competence of PSWs working in publicly-funded settings. As with all employer-based models, scope for application is limited. It would not address conduct issues or provide any ongoing assurance of competence after qualification.

Model 8: Government-backed insurance/compensation scheme

- 11.183 Based on a model from New Zealand, both regulated and unregulated health occupations would be subject to a Code (in New Zealand, the Code of Health and Disability Services Consumers' Rights). The Code would establish the rights of consumers and the obligations and duties of providers to comply with it.
- 11.184 In addition, membership with a scheme run by a statutory body (the Accident Compensation Corporation in New Zealand) would provide practitioners (regulated and unregulated) with indemnity cover, and patients and service users with a route for compensation if harm was caused during the delivery of care.
- 11.185 This model would require substantial legal change and government investment.¹⁰⁷

Merits

- 11.186 It would cover all types and settings of health and care provision. Because it would apply to individuals and organisations, it would allow the Commissioner to enquire into systemic issues across professional boundaries.
- 11.187 Linking an insurance scheme to a proactive national prevention strategy that focuses on specific harms would be a targeted and proportionate way of addressing particular problems.

¹⁰⁷ See for instance: Department of Health, 2003. *Making Amends: A consultation paper setting out proposals for reforming the approach to clinical negligence in the NHS. A report by the Chief Medical Officer.* Department of Health. Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4060945.pdf. Accessed 3 December 2015.

- 11.188 The registration of practitioners with ACC would provide an opportunity for workforce planning. In addition, the compensation scheme could promote educational standards as a means of lowering risk and premiums.

Disadvantages

- 11.189 This model would be limited to addressing harm instead of mitigating risks before the risks materialise.
- 11.190 The costs of introducing a no fault compensation scheme would be significant but could in the longer term be off-set by a fall in serious incidents and lower claims.
- 11.191 It would neither create a professional identity nor provide recognition for a group of staff who feel under-valued.
- 11.192 As this option would not include a register or information about practitioners' competence, it would not help service users to make informed choices.

In summary

- 11.193 **Client protection:** this model would not mitigate risks to clients as it would deal with risks after they had materialised into harm. Information collected about claims made under the scheme could assist Government in understanding the causes of harm to better apply or develop mechanisms to address or reduce them.
- 11.194 **Guiding Principles:** As this model would not involve the development of a register of PSWs, it would not fulfil the requirements set out in the Guiding Principles.
- 11.195 **Our conclusion:** this model would not provide assurance about the competence and safety of PSWs in Ontario. It does not fit the requirements established in the Guiding Principles.

12. Recommendations for the future of the PSW Registry

12.1 After considering eight models of assurance in chapter 11 we make our recommendations for the future in this section. Our recommendations are based on an assessment of which models would best meet the Guiding Principles and the outcomes described in our adapted *Standards for Accredited Registers*, and address the risks to clients identified in this report. They also take into account the Ministry's vision for the PSW workforce and the input received from stakeholders in Ontario.

Overarching analysis and discussion

12.2 In the course of our review, we found that the current PSW Registry had some gaps in its registration and assurance processes, and lacked the elements of a governance structure needed to run an effective voluntary register. An analysis of the gaps and recommendations for improving the current Registry can be found in chapter 5.

12.3 We asked the Registry and the stakeholders we talked to about whether and how the current arrangements could be improved, what alternative hosts might be available, and whether a radically different model was needed. We also included a question about alternative hosts in our call for information.

12.4 The current Registry holder told us of concerns about the legal liabilities they perceived they would be exposed to if they strengthened their current model, and explained that this was because they lacked any kind of legislative powers. This was a theme that was echoed in several of the stakeholder interviews, and became an important consideration in our analysis of options for the future.

12.5 These concerns related mostly to the potential for a legal challenge from:

- A potential or former registrant who had been denied the right to work as a PSW based on a decision by the Registry not to register them or to remove them from the Registry
- A current registrant whose personal information had been shared by the Registry without their consent in the course of a registration or complaints-related inquiry.

12.6 Although they are undoubtedly genuine, it is our view that a non-statutory body could absorb these risks provided it had:

- Standards of conduct and competence to underpin decisions about suitability for registration to which PSWs sign up when they apply for registration
- Fair, robust and transparent registration and complaints processes and appeal mechanisms clearly set out in the terms and conditions of registration or 'contract' between the Registry and registrants

- Sufficient finance or appropriate insurance arrangements, including legal expenses, to reasonably cover its legal liabilities if its decisions were subject to challenge.
- 12.7 This is what the Professional Standards Authority Accreditation Programme requires of its voluntary registers in the UK, and these registers run similar legal risks to the PSW Registry.
- 12.8 There was also a commonly-held view among the organisations and individuals we spoke to that, aside from any shortcomings we might have identified in the current processes, a number of essential components were lacking in the current framework:
- A scope of practice: the boundaries of the work of PSWs are considered ill-defined¹⁰⁸
 - An set of core minimum competencies to practise as a PSW for use by all education providers¹⁰⁹ and by the Registry at the point of registration
 - A code of conduct and practice
 - A defined knowledge base
 - A strong professional identity for PSWs.
- 12.9 These were frequently depicted as developments that would be either partly or wholly outside the remit of the current Registry holder. We agree that whether for a voluntary or statutory register, all of these would be necessary for the successful running of a register.
- 12.10 Some of our interviewees also raised queries about the purpose of the Registry and felt that the Guiding Principles were in conflict with each other. Asking the same organisation to register as many PSWs as possible and to take on a public protection role was seen to be problematic. We understand this conflict and recommend that public protection should be the primary purpose of a register of PSWs, statutory or voluntary.

Our recommended model

- 12.11 **We recommend strengthening the current voluntary registration model and rehousing it, preferably with some form of independent assurance, similar to the accredited registers model in the UK.**
- 12.12 Options for housing the Registry depend on which outcome the Ministry is looking for:
- Option 1 (our preference): house the Registry within a new umbrella body** (if the Ministry wanted to bring a number of occupational groups not regulated by law under voluntary registration over time).
- Option 2: house the Registry with a new dedicated body** (if the Ministry foresaw no future need for an umbrella registration body).

¹⁰⁸ This is in spite of the fact that the Registry now has a list of duties that it uses to determine whether or not an applicant is a PSW.

¹⁰⁹ Not all respondents were aware of the work that has been undertaken by the Ministry of Training, Colleges and Universities (MTCU).

Option 3: house the Registry with the College of Nurses of Ontario (if the Ministry had a long-term aim of moving towards statutory regulation of PSWs).

12.13 Our recommendations are discussed in more detail below.

1: Maintain and strengthen the current voluntary registration model

12.14 We recommend that registration remains voluntary for PSWs. The workforce consists of a number of different roles and a range of different settings. We understand that the Ministry currently has no appetite to introduce compulsory statutory registration across all PSWs in all settings, and we do not believe this would be proportionate as a robust voluntary register could provide the assurance needed for this workforce.

12.15 If the Ministry wished to pursue its objective of making registration mandatory for PSWs working in publicly-funded care settings, this compulsion could be brought about through contractual arrangements between service provider organisations and public funders of services.

12.16 There is already significant buy-in for the current voluntary arrangements in the shape of around 33,000 registrants on the current PSW Registry. Maintaining it as a voluntary arrangement could help the Ministry retain and build on this support.

12.17 While our gap analysis focused on strengthening the processes of the Registry in its current form, the review against *Standards for Accredited Registers* identified a number of recommendations that would be applicable regardless of who was hosting it. More generally, these *Standards* would form a fair and proportionate basis for ensuring that any new home for the Registry were fit for purpose. A model is available at Annex 1.

The value of the current database

12.18 We recommend that the current database holding information about approximately 33,000 PSWs registered with the current Registry is transferred to the new host. It is a valuable contact database to build on, with appropriate data cleansing procedures put in place. Data protection and privacy laws will have to be followed for this transfer of personal identifiable information from one data controller to another. We recommend that the best approach would be to obtain consent from the registrants before any data could be transferred to the Ministry or other body.

2: Re-house the voluntary register

12.19 Our preferred options for rehousing the Registry would be place it with a new umbrella (multiple occupations) body or dedicated (single occupation) body.

12.20 We are not specifying in our recommendation whether the new host should be an ALB or an independent body. Instead we suggest that the Ministry consider its options based on what kind of accountability arrangements it wants for the new Registry. The Ministry will need to strike a balance between granting the organisation sufficient autonomy to perform its functions unhindered and retaining some oversight of its strategic direction.

- 12.21 Regardless of the form the new organisation takes, we recommend that clear and reasonable key performance indicators are agreed with it and reviewed annually by the Ministry, so that any necessary adjustments can be made.
- 12.22 We also recommend that the Ministry allows the voluntary model to prove itself before making a decision about whether to move to statutory regulation, which we believe would be disproportionate to the problems the Guiding Principles attempt to solve in Ontario in the long-term.
- 12.23 If however, the Ministry was currently of the view that regulation by a regulatory College was the appropriate course of action in the long run, housing the voluntary Registry with the College of Nurses of Ontario as soon as possible would be a reasonable alternative to ensure a gradual transition for the registration of the PSW workforce from voluntary to statutory. We recommend that a contract instead of a Transfer Payment Agreement is put in place between the Ministry and the College setting out roles and responsibilities of both parties, and clear, attainable key performance indicators. The performance indicators should be reviewed annually, so that any necessary adjustments can be made to reflect unforeseen circumstances. In addition, we recommend that the Ministry fund the Registry functions held by the College until registration becomes compulsory by statute.

3: Introduce independent assurance of the rehoused voluntary register

- 12.24 The first two recommendations could be strengthened further with the development of an accreditation scheme which could also potentially be used for registers of other unregulated occupational groups in the future. This would be similar to the Accreditation Programme run by the Professional Standards Authority in the UK for registers of unregulated groups.¹¹⁰
- 12.25 Accreditation of the Registry would be based on a set of standards against which it could be assessed initially and reviewed annually. The standards could require a register holder to fulfil any or all of the following:
- Hold a voluntary register of health and care practitioners
 - Be committed to protecting the public
 - Understand, monitor and control risks
 - Be financially sound
 - Inspire public confidence
 - Have or develop a knowledge base
 - Provide strong and effective governance
 - Set good standards for practitioners on the register
 - Ensure appropriate education and training for practitioners
 - Run the register well
 - Manage complaints fairly and effectively.

¹¹⁰ For more information, see <http://www.professionalstandards.org.uk/accredited-registers>.

- 12.26 The accreditation function would need to be performed by an independent body to avoid any perceived or actual conflict of interest. This could be an existing accreditation body, or a statutory body that currently performs a different function but that the Ministry has confidence in. The Ministry could perform this function, but there is potential for actual or perceived conflict of interest if the Ministry continues to fund the Registry.

13. Annex 1: Example of a good practice voluntary register

13.1 We believe that the outcomes a voluntary register has to meet are described in our *Standards for Accredited Registers*. We describe below the relevant policies, procedures and mechanisms to meet the outcomes outlined in our Standards. This model is based on good practice and would raise professional standards and enhance public protection.

Area of Register	Description
<p>Governance</p>	<p>The register:</p> <ul style="list-style-type: none"> - Has a Constitution, Articles or Memorandum of Association with a governing body (for example, Board or Council) with ultimate responsibility for and oversight of the functions of the Register. Constitution or Articles include public protection purpose of the organisation. - Has a Board that set the strategy for the organisation and hold the Executive team (staff) to account in the operational delivery of the strategy. - Board ensures that the organisation is financially sustainable to enable it to fulfil its voluntary register functions, with reserves or insurance to cover its legal liabilities if its decisions are subject to challenge. - Carries out external and internal audits to ensure decisions are achieving expected outcomes. - Manages actual and perceived conflicts of interest by having a conflict of interest policy covering all functions, a register of interests and declarations of interest during Board and other Committee meetings. - The Board delegates decisions about registration (acceptance to the register and removal from the register) to a separate Committee. - Has lay members on the Board and other Committees. - Is open and transparent – publishes its policies and procedures, standards, names of Board members, Board meeting papers and minutes related to public

	<p>protection matters, public can attend relevant part of Board meetings.</p> <ul style="list-style-type: none"> - The leadership of the organisation and those involved in the voluntary register functions have the experience, knowledge and skills to inspire public confidence so it is trusted and respected. - Has relevant policies to operate in accordance with the law and good practice, for example, policies on IT, data protection, record keeping, business continuity and finance management.
<p>Setting standards for registrants</p>	<p>The register:</p> <ul style="list-style-type: none"> - Has a code of conduct and/or a code of ethics that outlines specific behaviours that are required or prohibited as a condition of ongoing registration and is based on a set of values and principles that includes responsibility, honesty, openness, integrity and respect. - Has a set of competencies it requires of people on its register which covers knowledge, training and skills to practise the occupation competently and safely. - Bases its competencies in a defined (or developing) knowledge base underpinning the occupation. Makes its knowledge base or its development explicit to the public. - Has a code of practice with a defined scope of practice and guidance for registrants on business practice (where applicable) including customer care and financial management. - Requires registrants to have appropriate arrangements for indemnity cover. Ask registrants to declare this during registration and regularly audit compliance with this requirement by asking a sample of registrants for proof of cover. - Has a policy with clear timescales to review standards documents periodically.
<p>Education and training</p>	<p>The register:</p>

	<ul style="list-style-type: none"> - Has educational standards that enable its registrants to practise competently the occupation covered by its registers. - Has a mechanism to approve or accept only education and training courses that equip students to meet its educational standards. - Reviews approval or acceptance of education and training courses within reasonable periods (for example, every five years) to ensure its standards continue to be met. - Has an objective assessment of equivalence for practitioners trained by an education and training course not approved by the register. Examples are a test of competence (theory and practice) or review of a portfolio of evidence submitted by the practitioner. - Has an objective assessment of equivalence for experience based entry route, for example, a test of competence (theory and practice) or review of CV against set of competencies with interview.
<p>Registration</p>	<p>The register:</p> <ul style="list-style-type: none"> - Has a registration process for applications for registration to review whether or not applying practitioners meet its educational standards and other requirements of registration. - Verifies the registrant's identification, evidence of education and training and other relevant information. - Requires registrants to self-declare that they are of good character and good health to practise the occupation safely. Depending on the risks posed by the occupation the register should require evidence of a criminal record check. - Has a mechanism in place to review whether or not a registrant misrepresented information in their registration application form, including declarations. Use mechanism to assess whether registrants should be accepted or remain on the register. - Has clear terms and conditions (T&C) of registration and ask registrant to confirm (or sign) that they accept

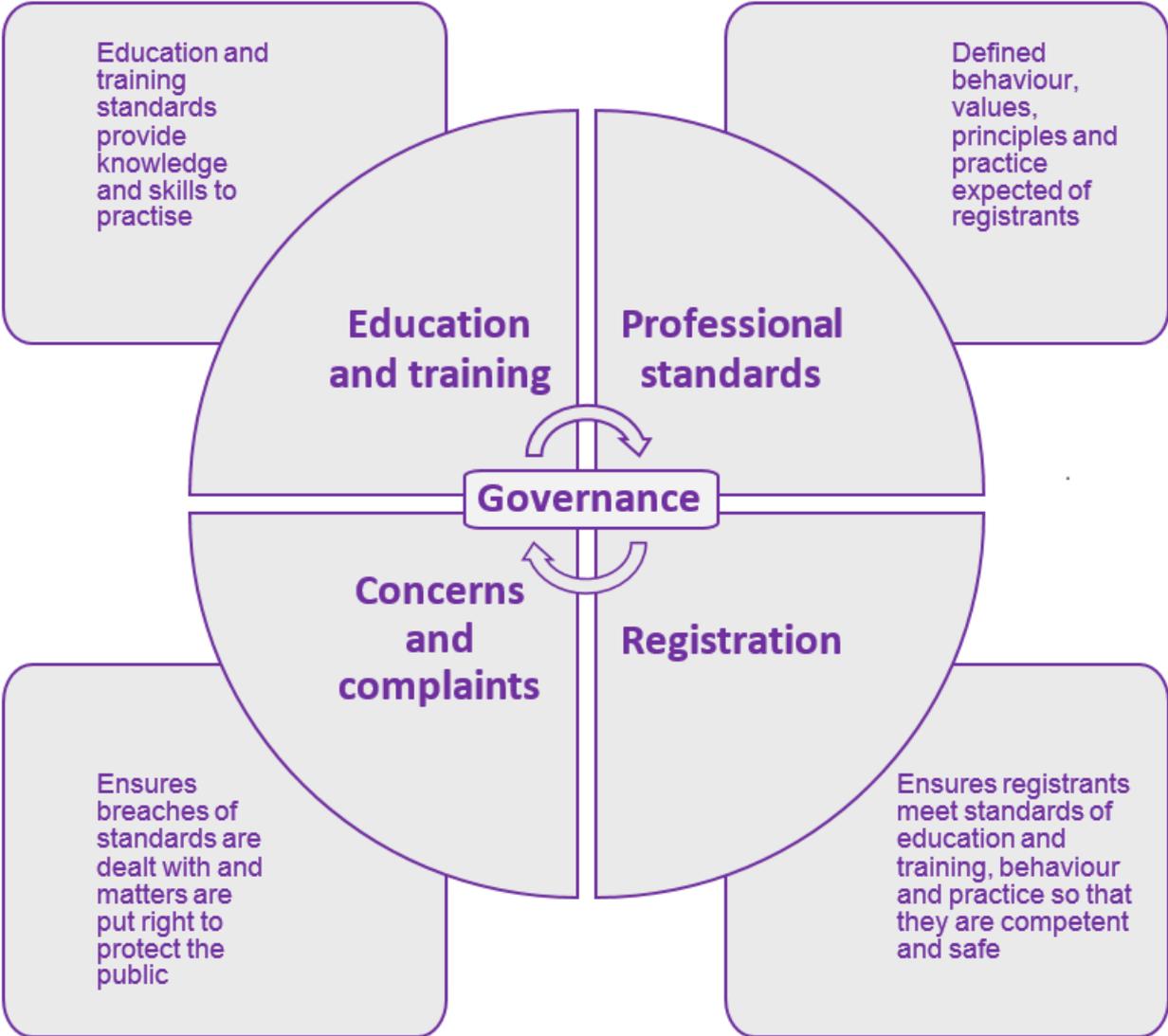
	<p>(T&C). T&C must include that registrant abides by the relevant codes, consent for their registration information to be published on a public register and is subject to a complaints (disciplinary) procedure.</p> <ul style="list-style-type: none"> - Maintains a register that is accurate, accessible online (and reasonably in different formats) and with clear information to support all those using it to make informed decisions. - Has a process to renew registration periodically and ask registrants to reconfirm their compliance with registration requirements. - Requires registrants to keep their practise up to date, for example, in a continuing professional development (CPD) policy part of T&C registrants sign up to. Audit compliance with CPD by requiring a random sample of registrants to submit CPD evidence within a reasonable period of time. - Has a process to review decisions made about registration, for example, an appeals process. Reviewer of appeal should not be the same person or Committee who made decision about registration. - Publishes information about proven disciplinary cases on the register, including sanctions for a reasonable timeframe depending on the sanction. - Has a process to review applications for re-instatement to the register following removal of registrant due to disciplinary, fitness or other administrative reasons. - Has a mechanism or policy to report concerns about a registrant to the relevant authorities identified during the registration process.
<p>Concerns and complaints handling</p>	<p>The register:</p> <ul style="list-style-type: none"> - Has a policy and procedure to review and deal with concerns and complaints about registrants and itself as an organisation. - Provides clear and accessible information to the public about how it handles concerns and complaints, including the support it offers to complainants and witnesses. For example, it should make easy for

	<p>concerns to be raised by any member of the public and support those unable to put a complaint in writing.</p> <ul style="list-style-type: none"> - Ensures the procedure has three separate stages considered by different individuals or committees (including lay people): investigation, adjudication and appeals. - Ensures that early resolution of complaints, including mediation for example, is part of the procedure for cases where informal/early resolution is appropriate. If not appropriate, escalates case for disciplinary action. - Has clear criteria for dismissing complaints and criteria for deciding the route to resolve the complaint whether informal resolution or disciplinary. - Has indicative sanctions guidelines with sanctions available to committee dealing with disciplinary cases. This should include at least conditions, suspension and removal from the register. - Ensures that the procedure and decisions made focus on protecting service users and the public where necessary and putting matters right where possible. Provides training to staff and Committee members handling complaints. - Ensures registrant's conduct or competence complained about is reviewed against the standards and T&C set by the register to ensure fairness and transparency. - Reviews decisions made about concerns and complaints periodically to ensure consistency, fairness and learn lessons. Reviews standards if necessary based on lessons learned. - Has a policy and process to report concerns to other relevant authorities, for example, police, social services and other regulators, when that is needed to protect the public.
<p>Risk management</p>	<p>The register:</p> <ul style="list-style-type: none"> - Has a tool to identify, record, quantify and mitigate risks the occupation poses to the public, for example, a risk register.

	<ul style="list-style-type: none"> - Ensures that its codes of conduct, ethics and practice, set of competencies and registration requirements mitigate the risks posed by the behaviour, competence and business practice of registrants. - Reviews its risk tool regularly to ensure that it is being vigilant about risks and that its mitigating controls continue to be effective. For example, there could be a standing item in the Board's agenda to review the risk tool. - Amends its standards and procedures to address risks when necessary. - Considers and includes in its risk tool relevant risks posed to vulnerable groups, for example, children, older people and people with disabilities.
<p>Communications and information provision</p>	<p>The register:</p> <ul style="list-style-type: none"> - Provides clear and accessible information to the public about the occupation, its scope of practice, registrants' education and training, standards registrants adhere to, what to expect from registrants and how to raise concerns. Information must help service users to make informed decisions. - Information must be available online and reasonably available in other formats to ensure public accessibility. - Requires registrants to communicate effectively with service users by adding standards of communication in its educational standards, codes and CPD. - Has a clear plan to engage with service users and the public to seek and use their views and experiences to inform key decisions about its voluntary register functions. This could be done by establishing consultation groups/forums, carrying out surveys regularly, having a feedback tool on the website and participating in activities organised by service user advocacy groups. - Engages with relevant stakeholders and works in partnership with other bodies where appropriate to promote and protect the health, safety and wellbeing of service users.

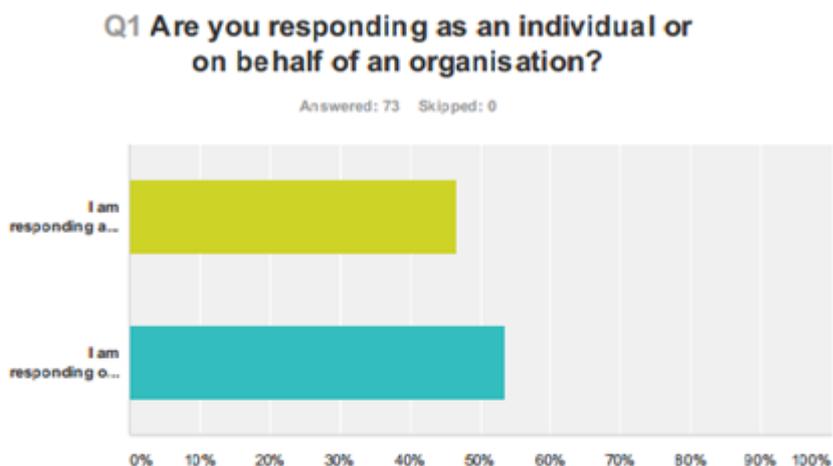
	<ul style="list-style-type: none"> - Ensures its decisions about registration are explained clearly so that registrants and the public can understand and trust.
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13.2 We provide a diagram showing the main functions of a register below.



14. Annex 2: Quantitative analysis of call for information

14.1 Our survey had a total of 73 questionnaire responses.



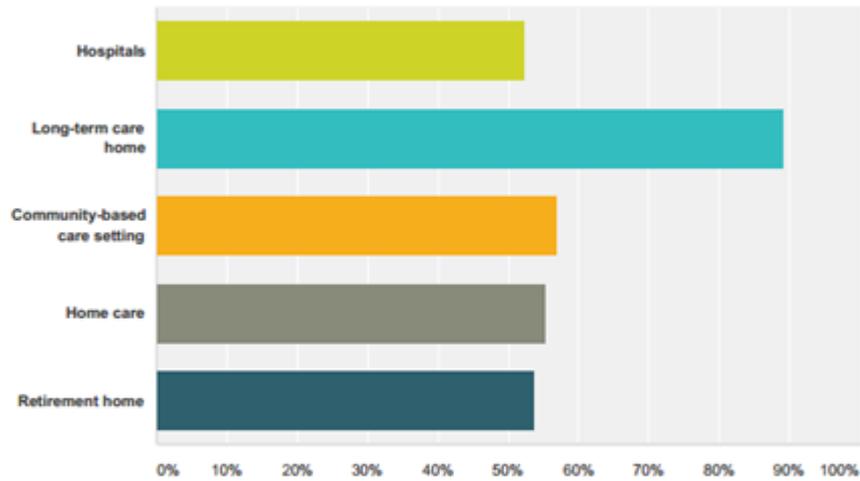
Answer Choices	Responses
I am responding as an individual	46.58% 34
I am responding on behalf of an organisation	53.42% 39
Total	73

14.2 The respondents break down into the following categories:

Answer Choices	Responses
Personal support worker	31.25% 20
Client	0.00% 0
Client advocate organization	4.69% 3
Care Giver (i.e. family member, neighbour, substitute decision maker)	3.13% 2
Publicly funded healthcare provider	9.38% 6
Privately funded healthcare provider	3.13% 2
Publicly and privately funded healthcare provider	0.00% 0
Professional Association	3.13% 2
Educational Organization/Association	53.13% 34
Union	14.06% 9
Member of the public	4.69% 3
Total Respondents: 64	

Q9 Please indicate which of the following care settings are relevant to you (if you are a client, family care giver or member of the public) or to your work. You may tick more than one box.

Answered: 65 Skipped: 8

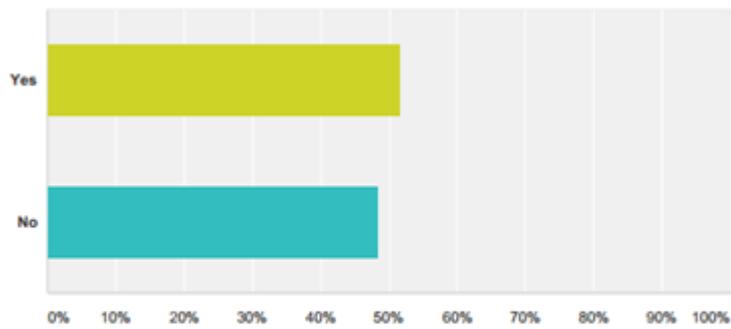


Answer Choices	Responses	Count
Hospitals	52.31%	34
Long-term care home	89.23%	58
Community-based care setting	56.92%	37
Home care	55.38%	36
Retirement home	53.85%	35
Total Respondents: 65		

14.3 We asked for views on the mandatory registration of PSWs.

Q11 Do you support the mandatory registration of PSWs employed by publicly funded healthcare providers?

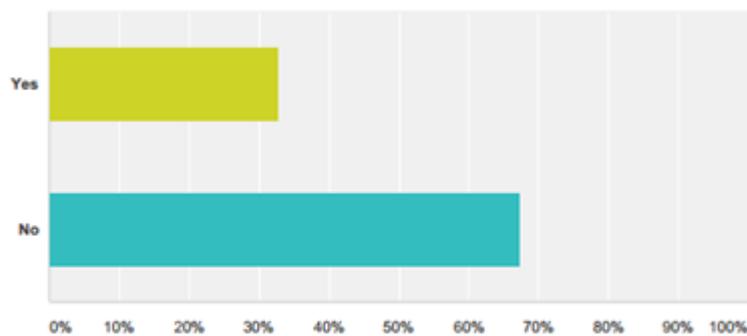
Answered: 62 Skipped: 11



Answer Choices	Responses	
Yes	51.61%	32
No	48.39%	30
Total		62

Q12 In your view, is the PSW Registry ready to move to the mandatory registration of PSWs employed by publicly funded health care providers?

Answered: 58 Skipped: 15

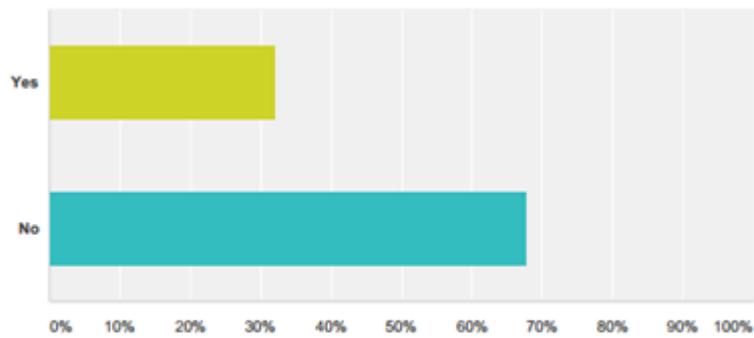


Answer Choices	Responses	
Yes	32.76%	19
No	67.24%	39
Total		58

14.4 We asked respondents about the Registry’s progress against the Guiding Principles.

Q13 Do you feel that the PSW Registry has done what it can to register as much of the workforce as possible?

Answered: 56 Skipped: 17

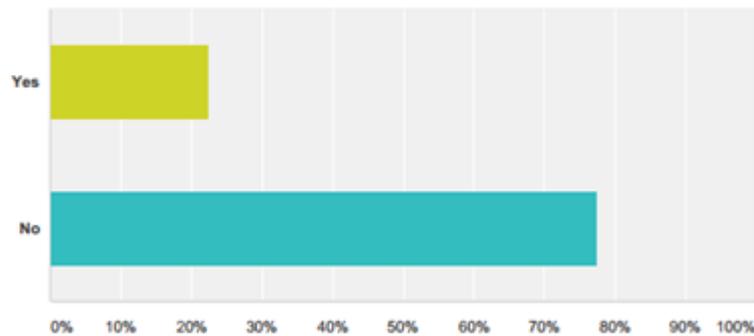


Answer Choices	Responses	
Yes	32.14%	18
No	67.86%	38
Total		56

14.5

Q14 In your experience, has the PSW Registry provided the necessary information on PSW training and experience to clients and family care givers and made linkages between PSWs and potential clients?

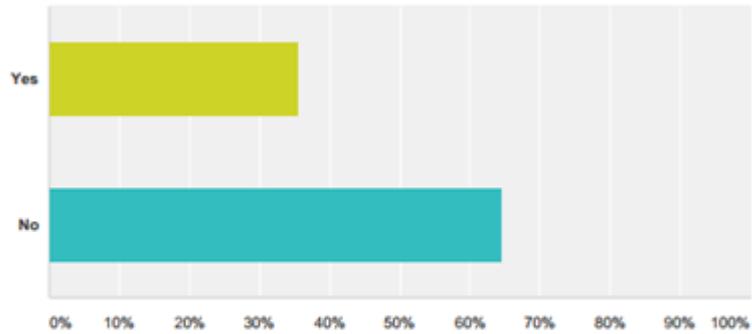
Answered: 53 Skipped: 20



Answer Choices	Responses	
Yes	22.64%	12
No	77.36%	41
Total		53

Q15 In your experience, has the PSW Registry provided access for employers to support their use of the PSW Registry to fill vacancies?

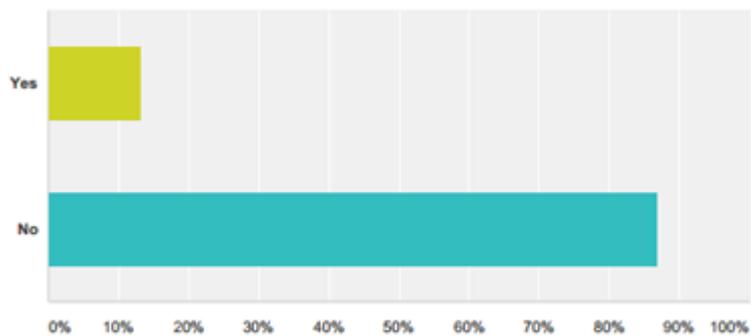
Answered: 48 Skipped: 25



Answer Choices	Responses	
Yes	35.42%	17
No	64.58%	31
Total		48

Q16 In your view has the PSW Registry been successful in establishing a process for reviewing, suspending or terminating PSW registration? The purpose of these mechanisms is to provide peace of mind to clients and families that a PSW listed on the PSW Registry does not present a known risk to public safety.

Answered: 53 Skipped: 20

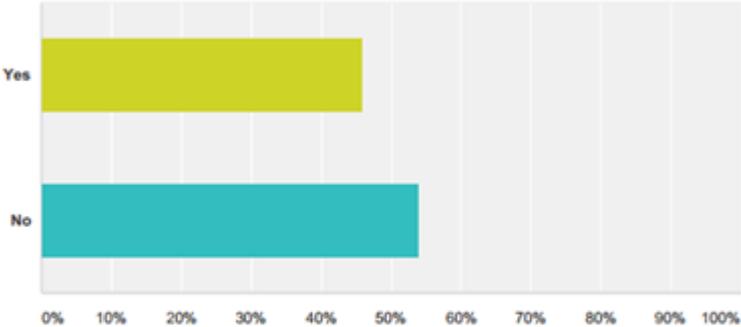


Answer Choices	Responses	
Yes	13.21%	7
No	86.79%	46
Total		53

16.6 We asked respondents an alternative organisation or body would be better suited to host the Registry.

Q17 In your view, would an alternative organization or body be better suited to host the PSW Registry?

Answered: 50 Skipped: 23



Answer Choices	Responses	
Yes	46.00%	23
No	54.00%	27
Total		50

15. Annex 3: Relevant Standards for Accredited Registers (adapted)

15.1 The following standards were selected and adapted to originally assess the PSW Registry's compliance with them based on the deliverables of this review.

Area	Standard
<p>Governance</p>	<p>7a) Ensures that the governance of its voluntary register functions is directed toward protecting the public and promoting public confidence in the occupation it registers.</p> <p>7b) Carries out its governance in accordance with good practice. It is for the organisation to determine what good practice standards it adopts as appropriate to its form and function. They should include as a minimum adherence to the following principles: * Being clear about its purpose * Being independent and fair * Exercising control effectively * Behaving with integrity (including proper management of conflicts of interests) * Being open * Being accountable * Being socially responsible</p> <p>7c) Demonstrates that it seeks, understands and uses the views and experiences of stakeholders to inform key decisions about its voluntary register functions.</p> <p>7d) Ensures that in carrying out its voluntary register functions it is fair, effective, proportionate and transparent so that it is respected and trusted.</p> <p>7e) Engages with relevant stakeholders and works in partnership with other bodies where appropriate to promote and protect the health, safety and well-being of service users and the public.</p> <p>7f) Communicates effectively with the public and its registrants. In particular, it ensures that the information it provides about its registrants and their occupation(s) helps service users to make informed decisions.</p>
<p>Setting standards for registrants</p>	<p>8e) Encourages good communication and requires registrants to provide clear information to service users to help them to make informed decisions and to make readily available information about complaints processes.</p> <p>8f) Publishes its standards for registrants.</p>

Education and training	<p>9c) Requires its registrants to meet its educational standards and assures itself that they do.</p> <p>9d) Only approves those education and training courses that equip students to meet its educational standards. In addition: * Where an organisation permits an experience based entry route, it ensures that registrants undergo an objective assessment of equivalence.</p>
Managing the register	<p>10a) Focuses on promoting the health, safety and well-being of service users and the public and generating confidence in its register.</p> <p>10b) Maintains a register that is accurate, easily accessible to the public and supports all those using it to make informed decisions.</p> <p>10c) Only registers those who meet its standards.</p> <p>10d) Requires registrants to keep their practice up to date and checks at appropriate intervals that registrants continue to meet its standards. In deciding its arrangements the organisation takes account of: * The pace and extent to which professional practice is subject to change (for example, technological advancements or research based findings) * The nature and extent of risk registrants' practise poses to service users and the public.</p> <p>10e) Recognises decisions made by relevant authorities and employers when deciding whether a person should be admitted, kept on or removed from their register.</p>
Concerns and complaints handling	<p>11a) Provides clear information about its arrangements for handling complaints and concerns about its registrants.</p> <p>11e) Makes sound decisions that are fair, transparent, consistent and explained clearly.</p> <p>11f) Reports concerns to other relevant agencies when that is needed to protect the public.</p>
All	<p>2) The organisation demonstrates that it is committed to protecting the public and promoting public confidence in the occupation it registers.</p> <p>4) The organisation demonstrates that it has sufficient finance to enable it to fulfill its voluntary register functions effectively including setting standards, education, registration, complaints and removal from the register.</p> <p>5) The organisation demonstrates that it has the capacity to inspire confidence in its ability to manage the register effectively.</p>

16. Annex 4: Fit and Proper Governance Standards (adapted)

Governance
The organisation has an effective process for identifying, assessing, escalating and managing risk, and this is communicated and reviewed on a regular basis by the Executive and Board.
The organisation has clear governance policies that provide a framework within which decisions can be made transparently and in the interests of patients, service users and the public.
The organisation has effective controls relating to its financial performance, so that it can assure itself that it has the resources it needs to perform its functions effectively, as well as a financial plan that takes into account future risks and developments.
The organisation engages effectively with patients, service users and the public.
The organisation demonstrates commitment to transparency in the way it conducts and reports on its business.
The Board has effective oversight of the work of the Executive.
The Board sets strategic objectives for the organisation.
The organisation's performance and relevant outcomes for patients, service users and the public are used by the Board when reviewing the strategic objectives of the organisation.
The Board works effectively, with an appropriate understanding of its role as a governing body and members' individual responsibilities.

17. Annex 5: List of people we talked to

Name	Job title	Organisation
Carol Annett	Board Director	Ontario Community Support Association
Abdullah BaMasoud	Senior Policy Analyst	Ministry of Health and Long-Term Care
Charles Beer	Former Chair	PSW Registry Steering Committee
Bridget Buckingham	Director of Policy and Government Relations	SEIU Healthcare (union)
Stuart Cottrelle	Board Member	Home Care Ontario
Chris Dennis	Chief Executive Officer	Alzheimer Society
Miranda Ferrier	President	Ontario Personal Support Worker Association
Isabel Fonseca	Program Director	Ontario Personal Support Worker Registry
David Hughes	Membership Development Director	Ontario Community Support Association
Carol Kelsey	Dean of College Former member	Colleges Ontario PSW Registry Steering Committee
Wolf Klassen	Board Director	Ontario Community Support Association
Dianne Martin	Executive Director	Registered Practical Nurses Association of Ontario
Amanda McGoey	Director of Policy	Personal Support Network of Ontario - Ontario Community Support Association

Kevin McCarthy	Manager, Strategy	College of Nurses of Ontario
Nancy McMurphy	President	Unifor
Stacey Papernick	Labour Relations Officer	Ontario Nurses Association
Searle Schonewille	Director of Policy Development and Government Relations	Registered Practical Nurses Association of Ontario
Kathleen Scott	Vice-President	Ontario Personal Support Worker Association
Deborah Simon	Chief Executive Officer	Ontario Community Support Association
Terry Richmond	President	Ontario Community Support Association
Erin Tilley	Policy Analyst	College of Nurses of Ontario
Sue VanderBent	Chief Executive Officer	Home Care Ontario
Corey Vermey	Health Care Director	Unifor
Tina Wheeler	Assistant Extraordinary	Ontario Personal Support Worker Association
Monica Zesta-Zanin	Consultant	

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