



MINISTER OF HEALTH

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

February 24, 2006

Ms Gillian Barnes, MA, CCC-SLP
President
Manitoba Speech & Hearing Association
2 - 333 Vaughan Street
Winnipeg MB R3B 3J9

Dear Ms Barnes:

I am writing to you regarding your September 6, 2005, meeting with Ms Arlene Wilgosh, Deputy Minister of Health and Healthy Living, about the development of umbrella health professions legislation. I am pleased to advise you that we are going to proceed, and I wish to solicit your organization's participation in the development of this new legislation.

We recognize that our existing patchwork of professional legislation no longer adequately serves the public, the professionals, or the Government. Recent health professions legislation embodies a number of mechanisms/processes based on policy principles recommended by the Law Reform Commission in its 1994 Report – Regulating Professions and Occupations. Such mechanisms include changing associations to regulatory "colleges;" increasing public participation in the regulatory process by requiring a minimum of 1/3 public representation on the boards/councils and committees; updating the complaints and discipline processes to ensure fairness for the complainant and member who may be the subject of the complaint; and, requiring that colleges provide an annual report of their activities to the Minister of Health.

The limits of improving health professions regulations within the existing framework have been reached, and the logical next step is to implement a different legislative framework. The merits of the case for a new integrated regulatory structure for professions within the health sector in Manitoba have been recognized as a sound policy objective. The Government would like to proceed with this initiative in a timely manner.

Ontario, Alberta, and British Columbia have developed common, integrated regulatory regimes for health professions while continuing to place responsibility for self-governance in the hands of practitioners. Reference to the policy principles embodied in the umbrella legislation in Ontario, British Columbia, and Alberta should expedite a process to modernize Manitoba's regulatory regime.

Legislation has not yet been drafted but would be informed by the regulatory framework in British Columbia as well as incorporation of best practices from Ontario and Alberta. It would:

1. Bring the administration of regulated health professions under one act, with consistent ("umbrella") legislative provisions for structure and composition of regulatory bodies, governance, registration, complaints, discipline, appeals, public representation, and by-law making powers, while providing separate regulations for matters specific to an individual profession (such as scope of practice statement, authority to provide reserved/controlled acts, title protection, by-law making authority). See enclosed outline for a listing of key elements.

The umbrella statute would apply to all regulated professions while a unique regulation would apply to each. Professions regulated under this model would still have self-regulating colleges and broad by-law making powers similar to existing regulation making authority. The act would come into force on a profession- by-profession basis via regulation.

Expected results would include: (a) consistent, minimum regulatory standards for all self-governing health professions including common provisions for complaints and discipline processes and public accountability requirements; (b) greater consumer choice and access to health care services through a system of overlapping scopes of practice and narrow reserved acts/controlled activities which would remove barriers to interdisciplinary practice to achieve a balance between safe practice and consumer choice; (c) establishment of a consistent and integrated framework for government decision making on professional regulation; (d) greater patient and citizen understanding of the public regulatory process; and, (e) better management and coordination of the regulatory responsibilities of Manitoba Health (i.e., it would eliminate the need to fit health professions legislation into limited space in legislative agendas).

2. Introduce a non-exclusive scope of practice statement and reserved act/controlled activity approach that seeks to regulate only those aspects of a scope of practice that pose threat or harm to the public.

Expected results include: a regulatory approach that accommodates overlapping scopes of practice and facilitates flexibility; appropriate interdisciplinary practice; and, cost-effective human resource utilization.

As outlined above, it is proposed that British Columbia's legislative framework be adopted – one overarching statute with profession specific regulations. British Columbia's specific statutory language would be adopted only where appropriate. Many of the current provisions in recent Manitoba health professions legislation (e.g., definitions, public participation in the regulatory process, transparency and openness, complaints, and disciplines process) would be incorporated in the proposed umbrella legislation. The basic structures in the umbrella legislation will be very similar to those in recently enacted acts.

The proposed umbrella legislation would include a strong commitment to the principle of self-regulation. It would provide an administrative structure on which individual health professions colleges would base their particular requirements. Regulatory bodies, through the development of by-laws, will continue to be primarily responsible for regulating their respective professions and setting out the parameters for practice. It would not take away from the health professions regulatory bodies their fundamental function of regulation of their members in the public interest.

Experience from other jurisdictions has shown it is essential to consult with the professions, and that input from the professions has improved the resulting legislation. Accordingly, I am requesting your support and participation in the process of renewing health professions legislation cooperatively and in good faith. Your involvement is integral to the success of this project.

Please respond indicating whether your college/association is prepared to participate in this process and to collaborate in the modernization of the legislation governing health professions in Manitoba. Please forward your reply and contact information to Ms Heather McLaren, Director of the Legislative Unit at Manitoba Health, by March 31, 2006, so that your college's/association's perspective will be included in the process.

Sincerely,


Tim Sale
Minister of Health

Enclosure

cc Ms Arlene Wilgosh
Ms Heather McLaren