

# **Therapeutic Recreation Regulation in Canada 2015: Comparison of Canada's Health Professions Acts**

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## **Introduction**

This report has been prepared to consider the regulation of therapeutic recreation (TR) as a health profession in Canada. At the time of writing, several provinces have expended effort to make application to be a self-regulated health profession within governmental acts. To date, Recreation Therapy is not a registered or regulated health profession in any provincial or territorial jurisdiction.

Two key considerations are posed within this national comparison of health profession acts (HPA) – is the profession of therapeutic recreation ready to accept responsibility of being self – regulated and does scope of practice within therapeutic recreation service pose significant risk or harm to the public. The intent of this report is to stimulate discussion within and amongst TR professional associations.

This report begins with the identification of study limitations and value derived from the comparison and contrast of each provinces health professions act. This is followed by the comparison of similarities and differences. The first section identifies similarities as defined by six common elements of health profession acts in Canada. These include: protect and serve the public, self governance, complaints, investigation and resolution, entry to practice requirements, competency profile, standards of practice and continued competency programs. The second section identifies differences of emphasis in the various provincial HPA's. These differences are highlighted as they might be considered as essential components for TR standards of practice.

The comparison of differences and similarities has been listed starting with British Columbia and ending with Newfoundland and Labrador. For brevity, each province has been identified by its common abbreviation. Not all provinces are listed under each element, as it was not readily identifiable within the limitations of this study. This element may indeed appear within the context of that province's comprehensive Health Professions Act. Readers are encouraged to investigate the HPA of their provincial jurisdiction. A link to each of the province's HPA is located in the reference section of this document.

## **Limitations of the comparison study**

1. This comparison is not intended to represent an exhaustive review of each Act in all of Canada's provinces and territories. This comparison provides an overview of the regulatory structures, and the provincial legislature.
2. The comparison of each HPA's has been limited to only those provinces that have active TR Associations as indicated by partner membership with the Canadian Therapeutic Recreation Association.

## **The value of a comparative research**

1. Provincial TR associations can review areas of emphasis, additions and / or omissions to guide their association's approach to self-regulation. CTRA and Provincial Partner Associations are working on revamping the Professional Standards of Practice (SOP). The six common elements represented in each HPA might guide these comprehensive SOP's to include each of the specific elements.

2. Awareness of similarities and differences promotes collaboration within provincial TR associations in the pursuit of self-governance / regulation and will thereby enhance consistency, efficiency and effectiveness of the outcome.

## **Comparison of Common HPA Elements**

### **Similarities**

#### **1. Protect and Serve the public interest**

BC: Our purpose, your safety. Serving and protecting the public.

AB: The HPA requires that colleges carry out governance responsibilities in a manner that protects and serves the public interest.

MB: Continue to place interests of the public and patient / client safety at the centre of the regulatory process

ON: Patient Interest & Public Protection.

QC: The main task of an order is to protect the public, or all those who use professional services in the different spheres of regulated activities. The order protects the public by performing adequately its role and responsibilities.

NB: The objects of the College are ... in order that the public interest may be served and protected.

NS: In order that the public interest may be served and protected

NL: A college shall in all matters act in the best interests of the public

#### **2. Self Governance**

BC: This public service and protection is provided by the professions themselves. The public is directly involved through government-appointed representatives on the organizations' board of directors. The organizations make regular reports to the provincial government.

AB: These colleges are delegated powers and authorities for self-governance.

SK: The Saskatchewan Ministry of Health is responsible for appointing members of the public to the councils of 26 self-regulating health professional associations.

MB: Allow professions to be self-regulating.

ON: Establish Authority – authorizing mechanisms are in place as required. College Certificate of Registration indicates applicable competence and authority.

NB: To administer this Act and perform such other duties and exercise such other powers as are imposed or conferred on the College by or under any Act

NS: Regulate the practice of [physiotherapy] and govern its members in accordance with this Act and the regulations.

### **3. Complaint, Investigation and Resolution Process**

BC: Organizations also act when it appears that one of their regulated professionals is practicing in a manner that is incompetent, unethical or impaired by alcohol, drugs or a mental condition.

AB: Investigating complaints about regulated members and imposing disciplinary actions if required.

SK: Ensuring complaints about the professional are investigated and disciplinary action taken if necessary.

MB: More effective public protection by regulating actions or clinical procedures that may risk or harm.

ON: Uphold Accountability – Each regulated health profession is accountable for his / her decisions & actions.

QC: The order shall appoint one responsible for receiving complaints from the public trustee. The trustee initiates the disciplinary process in an investigation. If necessary, it is he who makes a complaint against a member before the Disciplinary Board. The professional association also monitors the practice of the profession among its members, including through peer reviews. The professional inspection committee proceeds mainly to check the quality of professional services. It may also recommend to the College's Board of Directors to require a member:

- to take an internship;
- a refresher course;
- to limit or suspend his right to practice.

### **4. Entry to Practice requirements**

BC: Regulated professionals are qualified

AB: Setting entry requirements (including required education, practical training, and examinations).

SK: Ensuring that the health professional is qualified to practice.

QC: Before admitting a candidate for the practice of the profession or to issue a license, the order ensures that it has the training and expertise required.

NB: to establish, maintain and develop standards of qualification and practice for the practice.

NS: establish, maintain and develop standards of qualification and practice for the practice of physiotherapy.

NL: (a) approve a program of study and education for the purpose of establishing education requirements; (b) develop entry to practice requirements for the health profession ...

## **5. Competency Profile, Standards of Practice**

BC: Standards of Ethics and Practice.

AB: Identifying services provided by regulated members, setting standards for professional practice.

SK: Setting standards of practice and a code of ethics that the health professional must follow; requiring the health professional to be registered and licensed to use the title of the profession and perform certain services.

ON: Assure Competence – Competence is expected for procedures within principle expectations of practice (PEP) and is not expected for procedures beyond PEP.

QC: The order controls the integrity and conduct of its members by imposing a code of ethics. The order in accordance with the Professional Code and professional laws, adopt and implement various regulations. These regulations are intended to govern the exercise of the profession.

NB: to establish, maintain and develop standards of professional ethics among its members.

NS: to establish, maintain and develop standards of professional ethics among its members.

NL: to establish a scope of practice for the health profession it represents; establish standards of practice for the health profession it represents; and develop a code of ethics for the health profession it represents

## **6. Continuing Competence Program**

BC: No specific mention

AB: Setting continuing competency requirements

ON: Enable Evolution – RHP's evolve in accordance with patient interests & legislative & regulatory requirements for practice.

QC: Promote the development of the profession: The order may, by regulation, continuing education obligations. It is a way for members to update their knowledge and acquire others. In addition, the order takes a position in debates of public concern and participates, where necessary, to various government consultations on professional practice. Finally, the order develops working tools to improve the quality of the intervention of its members. It publishes information documents for the public.

NB: to establish, maintain and develop standards of competence among its members.

NS: establish, maintain and develop standards of knowledge and skill among its members.

NL: ... including annual renewal or recertification requirements and continuing competency requirements.

# Differences

## Communication of Professional Practice Developments

BC's accountability is demonstrated by communicating new developments in professional practice.

**For Consideration by Therapeutic Recreation:** This element supports the role of Communities of Practice that have both a place at the provincial and national level.

## Inter-professional Practice

MB: Reduce barriers to inter-professional practice.

ON: Assure Coordination – RHP's manage overlapping scopes to ensure safe, effective and ethical care. Inter-professional guidelines and tools for working with orders, directives and delegation.

NS has placed significant emphasis on inter-professional practice by adopting has a distinct act to address this standard of practice. The purpose of the health professions network act (2012). is to improve the system of health-profession regulation in the Province in accordance with the following guiding principles: (a) increased collaboration among Network members in the regulation of the health professions can support and enable an increase in inter-professional practice among the regulated health professions and strengthen the protection that regulation provides to the public; (b) collaboration among regulated health professions and the sharing of information by those professions provides the opportunity for improvement in regulatory processes and health-care delivery.

**For Consideration by Therapeutic Recreation:** This element supports the need to address inter-professional practice in national standards of practice.

## Terminology

Regulatory bodies have different names across the country. They are called:

- **Colleges:** BC, AB & NS.
- **Self Regulating Health Professional Associations:** SK
- **Regulated Health Profession:** - MB & ON
- **Orders:** QC
- **Health Disciplines:** NB
- **Regulated Health Professions Act:** NS

## Comprehensive Acts

1. One Act: BC. (exception Social Workers Act) , AB , MB, ON.
2. Separate Acts for each Health Profession: SK, NB, NS (Note: the Physiotherapy Act was use to represent the provinces of NB & NS in the comparison of similarities and differences).

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