

**CLINIC REGULATION PROJECT**

**Report on Stakeholder Consultation**

**March 2016**

## Clinic Regulation Project – Report on Stakeholder Consultation

### EXECUTIVE SUMMARY

A group of 13 health regulators in Ontario formed the Clinic Regulation Working Group to explore potential ways to increase oversight of healthcare clinics in Ontario. They believe that there is currently a gap in regulatory oversight that may put patients at risk. After establishing parameters and assessing alternative options, the Working Group created a potential clinic regulation model that they believe meet those established parameters. The Working Group put forward this potential model for stakeholder consultation so they can get meaningful and concrete feedback about the concept of regulating clinics in Ontario.

The formal consultation took place in November and December 2015. We were able to reach many stakeholders through different communication tools, including: almost 8,000 visitors to the dedicated consultation website; over 1,000 views of the webinar; more than 1,300 responses to the online consultation survey; over 200 people attended the town halls; and around 150 individuals or organizations made written submissions.

The majority of the stakeholders who participated in the consultation were regulated health professionals, however we also heard from clinic owners, unregulated healthcare providers, patients and members of the public.

The purpose of this report is to provide information on the feedback received from the clinic regulation stakeholder consultation.

### Key Findings from the Consultation

The following are highlights from the consultation findings:

- Survey respondents expressed high levels of concern on issues that could arise when they visit clinics
- From both the patient and healthcare provider perspective, survey respondents were more likely than not to believe that having clinic oversight would make them feel more reassured when they visit or work for a clinic
- Regulated health professionals tended to support the concept of clinic regulation, whereas other stakeholder groups tended not to support it
- Many respondents expressed the sentiment that the existing regulatory mechanisms are adequate for protecting the public and for addressing any issues that may arise in clinic settings
- Many respondents felt that more oversight may be needed in settings where the clinic owner or the healthcare providers are unregulated individuals
- Respondents expressed concern that if clinic regulation were to be implemented, it would result in additional cost and administrative burden for regulated clinics and healthcare providers who work in those clinics
- Some respondents agreed that having more oversight of clinics could have benefits for patients and healthcare providers
- Some respondents felt that more regulation is not necessarily a guarantee of good outcomes; others preferred that patients be given a greater role and be empowered to look after their own interests

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- Unregulated healthcare providers were concerned that a clinic regulation model could result in barriers for accessing their services
- Some respondents felt that they did not have enough information in order to provide informed feedback

As the report explains, there are some limitations to the data that suggest the results may not be representative of the views of all stakeholders.

### **Thank You to Our Stakeholders**

The Working Group would like to thank stakeholders for taking the time to participate in the consultation events and sending their comments. Your feedback is very much appreciated. We hope to continue this dialogue with our stakeholders going forward.

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### BACKGROUND

The purpose of the clinic regulation project is to explore whether clinic regulation is an appropriate solution to gaps in patient safety, quality care, and efficient use of healthcare resources in some clinic settings.

Arising from experiences in regulating their respective professions, the Working Group members share concerns about issues in unregulated clinics: it is difficult for regulators to assure quality of care in environments where regulated health professionals are sometimes put in a position where they may be forced either to compromise integrity and quality of care or to leave their practices. Consequently, even in environments where regulated professionals practice, there may be issues with safety, quality of care, and business practices. These put patients and healthcare resources at risk.

Working Group members considered the potential to make regulations or by-laws under existing legislation to empower each College to take different or additional action to address the problem. It was agreed, however, that no change within existing legislation would enable Colleges to have authority over non-regulated clinic owners (whether individuals or corporations) and that without such authority, attempts to address the problems at the member-specific level would not, ultimately, be sufficient.<sup>1</sup>

Accordingly, the group agreed to explore whether there might be an appropriate specific model of clinic regulation that would fit into the existing Ontario health regulatory landscape.

### PARAMETERS FOR CLINIC REGULATION

Prior to the consideration of which model would be suitable for regulating clinics in Ontario, the Working Group agreed to a set of minimum requirements for any potential model. These parameters served both as a means to ensure that all parties were in agreement about the nature of the regulation we were seeking, and as criteria for assessing the different regulatory options available.

To strengthen protection of the public interest, clinic regulation must:

1. Address quality of care.
2. Facilitate accountability and adherence to professional standards.
3. Mandate participation, with ability to suspend or limit clinic operations.
4. Have a quality assurance component.
5. Not contradict the *Regulated Health Professions Act* (RHPA).
6. Not create undue burden on the clinics and professionals.
7. Be able to work in a multidisciplinary setting, including where unregulated providers may work.
8. Be non-duplicative and cost-neutral.
9. Not create undue burden on Colleges.

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<sup>1</sup> The need to have the authority to regulate clinic owners independently of the health professionals who work in these settings is more significant in professions where the practitioners are less likely to be the decision-makers or clinic owners. For example, the colleges for pharmacists, physicians and dentists exert authority over workplaces within the existing legislative context because these professionals may be required to be owners or decision-makers in these settings. This is not the reality for other professionals, such as massage therapists or physiotherapists where the business owners are frequently not regulated health professionals and, as such, are not subject to duty of care to patients.

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### DEVELOPING A POTENTIAL MODEL

In the process of exploring alternative solutions that could achieve the stated goal of the project, the Working Group reviewed the findings of an environmental scan, literature research, and commissioned legal research of potential legislative frameworks.

The group assessed existing approaches from other jurisdictions but found none that satisfied the parameters described above. The Working Group reached the consensus that the best alternative was a separate clinic regulator, which would require new legislation. The Working Group further agreed that a preliminary model for this new legislation should be drafted for the purpose of stakeholder consultation, in order to obtain specific and meaningful feedback. A preliminary model was developed with legal consultation, and approved by the Councils of the partner colleges to be used for stakeholder consultation.

The Working Group conducted informal consultations with certain stakeholders during the summer and fall of 2015, which resulted in further refinement of some aspects of the model. Highlights of the model that was used in the consultation materials is below.

#### *Highlights of the Preliminary Model Used for Consultation*

*Note:* The model described below was created for the purpose of exploring how best to approach the problem. The Working Group did not aspire to identify the final solution.

The proposed model for clinic regulation is similar to health professional regulation under the *Regulated Health Professions Act* (RHPA).

“Clinic” could include any office or location where at least one regulated health professional provides healthcare services, or is responsible for the care provided by another person under his or her supervision.

An alternative definition would include all locations where healthcare services are delivered or performed (regardless of whether a regulated health professional works there).

Both definitions are broad and would include settings in which appropriate oversight may already exist (hospitals, for example). In order to avoid overlap with existing regulations or oversight mechanisms, a list of exceptions to the definition of “clinic” would need to be developed.

In the proposed model, regulation would:

- Make it illegal for unregulated clinics to provide some or all healthcare services to the public. (Healthcare services might be those services provided by regulated health professionals; or they could, under the alternative definition, be so broad as to include all healthcare services, in which case that term would also require definition.)
- Create an oversight body with a mandate to ensure that Ontarians receive healthcare services in safe and ethical clinics.

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- Set registration requirements and standards for service delivery, including, but not limited to, standards for safety, delivery of care, and business practices.
- Create an on-line Register that lists all regulated clinics, the people who work there, clinic inspection results and much more information to help patients make informed decisions about where to seek healthcare services.

Regulated clinics would be inspected on a regular basis to ensure that they meet the standards established by the regulator. The regulator could also carry out inspections in response to complaints or concerns where there were reasonable and probable grounds to believe that the standards were being breached.

If the inspection uncovered problems or concerns with a clinic, then an oversight body would have the power to impose restrictions on the clinic's operations, to suspend its licence until the issues were addressed or even to revoke its license.

In addition to inspections, regulated clinics could be required to submit annual reports.

The clinic regulator and the individual professions regulators would share information to ensure comprehensive oversight of the premises and the professionals who work there. For example, if the clinic regulator discovered issues or concerns with the practice of a particular regulated health professional, this would be reported to that professional's regulatory college. Similarly, if a regulator of health professionals became aware of issues or concerns with a clinic, this would be reported to the clinic regulator.

Whistleblower protection would be included for those who wished to make anonymous reports.

There would also be appeal or review processes for clinics with objections to decisions made by the regulator.

### **THE CONSULTATION PROCESS**

The Working Group partner colleges began to have informal consultations with certain stakeholders during summer and fall of 2015, leading up to the launch of the formal consultation on November 18, 2015. The Working Group reached out to a variety of stakeholder groups, using different communications tools.

The goal of the consultation was not to test the popularity of the idea of clinic regulation. The consultation was not appropriately designed to objectively collect such information. The intention was to identify strengths and weaknesses of the proposed model, to inform decisions about overall viability or to make changes in order to have the best possible recommendation to put forward to government.

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A summary of the consultation timeline and activities is below.

<b>Time</b>	<b>Consultation Activities</b>
<i>Informal Consultations</i> July-Sept 2015	Liaise with Ministry of Health Discussions with health professional associations Reached out to other regulatory colleges <ul style="list-style-type: none"> <li>- At Federation of Health Regulatory Colleges of Ontario (FHRCO) meeting</li> <li>- Correspondence with individual colleges</li> </ul> Discussions with Health Quality Ontario (HQO) Discussions with insurance industry through the Canadian Life and Health Insurers Association (CLHIA) Focus group discussion with members of the public (Citizen’s Advisory Panel at the College of Physiotherapists of Ontario)
<i>Preparation for Launch</i> Oct-Nov 2015	Continue to liaise with Ministry of Health Member outreach (email, newsletter, social media) Discussions with Health Professions Regulatory Advisory Council (HPRAC)
<i>Formal Consultation</i> Nov-Dec 2015	Nov. 18: Webinar and Website Launch Nov 23-Dec 9: Town Hall meetings (Kitchener-Waterloo, Sudbury, Windsor, Ottawa, Toronto, Brampton) Dec. 15: Meeting with health professional associations Dec. 31: Deadline for comments and submissions ( <i>Extended to January 31, 2016 for health professional associations</i> )

### *Level of Engagement*

Below are summary statistics that show the level of engagement with stakeholders during the formal consultation period:

<b>Communications Vehicle</b>	<b># of Visitors/ Attendees</b>
Website	7,850
Webinar	350 live + 730 re-watch
On-Line Consultation Survey	1,357
Town Hall 1 (Kitchener-Waterloo) Nov 23	40
Town Hall 2 (Sudbury) Nov 25	5
Town Hall 3 (Windsor) Nov 26	20
Town Hall 4 (Ottawa) Dec 1	70
Town Hall 5 (Toronto) Dec 2	60
Town Hall 6 (Brampton) Dec 9	30
Written submissions (Emails + Comment Cards)	150
College-specific consultation activities	265

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Below is a breakdown of the types of stakeholders who provided feedback through the on-line consultation survey:

Stakeholder Group	# of Respondents
Regulated health professionals	1,221
Unregulated health providers	67
Patients, Family Members of Patients, and Members of the Public	35
Clinic Owners – <i>RHPs</i>	199
Clinic Owners – <i>Non-RHPs</i>	28

For more summary statistics from the online survey results, see Appendix 1.

### ANALYSIS OF CONSULTATION FEEDBACK

The analysis of the consultation feedback has two components: first, an overview of statistical results from the online survey responses, and second, an analysis of the themes in the stakeholder comments.

#### Statistical Analysis of Online Survey Responses

An analysis of the statistics from the survey responses revealed the following information:

- More than half of respondents (58%) did not have accurate knowledge about the current state of clinic oversight prior to learning about the project. One in five respondents (20%) believed that there is more oversight of clinics in the current system than there is.
- Respondents expressed high levels of concern about all issues that could arise in clinics. The area with the highest concern is quality of care (at 89%) and the area with the lowest concern is billing fraud (at 74%).
- When asked whether clinic regulation would provide reassurance about these issues, more people said yes than no, but there were many who were unsure. This was true whether respondents were answering as patients or as healthcare providers.
- The majority of respondents felt that regulation was required in settings where none of the providers are regulated or where unregulated assistants are used to provide care. Most respondents felt that sole regulated practitioners did not require further regulation.
- Overall, regulated health professional respondents tended to support clinic regulation. Other groups of respondents tended not to support clinic regulation. We note that, as stated above, the survey was not designed in a way that would collect a representative sample of the Ontario population, so these results cannot be considered to demonstrate how the Ontario public might react to the idea of clinic regulation.

For more details about the statistical survey results, please see Appendix 1.

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### Themes in Stakeholder Comments

Stakeholder comments were categorized into various themes as they emerged (as opposed to pre-determined themes), and then the instances where a theme came up were tallied. The themes summarized below are those with the highest rate of occurrence in stakeholder comments.

#### *Theme: The existing oversight mechanisms are adequate*

Among stakeholders who wrote comments, many expressed the sentiment that the existing level of oversight in clinic settings is adequate for protecting the public. The most common reason cited for this belief is that the regulation of individual healthcare professionals ensures accountability. Others also point to the existence of other oversight mechanisms, such as the Financial Services Commission of Ontario (FSCO) regulations, and OHIP and WSIB audits, as other ways clinics are already subject to oversight.

Some respondents also identified a concern that clinic regulation may duplicate what the colleges and other oversight bodies already do and would not offer any added benefit.

Similarly, among those respondents who acknowledge problems in the current system, some suggest that the existing regulatory tools and bodies should be used to address those problems, rather than creating a new regulator. For example, some suggested that the existing colleges could regulate clinics.

Respondents who are not regulated health professionals were slightly more likely to express this sentiment compared to those who are regulated health professionals. The respondents who made these kinds of comments were much more likely to be those who say they do not support a clinic regulation model (84.7%, compared to the overall share of 43.5%). These comments may not be representative of all respondents.

#### *Theme: Regulated vs. Unregulated*

Many stakeholder comments reflect the belief that the need for additional oversight differs depending on whether the individuals involved are regulated or not. This is consistent with the statistical results that demonstrated that respondents believed that settings where unregulated providers work are the most in need of regulation.

Many commenters wrote that for sole practitioners, settings where care is delivered by regulated health professionals, or where the clinic is owned by a regulated health professional, further regulation would be redundant. Some respondents believed that clinics where healthcare services are delivered exclusively by unregulated practitioners should be regulated. A suggested alternative to clinic regulation was regulation of currently unregulated practitioners.

Concern was also expressed about ownership of clinics by unregulated individuals who are presently under no obligation to meet standards of any kind. Some respondents suggested that as an alternative to clinic regulation, the objective could be achieved by requiring that all clinics be owned by regulated health professionals, so that the colleges would have oversight of the clinic.

Respondents who wrote these types of comments were slightly more likely to be regulated health professionals, and slightly more likely to say they do not support a clinic regulation model, compared to overall responses.

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### *Theme: Concerned about added burden of clinic regulation*

The most common concerns expressed about a potential clinic regulation model are the added cost and compliance burden.

Many respondents were concerned about the cost of fees to the clinic regulator. Many also pointed out that the cost may be passed on to patients through increased fees for the services, and therefore may reduce access to care.

Another concern was the additional administrative burden and time spent on compliance activities. Many argued that this additional work would take time away from providing patient care, and would add stress to those who are responsible for this work.

Some respondents worried that the added cost and administrative burden would be particularly detrimental for small practices and sole practitioners. Some even went as far to say that certain practices may have to close because they will no longer be financially viable. Some respondents also believed that the added regulation may discourage health professionals from continuing their practice, or from entering practice in the first place.

Respondents who are clinic owners were more likely to express these concerns compared to other stakeholder groups. Respondents who made these comments were more likely to be those who do not support a clinic regulation model (74%, compared to the overall share of 43.5%).

### *Theme: Acknowledgement that problems exist, and clinic regulation could offer benefits*

Many respondents acknowledged that problems in the current system, and were supportive of having more clinic oversight, although to different degrees. Some agreed that all clinics should be regulated and suggested that it would better protect both patients and the professionals who work there. Some respondents believed that having clinic regulation could benefit clinics by helping them improve their practice, enhance public confidence, and would make it harder for the “bad clinics” to continue operating.

Others suggested that some oversight short of formal regulation could be beneficial, such as establishing clinic guidelines, and having a mechanism to assess clinics. Some believed that greater oversight is needed for certain settings, for example, where high risk procedures are performed, private practice clinics, and multidisciplinary clinics.

All stakeholder groups were equally likely to express this sentiment, and respondents who made these comments were much more likely to support a clinic regulation model (76%, compared to the overall share of 44.5%).

### *Theme: More regulation is not a guarantee of better outcomes*

Many respondents suggested clinic regulation would not be a guarantee that all clinics would provide good quality care and conduct themselves ethically. A commonly cited reason for this sentiment was that clinics would find loopholes in the new regulation, or would only appear to be compliant during the inspection, when they were not meeting standards the rest of the time.

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Some respondents were also concerned about the ability of a new regulator to regulate effectively: respondents argued that it would be difficult to develop meaningful standards for so many different types of clinics, and wondered whether a regulator could effectively monitor compliance and enforce those standards.

Respondents who are not regulated health professionals were more likely to express this sentiment compared to those who are regulated health professionals. These respondents were much more likely to say that they would not support a clinic regulation model (88.7%, compared to the overall share of 43.5%). These comments may not be representative of all respondents.

*Theme: Patients can and should have a greater role*

Some respondents stated that patients are capable of looking after themselves, and rather than adding more regulation, the government/regulators should provide tools to empower them. Many respondents said that patients can seek out information to help them choose which clinic to go to, and judge the quality of the care and service they receive from the clinic. A few respondents also suggested that patients could be empowered with more information and education to help them choose between providers and to judge the quality of care for themselves.

A corollary of that is some respondents' belief that market forces will reward good clinics and punish bad clinics, so regulatory intervention is not necessary.

Respondents who are not regulated health professionals were more likely to express this sentiment compared to those who are regulated health professionals. These respondents were overwhelmingly not in support of a clinic regulation model (90.6%, compared to the overall share of 43.5%). These comments may not be representative of all respondents.

*Theme: Disadvantaging alternative or complementary professions*

Some respondents expressed concern that clinic regulation would create a barrier for providers and/or clinics that offer alternative or complementary treatments. That would result in reduced access to those types of services for patients. Some respondents also felt that the clinic regulation proposal implies a bias against unregulated providers.

Almost all of the respondents who made these comments are unregulated healthcare providers.

*Theme: Need more information*

Some respondents felt that they needed more or clearer information in order to provide feedback about the proposal. The types of information they wanted to see include data to demonstrate the size of the problem, clearer definitions for "clinic" and "healthcare services", and more details about the proposed model.

All stakeholder groups were equally likely to express this sentiment. These respondents were much more likely to say they would not support a clinic regulation model (68.2%, compared to the overall share of 43.5%), which could be due to the belief that there is insufficient data to demonstrate the need for it.

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### Limitations of the Data

There are two limitations to interpreting the online consultation responses.

First, respondents who indicated they are not supportive of the clinic regulation concept were more likely to write comments, so their views may be over-represented in the results. The themes in the survey comments may not be representative of the views of all respondents.

Second, it appears that some respondents may not have reviewed or understand the information in the consultation materials: some respondents made suggestions about things that are addressed in the materials, or asked questions whose answers are contained in the materials.

Usage statistics for the website and videos reinforce this. Visits to the consultation website lasted for only 4.5 minutes on average. The two substantive videos on the website have fewer than 700 views.

Accordingly, it may be best to interpret some of the responses as a reaction to the *idea* of clinic regulation, rather than feedback on the specifics of the potential model that was put forward.

### Comments from Town Halls and Patient Focus Group

The Working Group also conducted six town hall meetings and one patient focus group discussion about the concept of clinic oversight. The themes that arose in those discussions are the same as those found in the online consultation comments, therefore they will not be summarized separately.

### Comments from Associations

The feedback from professional associations and other healthcare organizations contain many of the same themes as feedback from individual stakeholders. Themes in the association comments include:

- Recognition and support for the public interest reasons for undertaking this initiative.
- Acknowledgement that problems exist in some clinics, particularly clinics that are owned by unregulated individuals or where the care is delivered exclusively by unregulated providers.
- Concern about the lack of data to demonstrate that the problems are of sufficient magnitude to warrant the level of intervention proposed.
- Concern about increased cost and administrative burden (especially for small businesses) and the potential result of fewer resources available to provide patient care.
- Concern that clinic regulation would duplicate existing regulation, which could lead to inconsistent or conflicting standards, confusion for the public, and added burden on regulated health professionals who are already subject to similar rules.
- Related to that point, many proposed exemptions for settings that they believe already have effective oversight, for example, clinics owned by regulated health professionals, sole practitioners, home care settings, and clinics regulated under the *Independent Health Facilities Act* (IHFA).
- Feedback on the definition of “clinic” was mixed; some felt the proposed definition (particularly the second one based on healthcare services) was too broad, while others preferred the broader definition.

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- Concern that the narrower definition in the proposed model could reduce employment opportunities for regulated health professionals by providing an incentive for clinic owners to hire unregulated providers instead of regulated health professionals in order to avoid regulation.
- Concern that creating a separate regulator may reduce the confidence in and perceived need for professional self-regulation.
- Some suggested that additional oversight could be achieved through the existing colleges and regulatory bodies, by strengthening the existing colleges’ mandate and authority, and by increasing coordination between existing oversight bodies.
- Others suggested that as an alternative to regulating clinics, oversight could be achieved by regulating clinic owners.
- Concern that a single regulator may not have the credibility or expertise to regulate the wide variety of practice settings that could be captured by the model.
- Concern that clinic regulation would put unregulated practitioners at a disadvantage, and limit the ability for patients to choose services provided by unregulated practitioners. Some felt that the clinic regulation proposal is implicitly biased against unregulated providers.

Many of the associations indicated that while they support the initiative, they do not support the specific model that was presented for consultation. Some indicated an interest in further exploring the issues and alternative solutions.

Stated Position	Organization	Summary of Comments
Overall Supportive (1)	Canadian Life and Health Insurance Association (CLHIA)	Supportive of the concept, with recommendations for fine-tuning the model.
Supportive of the initiative, but not the model (10)	Ontario Athletic Therapist Association (OATA)	Acknowledge there is gap in public protection, would prefer that it is addressed by existing colleges.
	Ontario Physiotherapy Association (OPA)	Does not support the proposed model, but interested in exploring alternatives.
	Ontario Physiotherapy Clinics Association (OPCA)	Acknowledge there is gap in public protection, but believe that additional regulation should be focused on non-RHP clinic owners.
	Ontario Podiatric Medical Association (OPMA)	Acknowledge there is gap in public protection, would prefer that the existing colleges regulate clinics.
	Ontario Chiropractic Association (OCA)	Acknowledge there is gap in public protection, but believe the data available does not support implementation of the proposed model.
	Ontario Association of Speech-Language Pathologists and Audiologists (OSLA)	There is insufficient evidence to support implementation of the proposed model, but believe there is need to explore how to address the issues.

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Stated Position	Organization	Summary of Comments
	Ontario Association of Naturopathic Doctors (OAND)	Concerned that proposed model would add burden on RHPs, instead should regulate non-RHP clinic owners.
	Ontario Opticians Association (OOA)	Acknowledges that there are problems in some clinics, but prefer that they be addressed by existing colleges.
	Registered Massage Therapists' Association of Ontario (RMTAO)	Acknowledges there is gap in regulatory oversight, supports the concept of clinic regulation, but not the proposed model.
	Ontario Society of Occupational Therapists (OSOT)	Does not support the proposed model, but supports further exploration of the issues and alternative solutions.
Overall not supportive (7)	Association of Ontario Midwives (AOM)	More regulation will not be in the public interest; concerned about unintended consequences.
	Orthotics Prosthetics Canada (OPC)	Clinic regulation may unfairly bias the public against unregulated health providers, which would not be in patients' best interest.
	Ontario Rehab Alliance (ORA)	Lack compelling data on the risk of harm to justify imposing more regulation.
	Pedorthic Association of Canada (PAC)	Clinic regulation would bias the public against unregulated health providers, instead recommends regulating those providers under the RHPA.
	Ontario Kinesiology Association (OKA)	Does not support any model that would add cost to the system, and create barriers to access of services.
	Ontario Dental Hygienists' Association (ODHA)	Acknowledge there may be problems, but believe there is insufficient evidence to support implementation of a new regulatory scheme.
	Advanced Scope for Naturopathic Doctors (ASND)	Not convinced that a new oversight body is required, but open to exploring other regulatory responses relating to clinics.
No stated position (2)	Ontario Herbalist Association (OHA) and Canadian Council of Herbalists Associations (CCHA)	Concerned that clinic regulation would have negative consequences for unregulated healthcare providers.
	Dietitians of Canada (Ontario)	Need more data on the scope and severity of the problem; concerned about potential negative consequences of the proposed model.

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### APPENDIX 1 – Statistical Results of Clinic Regulation Consultation Online Survey

#### Stakeholder Category

*Survey question: Please indicate whether you are a (you can check more than one).*

<b>Category</b>	<b>Responses</b>	<b>Percent</b>
Regulated health professional	1221	90.8%
Unregulated healthcare provider	78	5.8%
Patient	90	6.7%
Family member or caregiver of a patient	43	3.2%
Member of the public	104	7.7%
Clinic owner	228	17.0%
Representative of an organization	45	3.3%
Other (please specify)	36	2.7%

#### Regulated Health Professionals – Breakdown by Profession

*Survey question: If you are a regulated health professional, please indicate which one.*

<b>Profession</b>	<b>Responses</b>	<b>Percent</b>
Audiologist	6	0.5%
Chiropodist	4	0.3%
Chiropractor	79	6.5%
Dental hygienist	5	0.4%
Dental technologist	55	4.5%
Dentist	2	0.2%
Denturist	1	0.1%
Dietitian	374	30.6%
Homeopath	2	0.2%
Kinesiologist	34	2.8%
Massage therapist	105	8.6%
Medical laboratory technologist	0	0.0%
Medical radiation technologist	0	0.0%
Midwife	0	0.0%
Naturopath	3	0.2%
Nurse	3	0.2%
Occupational therapist	11	0.9%
Optician	2	0.2%
Optometrist	0	0.0%
Pharmacist	0	0.0%
Physician	0	0.0%
Physiotherapist	497	40.7%
Podiatrist	0	0.0%

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Psychologist	1	0.1%
Psychotherapist	6	0.5%
Respiratory therapist	0	0.0%
Speech-language pathologist	12	1.0%
Traditional Chinese medicine practitioner / Acupuncturist	20	1.6%

### Regulated Health Professional Respondents Who Are Solo Practitioners

*Survey question: If you are a regulated health professional, are you also a solo practitioner?*

<b>Solo Practitioner?</b>	<b>Responses</b>	<b>Percent</b>
Yes	442	36.0%
No	786	64.0%

### Prior perception of clinic regulation

*Survey question: Prior to learning about clinic regulation or visiting the consultation website, did you believe that Ontario's healthcare clinics were regulated?*

We asked survey respondents about their perception of clinic regulation in Ontario prior to learning about the project and reading the website. 42% of respondents believed that some clinics are currently regulated while some are not; 38% of respondents believed that no clinics were regulated; and 20% believed that all clinics were regulated.

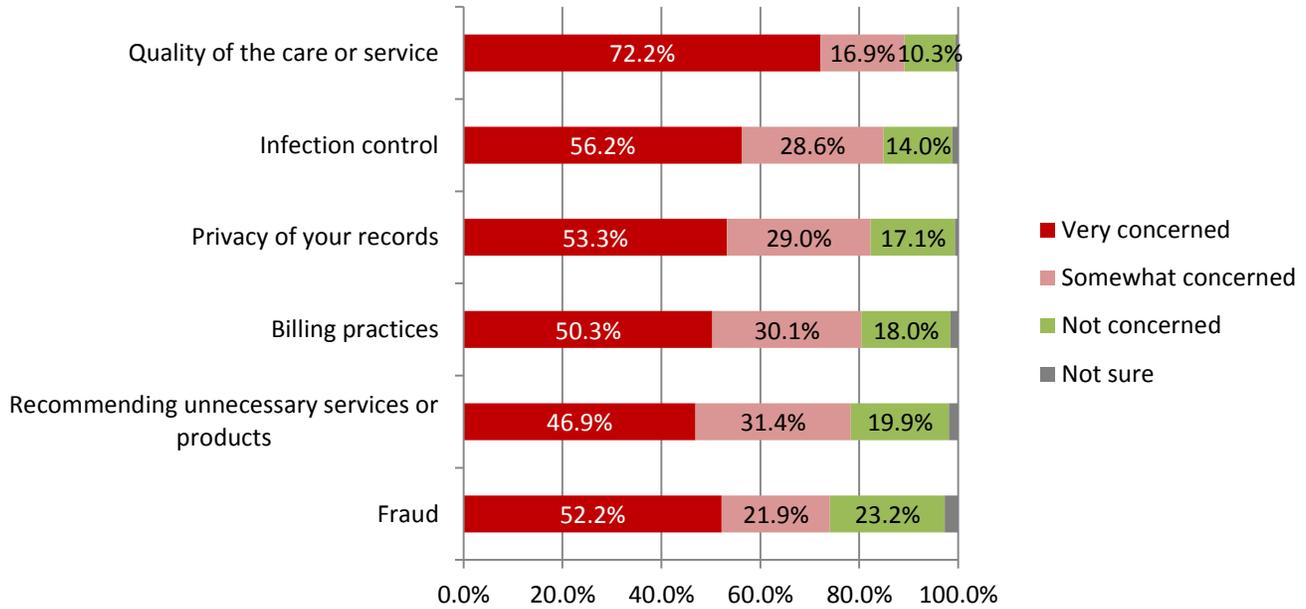
### Concerns when visiting a clinic

*Survey question: What issues are you concerned about when you visit a clinic?*

We asked respondents about their level of concern regarding various issues that could arise when they visit a clinic. The majority of respondents are somewhat or very concerned about all of the issues we asked about, suggesting that they are all important to people who go to clinics. The area that most respondents expressed concern about is quality of care (89% somewhat or very concerned). The area that the fewest respondents expressed concern about was fraud (74% somewhat or very concerned).

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### What issues are you concerned about when you visit a clinic?



#### Would patients feel reassured if there was oversight of clinics?

*Survey question: As a patient or a family member of a patient, if there was oversight of clinics in the areas of patient safety, quality care, and business practices, would you feel reassured when you visit a clinic?*

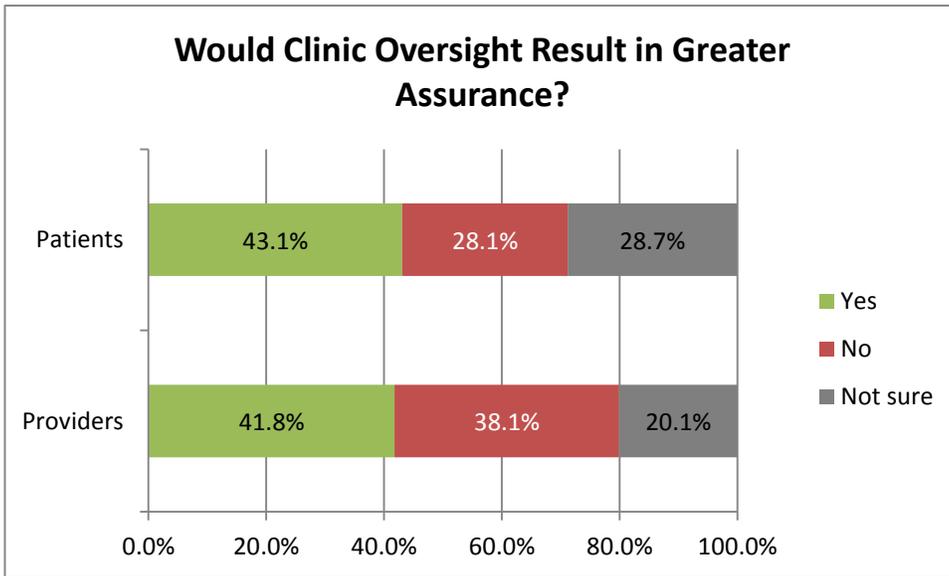
We asked respondents, from the perspective as patients, if they would feel reassured when they visit a clinic if there was oversight in the areas of safety, quality care, and business practices. More respondents said they would feel reassured compared to those who said they would not (43% compared to 28%), and the rest said they are not sure (29%).

#### Would providers feel reassured if there was oversight of clinics?

*Survey question: As a healthcare provider, if there was oversight of clinics in the areas of patient safety, quality care, and business practices, would you feel more comfortable working for a clinic?*

For those respondents who are healthcare providers, we asked them if they would feel more comfortable working for a clinic if there was oversight in the areas of safety, quality care, and business practices. Slightly more respondents said they would feel more comfortable compared to those who said they would not (42% compared to 38%), and the rest said they are not sure (20%).

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### Access to information and patient decision-making

*Survey question: Do you believe that having access to inspection reports of healthcare clinics would help patients make decisions about where to go for their care?*

We asked respondents whether they believe having access to inspection reports of healthcare clinics would help patients make decisions about where to go for their care. Slightly more respondents believe that it would help compared to those who believe it would not (39% compared to 35%), and the rest said they are not sure (26%).

### Which settings need oversight?

*Survey question: An important part about deciding whether clinic oversight is a good idea is determining which healthcare settings should be subject to oversight. Do you think patients would be better protected if the following healthcare settings were subject to oversight and inspections?*

In a question related to the definition of “clinic” in a potential clinic regulation model, we listed several types of settings that could be captured in a potential model, and asked respondents whether they believe those settings should be subject to oversight and inspections by a clinic regulator. The responses reveal that respondents see the highest need for oversight in settings where no regulated healthcare professional is involved in the delivery of care. The majority of respondents feel that regulated health professionals working alone would not need additional oversight.

	<b>Yes, it needs oversight</b>	<b>No, it doesn't need oversight</b>	<b>Not sure</b>
A healthcare professional working alone, who is regulated by a health regulator.	27.65%	61.15%	11.20%

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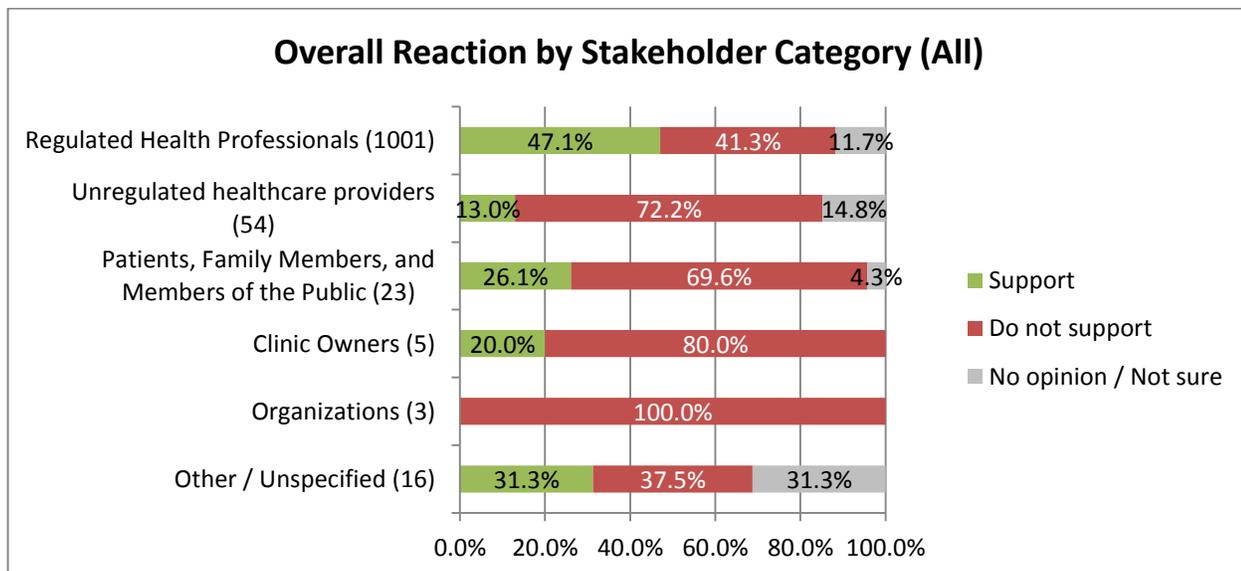
	Yes, it needs oversight	No, it doesn't need oversight	Not sure
Multiple healthcare professionals, from the same or different professions, working in the same clinic.	38.23%	49.69%	12.07%
Places where unregulated assistants provide care under the supervision of one or more regulated health professionals.	55.36%	34.44%	10.20%
Where healthcare professionals make medical or health devices or products.	54.27%	30.87%	14.86%
Where no regulated healthcare professionals work, but healthcare services are delivered.	76.25%	14.34%	9.41%

### Overall reaction to the clinic regulation concept

*Survey question: Overall, do you support the oversight of healthcare clinics in Ontario under the proposed model, or a model similar to it?*

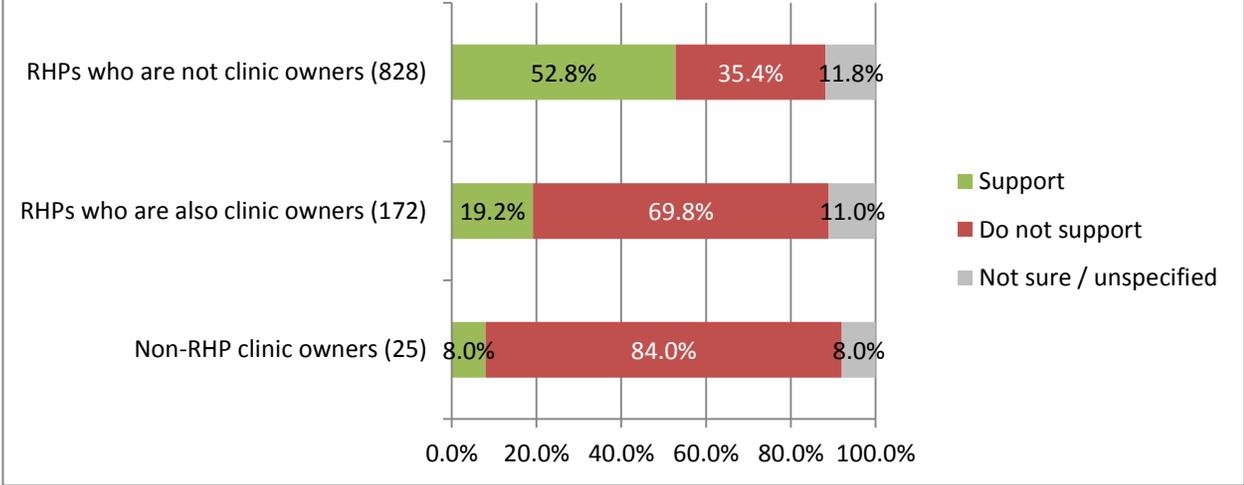
The final question in the survey asked respondents whether overall, they would support some kind of clinic oversight model. The responses are fairly evenly split, with around 44.5% of respondents who said they support clinic oversight, and around 43.5% of respondents who said they do not support it. The rest are not sure or have no opinion (12%).

When comparing responses among different stakeholder groups, regulated health professionals expressed the highest level of support for the concept of clinic oversight, while clinic owners who are not regulated health professionals expressed the lowest level of support for the concept.



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Overall Reaction: Clinic Owners and RHPs



## Overall Reaction by Type of Regulated Health Professional

