



College of Paramedics  
of Manitoba

# Overview of the RHPA

Presented to Paramedic  
Employers in Manitoba

January 6, 2021

Protecting public interest through  
regulatory excellence in paramedicine



# Overview of Presentation

- Welcome
- Format of Presentation
- History of Professional Regulation in Canada/Manitoba
- Umbrella Legislation and the RHPA
- Pathway to Self-Regulation for Paramedicine in Province of Manitoba
- Overview of Key Sections of RHPA
- Comparison of EMSTA and RHPA



# History of Professional Regulation in Canada

- Pre-19<sup>th</sup> Century – state lead oversight of professional practice
- 19<sup>th</sup> Century – lobbying of government to create self-regulated practice under specific statute
- 1839 – College of Physicians and Surgeons of Upper Canada (Ontario)
- 1847 – College of Physicians and Surgeons of Lower Canada (Quebec)
- Emphasis placed on both professional interests and public interest – hence the term “dual mandate organization”



# History of Professional Regulation in Canada (continued)

- 20<sup>th</sup> Century – expansion of health professions to include Pharmacy; Nursing; Physiotherapy
- Tremendous regional variation based on local politics; professional practice models; government laws and legislation
- Variance in model of self-regulation with varying scopes of practice and varying degrees of government involvement
- Latter 20<sup>th</sup> Century – increase in public support for regulation
- 1960's – increase concerns of abuse of professional power and public members added to Boards



# History of Professional Regulation in Canada (continued)

- 20th Century – recognition of need to standardize regulatory approaches/international tables on best practice
- Despite recognition for standardization same professions regulated in different ways across Canada
- 1970's – legislation began to focus on “restricted acts” in Ontario and gradually adopted by other Provinces in Canada, albeit in modified formats
- Growth in number of professions regulated
- 21<sup>st</sup> Century – continued concern with abuse of power by professionals and lack of focus on public interest. Has lead to greater government oversight and regulatory reform in some jurisdictions.



# Health Profession Regulation in Manitoba

- Similar history to Canadian Context
- Longest serving regulatory colleges are College of Physicians and Surgeons of Manitoba (1871) ; College of Pharmacists of Manitoba (1878); College of Registered Nurses of Manitoba (1913)
- Each health profession governed by different professional acts/statutes
- Regulated Health Professions Act (assented June 2009)



# Umbrella Legislation/RHPA

- Brings all regulated health professions under one umbrella act.
- The RHPA sets out consistent rules and processes for governance, registration, complaints and discipline, and regulation and by-law making authority.
- Each profession-specific statute will be repealed when the profession is transitioned to the RHPA. Separation of advocacy and public interest roles
- Current colleges under RHPA: College of Speech Language Pathologists and Audiologists; CRNM; CPSM; CPMB



# Pathway to Self-Regulation for Paramedics

- Manitoba EMS Review 2013
- Application submitted by PAM to Health Professions Advisory Council – 2015
- Consultant Report on the Implementation of Self-Regulation for Paramedics – May 2017
- Transitional Council Appointed March 2018
- Practice of Paramedicine Regulation – June 1, 2018
  - Paramedicine designated as a Regulated Health Profession
  - College of Paramedics of Manitoba established
- College of Paramedics of Manitoba General Regulation Enacted December 1, 2020



# Paramedic Self-Regulation in Canada

- Saskatchewan College of Paramedics - 2008
- College of Paramedics of Alberta – September 15, 2016
- College of Paramedics of Nova Scotia – April 1, 2017
- College of Paramedics of Manitoba – December 1, 2020



# What is Self-Regulation?

- The ability of a health profession to carry out its duties, execute its powers and govern its members in a manner that both **serves and protects the public interest**.
- Self-regulation is based on the concept that **members of a profession** are best suited to evaluate the standards and practices of their **peers** and those who wish to enter the profession and are best suited to govern their profession in the public interest.
- Public members bring a balance to composition to avoid the profession protecting itself versus the needs of the public.



# The Regulated Health Professions Act

- Weblink: <https://web2.gov.mb.ca/laws/statutes/2009/c01509e.php>
- Each section provides rules and process related to governance; registration; certificates of practice; complaints and discipline; continuing competency; by-law making authority.
- The RHPA sets out a new way of regulating who does what in the provision of health services based on the concept of controlling specific health care services or procedures. These health care services or procedures, known as “reserved acts”, are performed in the course of providing health care
- There are 21 categories of reserved acts, including such activities as ordering screening and diagnostic tests, making a diagnosis and prescribing/dispensing/administering drugs, among others.



# The RHPA Section by Section

Section	Important Notes
Part 1 - Definitions	Terminology is mimicked in Regulation; consistently applied
Part 2 – Reserved Acts/Delegation/Public Health Emergency	Schedule A – General Regulation; Delegation is very specific and described in General Regulation; ability of Minister to authorize additional Reserved Acts in public health emergency
Part 3 – Governance: College/Council/Committee Composition	Consistency in approach; transparency to the public
Part 4 – Registration and Certificates of Practice	Registration; certificates of practice; renewal; registration appeals; registration cancellation; education program approval; public health emergencies
Part 5 – Business Arrangements and Health Professions Corporations	Registration and permits process for Health Professions corporations



# The RHPA Section by Section (continued)

Section	Important Notes
Part 6 – Title Restriction	Use of titles of health profession; use of college entity
Part 7 – Code of Ethics/Standards of Practice/Practice Directions/Continuing Competency Programs	Describes requirement for each of these components
Part 8 – Professional Conduct	Processes for Complaints; Investigation; Decisions by CIC; Inquiry Panel processes and decision; Appeals
Part 9 – Other Duties and Responsibilities	Practice Auditors/Inspections; Practitioner Profiles; Duty to Report; Disclosure of Information; Annual Report; College Website
Part 10-Part 16	Health Profession Advisory Council; New Professions; Ministerial Powers; General Provisions/Employer Reporting; CPSM provisions; Pharmacy Provisions; Regulations and Bylaws



# EMSTA vs RHPA

Clauses/Section in the Acts	Emergency Medical Response and Stretcher Transportation Act (EMRSTA)	Regulated Health Professions Act (RHPA)
<b>General Provisions</b>	<ul style="list-style-type: none"> <li>required the Minister to approve certain conditions or invoke certain powers</li> <li>no role for Board approval</li> <li>allowed the Minister to make regulations for the provision of carrying out the Act</li> <li>no requirement for Bylaws</li> <li>no requirements for public notice</li> </ul>	<ul style="list-style-type: none"> <li>requires a Council to be established</li> <li>specifically states which parameters Council must approve</li> <li>provides direction on what must be included in regulation to support the provision of carrying out the Act</li> <li>requirement to have By-laws</li> <li>requirements for public notice related to College activity; Council members names and contact information; college website requirements; requirements to have a register of paramedic names available to the public; requirements for disciplinary findings to be published</li> </ul>
<b>Licensure/Registration</b>	<ul style="list-style-type: none"> <li>license required to operate emergency medical response or stretcher transportation service</li> <li>license required to provide services to a patient by practitioners</li> <li>allowed the Minister to set a fee</li> <li>allowed the Minister to set the expiry date of licenses</li> <li>allowed for cancellation or suspension of a license by the Minister</li> </ul>	<ul style="list-style-type: none"> <li>outlines registration requirements and requirements for issuing a certificate of practice</li> <li>Not responsible for EMS service licenses</li> <li>requires Council to set a fee</li> <li>requires submission of criminal record checks with vulnerable sector; adult abuse registry and child abuse registry every five years</li> <li>sets the criteria for renewal of the certificate of practice</li> <li>allows for cancellation or suspension of a registration/certificate of practice by Executive Director and Council</li> <li>allows for permits to be provided to a Health Profession Corporation</li> </ul>
<b>Education and Examination</b>	<ul style="list-style-type: none"> <li>allows the Minister to approve training courses and examinations</li> </ul>	<ul style="list-style-type: none"> <li>Council to approve the type of education program</li> <li>Council to approve the type of examination</li> </ul>
<b>Continuing Competency</b>	<ul style="list-style-type: none"> <li>not covered in the Act</li> </ul>	<ul style="list-style-type: none"> <li>requirements for a program of continuing competency are prescribed</li> </ul>
<b>Standards of Practice/Code of Ethics/Practice Directions</b>	<ul style="list-style-type: none"> <li>not covered in the Act</li> </ul>	<ul style="list-style-type: none"> <li>requirement to have Standards of Practice/Code of Ethics/Practice Directions in place and approved by Council</li> </ul>
<b>Professional Conduct</b>	<ul style="list-style-type: none"> <li>allowed for cancellation or suspension of a license</li> </ul>	<ul style="list-style-type: none"> <li>extensive information related to complaints investigation committee and inquiry committee; complaint process (filing/review/referral); investigations; decision making allowed by complaints investigation committee; indications for referral to inquiry; decision making powers of inquiry committee; specifies which events must be publicly reported</li> </ul>
<b>Appeal process</b>	<ul style="list-style-type: none"> <li>allowed for appeal related to licensure issues</li> <li>appeal body was the Manitoba Health Appeal Board</li> </ul>	<ul style="list-style-type: none"> <li>appeals may be head related to registration issues; health professions corporation permits; appeals by complainant or registrants related to complaints investigation decisions</li> <li>appeals are heard by Council</li> <li>allows for appeal to Manitoba Court of appeal</li> </ul>