

HPAC Q&A

Q. Why do we have a Health Professionals Advisory Committee?

The Local Health Integration Act, 2006 requires the LHINs to establish HPA committees. The Lieutenant Governor in Council is authorized to make regulations concerning the health professionals advisory committee; the composition and general mandate of the HPA committees is outlined in and governed by regulation. The creation of these committees ensures that the LHINs receive advice from a multi-disciplinary provider perspective about local health care priorities with a focus on patient-centred care.

Q. When was the regulation passed?

The regulation was approved by the Lieutenant Governor in Council and filed with the Registrar of Regulations on June 15, 2007. The regulation became effective upon filing.

Q. Was the regulation published anywhere?

The regulation was published in *The Ontario Gazette* on June 30, 2007.

Q. Is this the first stakeholders will have heard about the HPACs?

The draft regulation was posted in *The Ontario Gazette* from July 29 to September 29, 2006 to allow for public consultation. The Ministry also held consultations with selected stakeholders between September 7 and 25, 2006. Some of the stakeholders who attended the consultations and provided comments included:

- Ontario Medical Association
- Ontario Hospital Association
- Registered Practical Nurses Association of Ontario
- Ontario Association of Community Care Access Centres
- Ontario Psychological Association
- Ontario Home Care Association

The Ministry received 37 written submissions from professional associations, community service organizations, health regulatory colleges, individuals and one labour union.

Q. What sort of feedback did stakeholders have?

Suggestions were made about the best way to balance interests and views on the committees and to represent an integrated and system perspective. Highlights of these and others comments include:

- The need to clarify the mandate to ensure that HPACs would be able to initiate their own advice not just act upon direction from the LHIN.
- The need to recognize the role and proportion of nurses in the health care workforce by increasing their representation on the committee.
- Including psychologists as a possible profession to be represented on the committees.

- The need to clarify and focus the exclusion of certain corporate and trade union officers. Draft wording was too broad and could have excluded more individuals than was intended.
- Suggestions regarding the selection and operation of the committees (note: these items are matter of policy and procedure as opposed to being part of the regulation).

Q. Now that the regulation is in force, will any key stakeholders receive notification?

Yes, the Ministry will be contacting key stakeholders that participated in the public consultation (e.g. OMA, ONA, etc).

Q. Are there big changes between the draft and final regulation?

Please refer to the full version of the final regulation for detailed information. The main changes are:

- The composition of the Committee - with the addition of a fourth nurse, the Committee now has 12 mandatory members.
- Instead of one social worker, the Committee may have one social worker OR psychologist.
- In addition to addressing specific matters raised by the LHINs and required by the regulation, the Committee may now also identify its own areas of interest provided that these areas of interest fall within the LHIN's objectives.
- The draft regulation indicated that a Committee member may not be a CEO or member of the board of certain health care organizations or an official of a trade union; that text has been revised.
- The person must be in good standing with their regulatory profession.

Q. How many members are on the Committee?

The Committee must be comprised of 12 members from specified health professions. A LHIN may appoint three additional members, but they cannot be a nurse or a physician.

Q. What qualifies a person to be considered for appointment to the Committee?

To qualify for appointment an individual must be a member of a registered college; be registered as a drugless practitioner; or be a person registered as a member of the Ontario College of Social Workers and Social Service Workers who holds a certificate of registration for social work. In addition, all candidates for appointment must practice or reside in the geographical area of the LHIN and actively practice their profession.

Q. What professionals are included on the 12 member committee?

- Four members of the College of Physicians and Surgeons of Ontario, being,
 - one who is authorized to practice in the area of family medicine and who practices in the community
 - one who is authorized to practice in a specialty of medicine that is not family medicine and who provides care to in-patients in hospital, and
 - two additional members
- Four members of the College of Nurses of Ontario,

- being at least one from each of the following sectors: hospital, community and long-term care, and
- of whom at least one holds a certificate of registration for registered practical nurses
- One member of the College of Dietitians of Ontario who is from the hospital, long-term care or community sector
- One member of the College of Occupational Therapists of Ontario or the College of Physiotherapists on Ontario
- One member of the Ontario College of Pharmacists who is from the hospital, long-term care or community sector
- One member of the College of Psychologists of Ontario or the Ontario College of Social Workers and Social Service Workers who is from the community, long-term care or mental health sector

A health professionals' advisory committee may consist of three other persons, none of whom shall be a member of the College of Nurses of Ontario or the College of Physicians and Surgeons on Ontario. As you are selecting up to 3 additional members, please note that all committee members must be:

- A member within the meaning of the Regulated Health Professions Act, 1991
- Registered as a drugless practitioner under the Drugless Practitioners Act, or
- A member of the Ontario College of Social Workers and Social Service Workers who holds a certificate of registration for social work

Q. Do these members represent their own professions on the Committee?

The members are not meant to represent or lobby on behalf of any health profession. Their role is to provide “big picture” advice to the LHIN on achieving its mandate. Their views are meant to reflect their professional knowledge and expertise.

Q. Is the HPAC a decision-making body?

No, its purpose is to provide advice that will help the LHIN in carrying out its activities.

Q. What work will the Committee do?

The Committee will provide advice to the LHIN on how to achieve patient-centred health care and will address key questions raised by the LHIN. Such questions will include:

- The health status of those demographic segments of the population that the network specifies
- Innovative approaches to health service delivery
- Utilization of health human resources
- Health promotion and wellness
- Other matters that the committee determines and that are consistent with the objects of the network
- Other matters the network considers appropriate and specifies to the committee

Q. Who is responsible for establishing the HPACs, selecting members and organizing meetings?

Each LHIN is responsible for its own health professionals advisory committee.

Q. Who will the Committee report to?

The Act and regulation does not indicate the reporting relationship. Given the nature of the Committee's work, it would be most appropriate to have the committee report to the CEO (please see terms of reference).

Q. How often will the Committee meet?

The frequency of meetings will be up to each LHIN. We would suggest that the Committee meet no fewer than 2 times per year.

Q. How long will members remain on the Committee?

No length of time has been specified in the regulation. Within the terms of reference we are suggesting an initial term of three years with the possibility of renewal for an additional two years. The LHINs may wish to stagger membership on the Committee so that enough members carry over from one year to the next to ensure continuity of the work.

Q. Are members paid for their time?

No, members are not paid for serving on the Committee. However, they are reimbursed for reasonable travel and accommodation expenses per the Travel and Expense policy.

Q. Are there any plans for additional administrative or other support for this Committee?

The LHINs will provide administrative support to the Committee from within their current structures.

Q. Will all LHINs use the same terms of reference?

The terms of reference as they are written have been agreed to by all LHIN CEOs and should meet each LHIN's needs within the requirements specified within the regulation.

Q. When are we hoping to have the Committees in place?

We hope to be able to recruit through the Colleges during the summer and into early fall, with interviews and the final selection of members taking place in the early to mid fall. Each LHIN should have a Committee in place by mid to late fall.