

Editorial

WHAT'S HAPPENING WITH PROFESSIONAL REGULATION?



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There's a saying in the business world, which proposes that there are 3 types of manager: those who make things happen, those who watch things happen, and those who wonder what has happened. I am concerned that many of us fit into the latter category when it comes to the evolving world of the regulation of the health professions.

During the "golden age of the professions" (1920–70), dentistry and medicine were allowed to govern themselves almost without external scrutiny. Behind a veil, the leaders of these senior professions decided who would get accepted into the profession, what they should learn in university, how they should practise, and how they should be disciplined. These senior professions were shielded from interference, because the state treated them with a great deal of deference.

I believe that the end of this golden era was signaled in Canada by 2

reports published in Ontario: the 1968 *Royal Commission of Inquiry into Civil Rights* and the 1970 *Report of the Committee on the Healing Arts* (CHA). The former was significant because it stated clearly that self-regulation of the professions has only one purpose — public protection. It also highlighted the need to harmonize the regulation of different professional and occupational groups in the province.

The CHA recommended, among other things, that the Royal College of Dental Surgeons of Ontario (RCDSO) should no longer collect dues for CDA and the Ontario Dental Association, that dental hygiene should have its own regulatory body, and that the public should be represented on the RCDSO council. Over 25 years, many changes were put in place in Ontario, so that the regulatory climate there looks very different now than in 1970. These changes were cemented in place with the passage of the *Regulated Health Professions Act* in 1991 (RHPA).

A fascinating book — *Health Care Practitioners: An Ontario Case Study in Policy Making* by Ryerson University professor Patricia O'Reilly — outlines the steps that led to the RHPA's passage. This act is considered to be groundbreaking and is now being used as a template for new regulatory legislation in other jurisdictions across Canada.

The author points out that the architects of the Act had 4 main policy goals when conceiving the RHPA. Two were related to maintaining the quality of health care in Ontario, and ensuring that incompetent practitioners would not harm the public. The other 2 goals were to give Ontarians a choice between different types of "safe" health care providers, and to lower the costs of health care delivery.

To achieve the latter 2 goals, the RHPA changed the concept of scopes of practice fundamentally (from

discrete to overlapping). With the creation of new professions, whose scopes of practice overlapped with traditional professions, the stage was set for ongoing inter-professional conflict. Anyone keeping a close eye on the development of new health profession regulations elsewhere in Canada will see the RHPA's influence.

I believe there are very important lessons to be learned from the evolution of the regulation of the health professions in Ontario. First, no political party can be assumed to be particularly friendly to the senior professions. The RHPA was developed under 3 different governing parties in Ontario. Second, professional regulatory bodies are on a pathway to becoming more like arms of government than being controlled by the individual professions.

Consumer choice and cost control are mantras of modern health care delivery. This may rest uneasily with senior professions, who have always emphasized quality of care in their representations to government and other external stakeholders. I believe that we will have to emphasize other goals as we approach decision-makers from now on. These goals should include access to care, cost-effectiveness of care, and responsiveness to public needs.

Finally, we have to be very attuned to international developments in the field of health professional regulation. Canada has to keep a particularly close eye on countries with similar regulatory regimes, as well as developments in international trade agreements. To be more like the first type of manager (leaders who make things happen), those guiding the dental profession must be aware of the subtlest trends developing in the most unlikely places.

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