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Assessing Ontario's Personal Support Worker Registry

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Abstract

In response to the growing role of personal support workers (PSWs) in the delivery of health care services to Ontarians, the Ontario government has moved forward with the creation of a PSW registry. This registry will be mandatory for all PSWs employed by publicly funded health care employers, and has the stated objectives of better highlighting the work that PSWs do in Ontario, providing a platform for PSWs and employers to more easily access the labour market, and to provide government with information for human resources planning. In this paper we consider the factors that brought the creation of a PSW registry onto the Ontario government's policy agenda, discuss how the registry is being implemented, and provide an analysis of the strengths and weaknesses of this policy change.

Prenant acte du rôle de plus en plus important joué par les préposés aux services de soutien à la personne (PSSP) dans les soins fournis aux Ontariens, le gouvernement de l'Ontario a décidé de créer un registre des PSSP. L'inscription dans ce registre sera obligatoire pour tout PSSP travaillant pour des employeurs financés sur fonds publics et les objectifs suivants sont poursuivis : mettre en valeur le travail des PSSP en Ontario, fournir un point d'accès au marché du travail pour les PSSP et leurs employeurs, et fournir au gouvernement l'information nécessaire pour planifier les ressources humaines dans ce domaine. Dans cet article, nous décrivons les facteurs expliquant comment la décision politique de créer un registre des PSSP a été prise, nous discutons la façon dont celui-ci est mis en place, et nous proposons une analyse des forces et limites de cette décision politique.

1 DESCRIPTION OF REFORM

In response to the growing role of personal support workers (PSWs) in the delivery of health care services to Ontarians, in May 2011, the Ontario Ministry of Health and Long-Term Care (MOHLTC) publicly announced the creation of a registry for PSWs. The registry was subsequently opened for operation in June 2012.

PSWs are frontline health care workers who are employed in a number of settings and provide a wide variety of services, including support with activities of daily living, instrumental activities of daily living, clinical care services, and acts delegated by supervising health professionals. PSWs perform roles similar to home support workers, health care aides, and resident care workers.

Unlike self-regulation under the *Ontario Regulated Health Professions Act (RHPA)*, which would require PSWs to establish a self-regulatory body to enforce standards of practice and competence, and put in place mechanisms for education, registration, complaints, discipline and continuing professional development; registration places no legal requirements on the occupation, and is seen as having many of the same benefits for public safety (HPRAC 2006).

The registry has a number of stated objectives: 1) to better highlight the work that PSWs do in Ontario, 2) to offer a platform for PSWs and employers of PSWs to more easily access the labour market, and 3) to provide government with the ability to track PSW information for human resource planning. Currently, registration is voluntary, but is intended to be mandatory for all PSWs employed by publicly funded health care employers, starting with the home care sector.

The MOHLTC has stated that the registry will not act as a complaints body, but will establish a process for “reviewing, suspending or terminating PSWs’ registration to ensure that a PSW listed on the Registry does not present a known risk to the public” (PSW Registry 2013). This process has not yet been established.

It is not clear how the registry will be used for HHR planning, and there has been no public mention of its use for research purposes or whether it will be linked to other government held datasets. The registry currently allows for very limited data entry, including PSW contact information, current employment, educational background, and years of experience (PSW Registry 2013).

2 FACTORS THAT BROUGHT ABOUT REFORM

Several contextual factors moved the regulation/registration of PSWs onto the formal government agenda. Perhaps the most important factor is that the home and community care sector—where PSWs provide the majority of paid home care work (Lilly 2008)—has been increasing in size and importance relative to other sectors within the health care system in Canada. For instance, data from the Canadian Institute of Health Information shows that home care spending in Canada increased by 6.1% annually from 1994/95 to 2003/04

(\$54.75 to \$93.60 per capita) (CIHI 2007). In addition, the number of home care recipients across the country has increased by 51% over the last decade (Health Council of Canada 2012). The increasing prominence of this sector is also linked to several factors:

- Canada is facing the changing demands of an aging population and corresponding increases in the prevalence of many chronic conditions. For example, in Ontario the proportion of seniors in the adult population has been growing (17% in 2008/09) and the number of those 85 years and older increased by 36% from 2002/03 to 2008/09 (Bronskill et al. 2010). Furthermore, approximately 41% of these older seniors are living with two or more chronic conditions (Health Council of Canada 2012).
- Many seniors have expressed a desire to receive care in the community and at home rather than in hospitals or nursing homes (Canadian Healthcare Association 2009; Health Council of Canada 2012).
- Concerns about health system sustainability have encouraged governments to be more fiscally responsible and adopt the increasingly pervasive view that home and community care services can substitute for higher cost interventions delivered in institutional settings (Canadian Healthcare Association 2009).

Reductions in the quantity of care delivered in institutional settings and shorter lengths of stay in hospitals have meant that more persons with complex conditions are being discharged to the community, placing additional burden on the home and community care sector and on PSWs to provide more intensive services.

The increasing prominence of PSWs in delivering health care services has exacerbated existing concerns about educational and employment standards, and the implications these may have for public safety. PSWs are currently unregulated, often practice unsupervised, are often employed part-time or casually, and many are employed by privately funded and operated organizations less subject to public scrutiny (Lum et al. 2010).

In February 2005, the Minister of Health and Long-Term Care asked the Health Professions Regulatory Advisory Council (HPRAC)—a statutory body that advises the Minister on matters concerning the regulation of health professions—to review the work performed by PSWs and make recommendations regarding their regulation under the *RHPA*. HPRAC recommended that PSWs not be regulated under the *RHPA*. The Council concluded that the prerequisites for self-regulation were not met—specifically, the PSW occupation does not practice under its own defined body of knowledge, any risk of physical or psychological harm to patients could be addressed via improved training and employer standards, and PSWs are not ubiquitously represented by an organization that has the capacity to act as a self-regulating body. HPRAC also reviewed the implications of a PSW registry and concluded that the potential costs of a registry would outweigh the potential benefits.

In May 2011, the MOHLTC announced the creation of a registry notwithstanding HPRAC's recommendations. According to the Ontario Community Support Association (OCSA)—the organization currently responsible for setting up and administering the PSW Registry—"In the time since HPRAC's review, there has been an increased reliance on PSWs as an important part of the health care continuum" (OCSA 2012).

The growing role of PSWs has provided advocacy groups with greater ability to pressure government to further acknowledge the role that PSWs perform, leading some groups like the Ontario Personal Support Worker Association (OPSWA)—a PSW advocacy group—and the Personal Support Network of Ontario (PSNO)—an employer advocacy group—to call for regulation and/or a registry as a way to improve the credibility of the occupation and improve standards of employment (HPRAC 2006; PSNO 2010).

The Registry has also been supported by groups such as the Ontario Nurses Association (ONA) (ONA 2012) and by patient advocacy groups as a way of ensuring standards of care and the protection of public safety. The ONA has stated that the Registry should not be used as a regulatory body and should not deal with labour relations issues, which are the responsibility of employers. Meanwhile, patient advocacy groups like the Advocacy Centre for the Elderly (ACE) suggest that the registry does not go far enough to protect the public, and that full regulation of the PSW occupation should be considered (ACE 2011).

Others remain openly opposed to the registry and PSW regulation in general. In particular, labour unions, such as the Canadian Union of Public Employees (CUPE), have opposed the creation of the registry, agreeing with HPRAC's initial recommendations (CUPE and OCHU 2011).

3 HOW REFORM WAS IMPLEMENTED

The implementation of a PSW registry is both 'substantive' and 'procedural' in nature (Howlett 2000). By substantive we mean the registry will improve the capacity of government to monitor the PSW labour market and will provide employers of PSWs with greater ability to ensure educational standards and to verify past performance and work experience. As a procedural policy instrument the registry may provide the government with greater information and legitimacy to implement policy in a market where it had very little in the past. The government will have access to new information regarding the size of the PSW labour market in Ontario, where PSWs are working, the nature of their employment, educational background, and, potentially, information about PSW conduct.

Procedural policy instruments also bring about change by providing greater legitimacy to other actors. The creation of the registry confers legitimacy on organizations involved in its creation and implementation, and possibly raises the profile of the occupation itself to become a more prominent player.

The government engaged the OCSA to establish the infrastructure for the registry, develop an implementation plan, and communications strategy for the Registry. The OCSA was guided and supported in these tasks by a Steering Committee with representation from a number of interested stakeholders, including frontline PSWs (OCSA 2012).

Currently, the registry collects PSW contact information, information on education and training, and basic demographic information. The registry is also accessible to employers and to clients, families and caregivers who can use the registry to verify if PSWs are indeed

registered.

Registration will be mandatory for all PSWs employed by publicly funded organizations, starting with PSWs working in the home care sector. Eligibility for registration is open to: 1) PSWs who have completed a program that meets the standards established by the Ontario Ministry of Training, Colleges and Universities; the National Association of Career Colleges; or the MOHLTC/Ontario Community Support Association (PSW Registry 2013); 2) PSWs currently employed in the home care sector; and 3) PSWs who have worked in similar capacity at some point in the last five years. Registration presents no cost for PSWs or employers. Funding for the Registry is provided by the MOHLTC.

To date, no process has been established for revoking registration or for investigating reports of abuse. Nor has it been determined how the registry will be governed or where it will be housed over the long term (OCSA 2012).

4 HISTORY AND CONTEXT

4.1 Background on PSWs in Ontario

Information regarding PSWs is limited since organizations, like Health Canada, group PSWs with other occupations for the purposes of data collection, and employer records often suffer from data inaccuracies and tracking information not useful to researchers (Lum et al. 2010). Latest estimates, however, suggest there are approximately 100,000 PSWs working in Ontario, and approximately 6,000 are employed in hospitals, 34,000 in homes and 57,000 in long-term care facilities (HPRAC 2006).

On average PSWs (or equivalent occupational groups) earn \$12–\$13 per hour. PSWs working for public organizations generally earn more than those working for private not-for-profit or private for-profit organizations. In Ontario, the MOHLTC introduced a PSW stabilization plan to ensure PSWs have access to predictable work in the home care sector, increased benefits and compensation for travel time and costs. The stabilization plan was introduced following the recommendations of the Caplan Report on Home Care (Caplan 2005), which suggested the government revisit its employment policies for PSWs working for publicly funded health care organizations.

The MOHLTC also established a minimum wage of \$12.50 per hour for PSWs who work for organizations under contract with Community Care Access Centres (CCACs) that are responsible for contracting with private not-for-profit and private for-profit organizations for the delivery of home care services in Ontario (Lum et al. 2010).

The vast majority of PSWs are women and are also overrepresented by persons of colour (Lum et al. 2010). Home and community care itself is a highly gendered (Lilly 2008) and racialized sector, where women provide the majority of health care services, whether through low paying, part-time, transient positions, or through unpaid informal caregiving. This is in contrast to similar positions in the hospital sector—a traditionally

male-dominated domain—where health care workers are typically considered more skilled and receive higher wages.

4.2 What have other provinces done?

Some provinces have moved forward with their own registrars for comparable occupational groups. In 2009, the British Columbia (BC) Ministry of Health Services announced its plans to implement a registry for community health workers and care aides with the original goal of preventing the hiring of workers who had been terminated for resident abuse. In response to input from advocacy groups, the Ministry subsequently agreed to the creation of a process for investigating resident abuse allegations, and a standardized training curriculum for all public and private education programs. In BC, information contained in the registry is only accessible to authorized government staff and employers.

In Nova Scotia, the Department of Health and Wellness contracts with the Health Association of Nova Scotia to manage and deliver a Continuing Care Assistant Program, which includes an educational requirement to practice in Nova Scotia nursing homes, homes for the aged and home support agencies. The program also includes a registry that provides registered workers with the opportunity to connect with their peers and employers. It also provides workers with an opportunity to provide input on important issues concerning the occupation, and provides government with data for human resource planning. However, registration is currently voluntary and requires an annual registration fee. Only authorized program staff have complete access to registry information, and no information is made public unless workers provide consent. If consent is provided, then the general public and potential employers have access to workers' registration status, and current employers have access to annual reports of their employees, including important personal information (e.g., position type, credentials, additional education, etc.).

5 ANALYSIS OF REFORM

Tables 1 and 2 provide a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of the PSW registry. Table 1 is presented from the perspective of the PSW occupation and advocacy organizations. In Table 2, the analysis is conducted from the perspective of the MOHLTC and its partners in implementing the registry.

Table 1: SWOT Analysis PSW Perspective

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> ● Potential to increase public recognition of PSWs and PSW organizations ● Provides an opportunity for PSWs and their employers to more easily access the labour market and ensure the appropriate credentials are in place ● The implementation of a registry is potentially a less restrictive form of regulation than giving PSWs standing under the <i>RHPA</i>, and will require less initial investment on the part of the occupation and its representatives. ● The introduction of a registry is supported by a number of PSW advocacy and employer groups. 	<ul style="list-style-type: none"> ● Some groups, particularly labour unions who represent PSWs, feel that information contained in the registry is too open to the public and may infringe on personal privacy. ● These same groups have suggested that the registry does not address larger system issues (e.g., lack of resources in the home care sector and a lack of standards for training and education). ● There is a concern that the registry will exclude PSWs who are capable, but who did not graduate from a certified PSW program (HPRAC 2006). Although, the Ontario PSW registry is grandparenting educational standards and currently allows all PSWs employed by publicly funded home and community care organizations to register.
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> ● The registry provides an opportunity to increase public recognition of the work that PSWs do, which may assist advocacy groups in raising the profile of the occupation. ● The implementation of the registry may be a first step toward self-regulation if that is a desired objective. 	<ul style="list-style-type: none"> ● Registration may place additional burden on an occupational group that already faced poor working conditions and low paying, transient employment. ● Unlike self-regulation under the <i>RHPA</i>, a registry will not allow the profession to establish its own professional standards and norms for education and training nor a review processes for reports of abuse.

Table 2: SWOT Analysis MOHLTC Perspective

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> ● Provincial governments and their agencies will have a method for tracking information on PSWs for the purposes of human resource planning. This is information that is not easily available in the Ontario context. ● As mentioned above, the implementation of a registry is potentially a less restrictive form of regulation than giving PSWs standing under the <i>RHPA</i>, and will require less initial investment on the part of the occupation and the government to ensure the occupation is prepared for self-regulation. ● A process is being developed to allow employers and the public to avoid hiring PSWs who have a record of abuse. ● Employer and PSW advocacy groups support the registry. 	<ul style="list-style-type: none"> ● The implementation of the registry may involve significant transaction costs (e.g., maintenance, service costs, administration, etc.). ● The registry will have no direct impact on PSWs employed by organizations that do not receive public funding.
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> ● Opportunity for new data collection that could be used for HHR planning and research. However, data currently collected by the registry is limited. Discussions regarding additional data collection are currently ongoing, and there have been no explicit plans to collect data to support broader research. ● The registry will allow government and employers to ensure education and training standards are being met. 	<ul style="list-style-type: none"> ● Registration may place additional burden on the PSW occupation. Additional requirements imposed by a registry may have an impact on the number of individuals choosing to enter the occupation. ● The registry is controversial. Some groups, particularly unions, are not in favour of the implementation of the registry in its current form. Furthermore, advocacy groups that have supported the registry are not considered to be widely representative of the occupation (HPRAC 2006). It is unclear whether the occupation will generally be in support of the registry.

 OPPORTUNITIES (CONT'D)

 THREATS (CONT'D)

- No plan for a program evaluation (i.e., outcomes, cost-effectiveness, etc.) of the registry has been made public, although the Ontario Information and Privacy Commissioner has been asked to review the registry. The results of this review are not being made publicly available (CUPE 2011)
 - No plans have been established for the governance and housing of the registry over the long term, nor has a process been established for investigating reports of violations of public safety. According to the OCSA, these issues are still being unresolved (OCSA 2012).
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7 FOR MORE DETAIL

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