

Long Term Care Covid-19 Commission Mtg.

Ontario Community Support Association (OCSA),
Charles Beer and Monica Testa-Zanin
on Monday, December 21, 2020



77 King Street West, Suite 2020
Toronto, Ontario M5K 1A1

neesonsreporting.com | 416.413.7755

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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending
remotely, on the 21st day of December, 2020,
9:00 a.m. to 10:00 a.m.

BEFORE:

The Honourable Frank N. Marrocco, Lead Commissioner
Angela Coke, Commissioner
Dr. Jack Kitts, Commissioner

1 PRESENTERS:

2 Charles Beer, Principal, Counsel Public Affairs Inc

3 Deborah Simon, CEO, Ontario Community Support

4 Association (OCSA)

5 Monica Testa-Zanin, Principal MTZ Strategic

6 Consulting

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8 PARTICIPANTS:

9

10 Alison Drummond, Assistant Deputy Minister

11 Long-Term Care Commission Secretariat

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13 Ida Bianchi, Counsel Long-Term Care Commission

14 Secretariat

15

16 Kate McGrann, Counsel Long-Term Care Commission

17 Secretariat

18

19 John, Callaghan, Counsel Long-Term Care Commission

20 Secretariat

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22 Lynn Mahoney, Counsel Long-Term Care Commission

23 Secretariat

24

25 Derek Lett, Policy Director Long-Term Care

1 Commission Secretariat

2

3 Dawn Palin Rokosh, Director, Operations Long-Term

4 Care Commission Secretariat

5

6 Jessica Franklin, Policy Lead Long-Term Care

7 Commission Secretariat

8

9 Adriana Diaz Choconta, Senior Policy Analyst

10 Long-Term Care Commission Secretariat

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13 ALSO PRESENT:

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15 Janet Belma, Stenographer/Transcriptionist

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1 -- Upon commencing at 9:00 a.m.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Well, I'm Frank Marrocco. The second Commissioner
4 is Dr. Jack Kitts, and the third Commissioner is
5 Angela Coke.

6 COMMISSIONER ANGELA COKE: Morning.

7 DEBORAH SIMON: Morning.

8 CHARLES BEER: Morning. Good morning.

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 We're all here. I guess, Mr. Beer, I don't know
11 who to -- you were doing the talking, so whoever
12 is -- are you waiting for anyone?

13 CHARLES BEER: No. We're all set
14 whenever --

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 Okay.

17 CHARLES BEER: -- you wish to begin.

18 COMMISSIONER FRANK MARROCCO (CHAIR):

19 Well, then let's begin. I don't know if you know
20 the way we've basically been doing this, but this
21 is the investigative stage of what we're -- what
22 we're doing, and so we have been interviewing
23 people. We have a court reporter, Janet, who's a
24 professional transcriptionist and who will post a
25 transcript of the conversation this morning.

1 We have a backgrounder. We have some
2 material that I think you prepared, so we have that
3 and probably can assume we've looked at it.

4 We tend to ask questions as we go
5 along, if that's okay, and we're prepared to start
6 when you're ready to start.

7 CHARLES BEER: Okay. Well, thank you.
8 Thank you very much. And it's a pleasure for
9 Monica and Deborah and me to be with you this
10 morning. We very much appreciate the invitation.

11 I should also add that it's been a
12 while since the three of us worked together on this
13 project, and while we've been in touch over the
14 years from time to time, it's been fun to go back
15 and relive those years and the work that we did at
16 that time.

17 We recognize that the pandemic is still
18 very much with us and how critical your work is,
19 and we hope that, in some of the things that we say
20 this morning, that that can be of use to you in
21 your -- in your work.

22 What we would like to do, if it works
23 for you, is that each of us would make some
24 comments at the -- at the outset, and that would be
25 on our experience of developing and implementing

1 the first Ontario PSW registry and, really, what
2 we've learned or what we feel we learned from that,
3 and then also in the light of the Commission's
4 mandate and our own individual ongoing work in the
5 health sector, try to bring forward a number of
6 points that we think might be relevant for your
7 work.

8 Certainly, from the time we did the
9 initial registry work and through today, the role
10 of PSWs is so critical in the health system and
11 anything that we can all do to strengthen that is
12 really important.

13 So as we go forward, Monica will speak
14 first and talk about health human resources, the
15 first registry and the evolution of the role of
16 PSWs.

17 Deborah will then talk about the
18 central role of PSWs in home and community care and
19 leveraging this sector going forward.

20 And finally, I'll share some thoughts
21 on how more effectively to coordinate and provide
22 oversight for PSWs in 2021 and beyond, and we
23 recognize that you do ask questions. We haven't
24 read all the transcripts, but we have read a number
25 of them, so feel free to jump in as we go along.

1 And with that, I turn it over to
2 Monica.

3 MONICA TESTA-ZANIN: Thank you very
4 much, Charles.

5 And thank you all for the opportunity
6 to speak with you this morning. My name is Monica
7 Testa-Zanin, and I worked with the OCSA as the
8 project lead for the first Ontario PSW Worker
9 registry back in 2011.

10 In terms of my own background, I have
11 over 20 years' experience as a policy analyst in
12 the areas of health care, health professions,
13 regulation, education, and I've done that in both
14 consultant and staff roles. And I have developed
15 over the years a keen interest in health
16 professions regulation and the education of
17 healthcare professionals and in health human
18 resource planning.

19 So having reviewed the Commission's
20 mandate, I'm hoping that our comments today will
21 help to flesh out or contribute to two components,
22 in particular, of your work. And that is to assess
23 how the pre-COVID state of the long-term care home
24 system contributed to the virus spread in long-term
25 care; and secondly, the impact of existing staffing

1 approaches, labour relations, and clinical
2 oversight and other features of that system that
3 contributed to the spread of the virus in long-term
4 care homes.

5 So as I said, back in 2011, the OCSA
6 was engaged to establish a registry of personal
7 support workers, and we believe that that first
8 registry contributed to or laid some important
9 groundwork in Ontario with respect to some very
10 important dialogue that continues to this day. And
11 in particular, I'm referring to the dialogue on the
12 purpose of professional regulation, on alternatives
13 to traditional regulatory structures, on the proper
14 utilization of unregulated workers, and on what
15 data is required to do good health human resource
16 planning.

17 So we provided you with an executive
18 summary of the OCSA's Public Report on that first
19 registry experience, and of course, we don't want
20 to get too much into the historical, you know,
21 details about what, in particular, we experienced
22 at every stage of the process, and we know you've
23 heard from Dr. Brian Hodges and Marnie Weber who
24 oversaw the second iteration of the PSW registry,
25 and if you haven't seen, you will soon receive a

1 report from that project.

2 But I do want to offer some thoughts on
3 the objectives of that first registry and some
4 challenges that were experienced in trying to
5 establish it. And in so doing, to, as I said, shed
6 some light on that pre-COVID state of long-term
7 care and on the PSW workforce that you're
8 particularly interested in.

9 I think it's really important to
10 emphasize that that first registry in the first
11 instance was meant to signal a recognition of the
12 important role of PSWs in the provision of care,
13 that this unregulated workforce, though it emerged
14 rather rapidly to fill an emerging need in personal
15 care services, it became very quickly an integral
16 part of the healthcare system.

17 Nursing practice, naturally, had also
18 evolved and nursing education as well over time,
19 and nurses became recognized as professionals with
20 a unique scientific body of knowledge and that they
21 possessed through their educational preparation
22 critical thinking and clinical assessment skills
23 that evolved their practice and their status as a
24 profession. And, in fact, a four-year university
25 degree became the standard entry to practice for

1 registered nursing.

2 So as the nursing scope of practice
3 evolved, personal care services like bathing and
4 dressing and feeding, grooming, helping with
5 mobility, all those sorts of activities of daily
6 living that were previously part of the role of
7 nurses became entrusted to an emerging group of
8 unregulated workers.

9 And nobody will argue that the PSW's
10 role cannot be overstated. The healthcare system
11 simply couldn't function without them, and it
12 couldn't even afford to have those types of
13 personal support activity of daily living functions
14 provided only by regulated health professionals.

15 So this registry was really about
16 recognizing that this workforce had to be counted
17 and recognized as critical to the provision of
18 these very personal, very intimate services that
19 form the continuum of care.

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 And can I just to, sort of, you know, cut to it a
22 bit? We've really, I think, heard a lot about how
23 central personal support workers are to the care of
24 residents in long-term care homes.

25 I guess, so in terms of their

1 importance, I just speak for myself -- it seems --
2 it seems obvious that they're -- that they're
3 important.

4 I -- but the question -- the questions
5 I have and -- are these: Should they be regulated?
6 And if so, by whom? And those are to me the more
7 fundamental questions, and I don't know if that
8 assists in what you're saying or not, but I thought
9 I'd like to get your views -- the -- all your
10 collective view on that, those questions.

11 MONICA TESTA-ZANIN: Yeah, you
12 certainly did cut right to it there. We do hope
13 that in our remarks, we are laying the groundwork
14 for that very question to be discussed. I really
15 wanted to emphasize that the Registry in the way
16 that it was set up, both the first and the second,
17 was an alternate -- an alternative to regulation.

18 And I think through our remarks this
19 morning, especially as we move through Deborah's
20 and Charles', we might actually get right to that
21 question of, is regulation the answer to all of the
22 system's problems. And for my part, I think, and
23 Charles will sum at the end, there are a number of
24 other components of how we educate, supervise, and
25 prepare this workforce and its regulatory

1 supervisors that have to be grappled with before we
2 jump to that question of, do they need a separate
3 regulatory structure and where should it sit.

4 So if I could just continue on showing
5 you or describing to you the evolution of that
6 discussion because when we were setting up that
7 first registry, we were tasked with certain
8 objectives that were not necessarily regulatory in
9 nature.

10 We were asked by the Government to take
11 a phased approach to, you know, counting, you know,
12 creating a census, so to speak, of this workforce
13 beginning with the home and community care sector.
14 And at the time, it's because it was a priority of
15 that government to really expand services provided
16 in the home and community care sector because there
17 was huge strain in hospitals, and there were
18 terrible waits for long-term care beds, and people
19 just wanted to age at home.

20 And so it was a priority of the
21 Government to expand services in the home and
22 community care sector, and it wanted to know what
23 were the resources available to it, and how could
24 it expand the workforce to be able to provide more
25 care in those -- in those areas.

1 So it needed to understand the
2 demographics of the PSW workforce, the employment
3 status, the educational qualifications, all those
4 things that previous to then had not been
5 documented and did not exist in a central
6 repository.

7 So that registry was meant to gather
8 that data. It was a data gathering exercise for
9 the purpose of better health human resource
10 planning in home and community care in the first
11 instance.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 But if I can just stop you there for a second, just
14 as a matter of human resource planning, if it's --
15 if these are people that are going into other
16 people's homes, for example, so as part of that
17 census, doesn't there need to be some sense that
18 they're suitable to go into someone's home and care
19 for someone, let's say, who's suffering from
20 dementia may not even remember being mistreated,
21 for example.

22 MONICA TESTA-ZANIN: Absolutely.

23 COMMISSIONER FRANK MARROCCO (CHAIR):
24 Isn't that part -- isn't that part of it?

25 MONICA TESTA-ZANIN: Yes, absolutely.

1 And so what we were trying, also, to get a handle
2 on was with what educational preparation or
3 training had these people arrived at this role.
4 And we saw -- there has been some movement on this
5 front since then, but at the time -- well, to a
6 certain extent, there are still multiple pathways
7 to entry to this role that there are everything
8 from programs offered through Boards of education,
9 through continuing education, private career
10 colleges, all the way up to six to eight-month
11 community college certificate programs to gain the
12 skills and competencies to be able to provide this
13 level of care.

14 And at the time, that really shed a
15 light on the fact that they were -- they had --
16 this workforce had arrived -- had emerged, and
17 people arrived at this role through so many
18 different pathways that it was difficult to
19 identify the competencies and that entry-level
20 skill and knowledge that was needed to be able to
21 perform that role safely and that ethical component
22 that needed to be imparted to individuals who
23 wanted to earn a living as a personal support
24 worker providing these very intimate, very critical
25 services, so, yes, absolutely.

1 It was also part of the purpose of the
2 Registry to try to understand better what are all
3 these multiple paths, and how can we identify how
4 we should be preparing these people to do these
5 things and making it so that it is an attractive
6 profession and that it is affordable and that it
7 does provide a living wage. And all of those
8 things came into -- came into view through those
9 initial days of the first Registry.

10 We tried to capture as much of that
11 workforce as possible, so even though we were asked
12 to focus solely on home and community care, we
13 quickly realized that it's hard to pigeonhole
14 people into that sector because PSWs transition
15 between sectors, and so we didn't want to preclude
16 anyone from registering and being counted as a PSW
17 just because they didn't necessarily work in home
18 and community care or only in home and community
19 care.

20 So we cast a very wide net to try to
21 get a picture of how complex and how varied the
22 preparation, the level of training, the level of
23 oversight. The type of wage they were paid
24 depending on where they worked, was just so varied
25 and so complex, and that actually made it evident

1 that regulation of that group might be that much
2 more challenging because if you narrow the pathway
3 to entry of a profession, you necessarily will lose
4 people. And the sector was in no position to lose
5 any human resources. To this day, the shortages
6 are staggering, and Deborah will talk a little bit
7 more about that in her section of our discussion.

8 But the question of regulation is
9 really one that I think is still being grappled
10 with today because its purpose is, in some ways,
11 misunderstood. From my part, and speaking solely
12 from my part and in my experience, I really do
13 adhere very strongly to the notion that the purpose
14 of professional regulation is public protection and
15 its accountability for one's services as a
16 regulated professional.

17 It's -- in many ways, I've heard the
18 conversation that this is -- regulation would raise
19 the profile of this group; that regulation would
20 improve the status of this group as a member of the
21 continuum of care; and that it would, you know,
22 necessarily demand higher wages and so on and so
23 forth. And those are all peripheral to the main
24 purpose of regulation, which is public protection,
25 protection of the public from harm by an

1 individual.

2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 You know, if I -- if I can stop you for a minute,
4 let's assume that that's right. So you have
5 protection of the public, the other -- the other
6 thing you do as a regulatory body is educate on a
7 continuing basis.

8 MONICA TESTA-ZANIN: What you do --

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 So you protect the public on the one end, and you
11 continually educate the members on the other.

12 MONICA TESTA-ZANIN: A regulatory body
13 sets the standards for entry to a profession, so in
14 that sense, yes, a regulatory body would be one to
15 say that in order to be an 'X', in order to work as
16 a PSW, which would necessarily become a protected
17 title under a regulatory regime, you must have
18 completed this level of education or a program
19 approved by such and such a body.

20 We already have that in Ontario for
21 PSWs particularly in the long-term care sector. I
22 mean, we don't have it necessarily yet across
23 sectors, but we do already have that in the
24 long-term care sector.

25 In the long-term care sector, the

1 regulatory structures that govern that sector
2 require that a PSW or an individual providing
3 personal support services has to have completed an
4 approved educational program -- so there are now
5 educational program standards, and there are
6 different streams through which you might achieve
7 that -- and has to work under the supervision of a
8 regulated professional.

9 So there are regulatory structures in
10 place governing the role of PSWs. They're just not
11 professional regulatory structures in the same way
12 as physicians and nurses are regulated as health
13 professions.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Okay.

16 MONICA TESTA-ZANIN: All right. So I
17 think that's also an important note is that PSWs,
18 they -- organizing that workforce presents a very
19 complex challenge because of the fact that that
20 workforce emerged very fluidly in response to a
21 particular need in different sectors. They work
22 under very different circumstances and legislative
23 structures depending on where they are working.

24 So if you're in a long-term care home,
25 you're governed by the structures of the long-term

1 care home and so on and so forth. And they fluidly
2 transition from sector to sector in order to make a
3 living wage.

4 What we learned from the demographic
5 data that we were able to gather on about 33 or
6 35,000 PSWs that voluntarily registered back in
7 2011 was that it's a predominately female
8 workforce, average age somewhere in the early 40s,
9 lots of interruption in employment because of
10 having to care for children or family members,
11 casual and part-time employment, so almost always
12 having multiple employers in order to cobble
13 together a living wage.

14 And, you know, if you're talking about
15 spreading -- or mitigating the spread of a virus,
16 you have such a mobile workforce that's going from
17 facility to facility or home to facility or
18 whatever the case may be, that's a huge problem,
19 and it's -- comes from the fact that they do have
20 these -- it's a very transient workforce with very
21 casualized employment even though the system is so
22 incredibly reliant on them to function.

23 So it's not a uniform whole. It's not
24 seen as a unified workforce with a set of skills
25 that are unique to it and that are transferrable

1 and valuable. And there is this unhelpful
2 hierarchy between unregulated workers and the
3 regulated workforce such as RPNs and RNs. That's
4 been a barrier to properly considering them as part
5 of the team and part of the continuum of care.

6 You know, they comprise the vast
7 majority of staff in long-term care homes where
8 they are required to work under the supervision and
9 direction of a regulated staff person. And it's
10 very interesting; the July 2020 long-term care
11 staffing study made recommendations about
12 increasing, not just the size, but also the mix of
13 care providers in long-term care homes, and I think
14 rightly so. It has since addressed -- the
15 Government has since addressed the recommendation
16 that the number of hours per resident be increased,
17 but it also made recommendations about ensuring
18 that there's appropriate leadership training for
19 registered staff, and in that, knowing how to
20 include members of the team and lead members of the
21 team in the interest of good care, and that all
22 staff should receive be -- should receive proper
23 training and better training on how to work in a
24 long-term care setting as part of their educational
25 preparation. That's huge, very, very important.

1 So all that to say a centralized
2 repository of the PSW workforce still does not
3 exist, and we have not succeeded in levelling the
4 playing field or the expectations that we have of
5 this workforce across all sectors. We, in 2011,
6 were focused on home and community. Today, we're
7 focused on long-term care. We've not succeeded in
8 the levelling the playing field or really looking
9 at this from a systemic perspective, and Deborah's
10 comments will make it very clear that we can't go
11 forward unless we do that.

12 A registry may have been helpful in a
13 situation like the one that we're currently living
14 through right now. It may have been a resource to
15 us so that we could have seen in an instant, have a
16 snapshot of where PSWs were working. It might have
17 been able to track that they had completed proper
18 additional training requirements like COVID
19 screening protocols or the proper use of PPE and
20 other infection control practices. It could have
21 been a repository of that kind of information that
22 would have been helpful in a pandemic, and it could
23 have identified underutilized resources.

24 So where PSWs were not employed full
25 time or were qualified to work but unemployed, it

1 could have identified where underutilized or
2 unutilized resources existed so that they could be
3 redeployed into pandemic hotspots or pandemic
4 response roles.

5 And I think it would have also provided
6 the concrete evidence that I think is needed to
7 answer your question about the educational
8 preparation of the workforce: What's the proper
9 oversight for the workforce? What's fair
10 remuneration for the workforce? And how do we
11 level the playing field so that we're not poaching
12 from sector to sector when, you know, people are
13 driven by the wages offered from -- in one over
14 another?

15 And it could have maybe provided the
16 information to make good decisions about the proper
17 utilization of the workforce. I think you'll hear
18 more from Charles later that, until we address some
19 of these very concrete issues around education,
20 remuneration, utilization, you know, the regulation
21 issue or the regulation question cannot be properly
22 answered.

23 I'm happy to chat more about that, this
24 historical learning, but I think it would be
25 helpful if we moved on to Deborah now, and she can

1 talk about the home and community care sector and
2 how that sector figures into the long-term care
3 sector's ability to respond to crises like the one
4 we're currently living through.

5 DEBORAH SIMON: Hi. Good morning.

6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 Good morning.

8 DEBORAH SIMON: So I'll just -- I'll
9 just jump right in. Thanks, Monica.

10 And thanks for the opportunity to speak
11 with you this morning. Deborah Simon, the CEO of
12 The Ontario Community Support Association, been the
13 CEO for about eight years. By background, I'm a
14 clinician. I'm an RN, and I've spent about 30 plus
15 years working in the home and community care
16 sector, so I've really good insight into some of
17 the challenges and the opportunities in home and
18 community care and actually the work of personal
19 support workers. So just I will spend very little
20 time on background but do think it's important
21 given the context of your investigation in
22 long-term care as it, really, I think, shed enough
23 light on home and community care, and if there is a
24 question of regulation of personal support workers,
25 it has to also incorporate -- incorporate, sorry,

1 PSWs working in home and community care because
2 they're a great -- a large component of the
3 workforce.

4 So our association formed way back in
5 '92. It's a legacy organization of organizations
6 that were serving meals on wheels back at the time
7 what was called Home Making Services and that came
8 together to provide, sort of, a more -- a powerful
9 voice for the sector which was quite segmented at
10 the time.

11 We have -- represent a pool of about
12 220 not-for-profit home and community providers.
13 They're various sizes. They range from
14 organizations like ESSE Health which is
15 international in size to very small local community
16 support or meals on wheels organizations in various
17 communities across the Province.

18 Our members are, again, not-for-profit.
19 They're community-based. They provide a multitude
20 of health and wellness services. It makes them
21 diverse. It makes it difficult sometimes to really
22 appreciate the scope of community support services
23 and home care, but they also provide services that
24 help, not just seniors, but people with
25 disabilities. And that's a large component of what

1 happens in home and community and, I think, has to
2 be factored in when you're looking at the workforce
3 supporting people in communities.

4 It's because of our longstanding work
5 in the community that our association was chosen by
6 the Ministry to operate that first PSW registry.
7 It was a voluntary registry, first of its kind, and
8 it was developed in collaboration with many
9 stakeholders in the Ministry.

10 I do want to do my -- at the outset,
11 say that I am not a regulatory expert. I have
12 Charles and Monica here to speak a little bit more
13 to their knowledge and experience in regulation.

14 My -- I came on board when OCSA had
15 started the contract for the PSW Registry, and I
16 brought my knowledge and experience of the sector
17 to the table, but, again, not a regulatory
18 expertise.

19 Our organizations and community provide
20 over 25 different services, and they're mostly in
21 the order of health promotion, preventative
22 services, and services to actually help people to
23 get back into independence.

24 It's -- our sector is divided into
25 three really distinct areas. One is home care, and

1 this is the procured services through Local Health
2 Integrated Network, the LHINs, formally the CCACs.
3 Then there's community support services that are
4 with accountability agreements directly to the
5 Local Health Integration Networks, the LHINs. And
6 then there's independent living services which tend
7 to be more regional in nature, and those are the
8 organizations that provide attendant care services
9 to adults with disabilities and operate on a very
10 different model of service.

11 So the range of services include, as
12 you know, in-home nurses and therapies for home
13 care and rehab, adult day programs, assisted living
14 programs, personal hygiene programs. There's a
15 myriad of homemaking services that help support
16 seniors to stay independent in their homes, things
17 like meal prep and light cleaning and
18 transportation to medical appointments.

19 Over the past decade, there has been a
20 really seismic shift in the acuity level of people
21 being cared for in the community, as you know, as
22 hospitals have been taking on a role of really
23 moving clients more quickly and sickly, as some
24 would say, into the community. The sector has
25 taken on a large number of clients that have the

1 highest needs including individuals who are on
2 ventilators in the community and are supported
3 there.

4 So in our sector, there's approximately
5 35,000 PSWs working in home and community care, and
6 the last stats that we had received from the
7 Ministry indicated that there's about a shortage of
8 about 6,000 PSWs across all sectors, and that's
9 just to meet what we're thinking is current need,
10 not foreseen needs.

11 Only about 38% of PSW positions in our
12 sector are reported as full time, and -- as
13 compared to as what I understand is about 41% in
14 long-term care. Approximately 29% of personal
15 support workers working in home and community have
16 multiple jobs, and there is a huge wage gap.

17 So right now, PSWs working in the
18 community sector versus the hospital sector have an
19 average wage gap of about 18.7% or \$3.57 an hour.
20 The gap is about 9.2% or \$1.75 an hour for those
21 PSWs who are compared to -- or who are working in
22 long-term care. So of the pecking order, hierarchy
23 of wages, home and community is the lowest on
24 the -- on the totem pole.

25 Our association knows that home and

1 community care sector could actually be leveraged
2 better currently to support the Province's battle
3 against COVID. The members are there to help, and
4 during the peak of the pandemic, with the
5 government forced into a lockdown, the utilization
6 of our sector dropped, and that's completely
7 opposite to what we thought might -- what might
8 have happened during the pandemic.

9 From March to June of 2020, client
10 home-care assessments were down 34% compared to the
11 same period in 2019. The biggest drop came in
12 April when community assessments dropped by 60%
13 compared to 2019. Initial screening assessments
14 took an even bigger drop in that month, and they
15 were recording about a 77% reduction.

16 When the sector is utilized, it
17 thrived, and it was very safe. Just an example of
18 that would be the investment that the Ministry of
19 Seniors made, \$11 million investment for the
20 Ontario Community Support Program, a program which
21 delivered meals on wheels, and it delivered almost
22 half a million meals and food hampers and
23 essentials in a very safe manner in a matter of
24 weeks with very little challenges.

25 So during the four-month period from

1 January to May in 2020 where there was 200 -- two
2 thousand and -- over 2,000 positive case of COVID
3 in long-term care and retirement homes, home-care
4 sector had only 3.48% of positive cases, and this
5 is really a tribute to the IPAC practices that were
6 in place with employers in the home and community
7 sector, the fact that we are actually dealing with
8 much less congregate settings for seniors and those
9 who are vulnerable in the community, and to some
10 degree, really the strong oversight in practices
11 that actually happen in home and community care.
12 And we do have, and -- if I --

13 I don't think, Charles, I gave you the
14 paper, but I can actually make sure that you get
15 the IPAC paper that was done on home and community
16 care as a safe haven for those receiving care in
17 the community.

18 We did a survey of home-care patients,
19 and it showed that 93% of the respondents really
20 feel safe receiving home care from their home
21 healthcare provider which includes primarily PSWs
22 as they're the backbone of our sectors.

23 So just to talk a little bit about the
24 connection between home and community care and
25 long-term care, both sectors, as Monica has

1 indicated, are intrinsically connected and linked,
2 and we're supportive of the most recent report from
3 the National Institute on Aging when you start
4 thinking about home and community care and starting
5 to think about home care and community care as a
6 continuum of long-term care as opposed to a
7 standalone sector.

8 And they have a definition that we
9 think is really, you know, important. It's that we
10 provide this range of preventative and responsive
11 care and supports for older adults that include the
12 ADLs, activities of daily living, and the IDLs,
13 provided either in a not-for-profit or for-profit
14 way or by uncare -- caregivers which is a large
15 component of the service delivery in our -- in our
16 sector that are not location specific and thus
17 include -- (AUDIO MALFUNCTION)

18 COMMISSIONER FRANK MARROCCO (CHAIR): I
19 think --

20 DEBORAH SIMON: -- can include
21 designated -- yeah. Sorry.

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 Ms. Simon, I think mine froze a bit for a few
24 seconds, maybe, so just the last, maybe the last
25 point you made, you might want to make it again.

1 DEBORAH SIMON: Okay. I apologize. In
2 Pickering, we get periods of bandwidth that does
3 not hold.

4 What I was saying is that the National
5 Institute on Aging has defined long-term care,
6 really, as a continuum, moving from, sort of,
7 in-facility long-term care retirement homes to
8 in-home settings such as those that are provided by
9 home and community care services. So we're not
10 seen as distinct pockets of long-term care.

11 So right now, there's approximately
12 38,000 Ontarians on a waitlist for long-term care.
13 We know that. An average wait time on this list is
14 a staggering 147 days to be placed into long-term
15 care. The report from CIHI confirms that 8% of
16 newly admitted residents to long-term care could
17 have been kept at home with the right supports.
18 And that's close to 8,000 Ontarians.

19 So what I'm offering to the -- to you
20 is that I think that the alternatives for people,
21 some percentage of individuals who are waiting to
22 get into long-term care could be filled by home and
23 community care. And keeping those people at home
24 would have lowered their risk of exposure to COVID
25 as well as generated system savings, and we

1 estimate that savings, if we were able to, to be
2 around 238 million by not putting people in
3 long-term care facilities that don't need to be
4 there.

5 So between -- just by background in
6 terms of admissions to long-term care, between 2008
7 and 2017, Ontario doubled the number of high-needs
8 seniors being cared for at home from 42,170 to
9 90,141. One in three clients served by the
10 sector -- our sector had moderate to very high
11 medical complexity. And there are currently over
12 24,000 seniors and 4,500 adults with acute brain
13 injury living well in assisted living services that
14 provide them with 24-hour urgent care response and
15 personal care, with also medication compliance,
16 light housekeeping, and others.

17 So we are managing in the home and
18 community sector, with the use of personal support
19 workers, very high-acuity clients very safely.

20 In Ottawa, there was a project called
21 the Enhanced Assisted Living Services that's
22 enabled people who were ALC to be -- and waiting to
23 be placed in basic long-term care to report --
24 return home safely. That program cost \$114 a day
25 which is 37% less costly than long-term care and

1 produced better results.

2 Being cared for at home seems to be the
3 right care setting for most of these clients; 56%
4 of those enrolled in the program saw their health
5 condition improve, and 78% experienced no hospital
6 readmissions.

7 As part of the government funding for
8 the high-intensity supports at home announced in
9 the last budget, two of our members partnered to
10 target individuals with complex care needs having
11 been on waitlists for long-term care and were able
12 to avoid being placed in a facility.

13 I just want to talk a little bit more.
14 I think -- I think what I'm trying to make my case
15 here is that you've got an alternative in home and
16 community care that is probably not tapped as much
17 as it could be and should be, and these are good
18 programs that -- to look as -- look at as
19 alternatives.

20 But human resources is an -- is an
21 issue, and the workforce of our two sectors,
22 long-term care and home and community care is
23 intertwined. The introduction of the single
24 workplace restriction for frontline staff resulted
25 in some of our home and community care

1 organizations losing up to 50% of their frontline
2 staff. There's tough competition between the
3 sectors for a very scarce health human resource.
4 Many of our home and community care organizations
5 are reporting losing staff to higher paying
6 long-term care and hospital sectors; 21% of
7 respondents to an OCSA survey cited losing PSWs to
8 other healthcare sectors as the main reason staff
9 leave their organizations, and 39% cited lower pay
10 reasons -- lower pay rates as the main reasons.

11 So from the perspective of
12 recommendations in our budget submission to
13 Government, we've called on the Government to
14 significantly increase service capacity across home
15 and community care sector. We need to create
16 enough capacity in the home community care sector
17 to ensure that those who could have been kept at
18 home are able to do so.

19 So as there is -- as we see the
20 resources in home and community care diminish, it
21 simply pushes more pressure onto long-term care and
22 inappropriately so.

23 In 2018, '19, the Ministry of Health
24 noted that it was to simply maintain the sector's
25 ratio of supporting 76% of Ontarians that are 75

1 years or older at home and in communities, the
2 Province needs to provide funding for more than
3 23,000 more patients or clients. And as Ontarians
4 continue to age, these funding pressures on our
5 sector continue to grow at a rapid rate.

6 The home and community sector is more
7 than able to keep people safe at home when properly
8 resourced. So we are calling on an integrated,
9 comprehensive, cross-sector health human resource
10 strategy that leads to wage parity across sectors
11 to ensure that all sectors have adequate supply of
12 qualified resources.

13 The long-term care staffing plan that
14 was just released last week may have positive
15 impacts on the quality of care for residents in
16 long-term care, but it could come at the expense of
17 those receiving care at -- in the home -- in their
18 home and in their communities without adequate
19 human health resources to keep seniors and those
20 with disabilities well and safe at home and those
21 with disabilities who -- I'm sorry -- the pressures
22 will continue on long-term care facilities.

23 And we estimate the cost of eliminating
24 that gap between home and community care and other
25 sectors to be about \$235 million. It's not a drop

1 in the bucket. We recognize that, but
2 historically, that drift has been -- is continuing
3 to grow.

4 The majority of home and community care
5 organizations, as I mentioned before, continue to
6 have that pressure with the transition. And so I
7 guess my message to you as Commissioners looking at
8 long-term care is that we need to look at a
9 balance, and that anything -- the domino on
10 long-term care will have that ripple effect on home
11 and community care, and I think it's important to
12 keep a balanced approach when we're looking at
13 anything that has an impact on personal support
14 workers and the workforce supporting it.

15 So, Charles, I'm going to flip over to
16 you unless there's any specific questions for me
17 right now.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Dr. Kitts.

20 COMMISSIONER JACK KITTS: I'm just
21 wondering what your opinion is on the fact that
22 once frail elders with, you know, chronic disease
23 and other -- the acuity, as you said, is going up
24 in the hospital, in the home, in the -- in the
25 long-term care and in the home and community. And

1 so you talk about if we fund long-term care, home
2 and community care may suffer. If we fund
3 hospital, it would be other one.

4 Do you see a time where the flow of
5 patients becomes at a state where you want them in
6 the right place at the right time --

7 DEBORAH SIMON: Yeah.

8 COMMISSIONER JACK KITTS: -- and that's
9 not fixed at home and community or fixed at
10 hospital or fixed at long-term care, yet it seems
11 once you're labeled, that's where you need to be?

12 So the funding envelope would be much
13 larger, and the collaboration would be much better,
14 and the patient would be more likely to be in the
15 right place --

16 DEBORAH SIMON: Yeah.

17 COMMISSIONER JACK KITTS: -- at the
18 right time.

19 DEBORAH SIMON: And, Dr. Kitts, you're
20 hitting on exactly the right -- the same -- the
21 point. I think through the Ontario Health Teams,
22 the OHTs were actually going to see that same
23 continuum shift.

24 The issue of parity, if it doesn't get
25 addressed now, is going to get addressed there. So

1 if you are providing a continuum of care, you're
2 providing personal support services in hospital,
3 and you're part of the same team, and you shift to
4 the community because that's the right place for
5 you to be. You're not going to get -- you're not
6 going to get workers to stay in that sector if
7 you're not paying them at the same rate for the
8 same work, so we're moving there anyway.

9 COMMISSIONER JACK KITTS: Thank you.

10 DEBORAH SIMON: Charles, you're on
11 mute.

12 CHARLES BEER: A former politician
13 should never be on mute. So let me -- and I'm
14 going to come back to your question, Mr. Chair,
15 with respect to regulation and moving forward. And
16 let me frame it in terms of, sort of, two
17 questions, when and how.

18 And what I'd like to do at the
19 beginning is just get us to step back and look at
20 the past decade and, indeed, a few years more than
21 that. In 2006, the Health Professions Regulatory
22 Advisory Council, HPRAC did a review on PSWs and
23 said that at this -- at that point, they shouldn't
24 be regulated as a college nor should they be
25 regulated with a registry. It was a fairly fulsome

1 report.

2 Then move ahead a few years, the
3 government of the day announced that there would be
4 a registry and then created the committee that, at
5 that time, I chaired to try to flesh that out and
6 develop it.

7 And in each of those, as Monica has
8 said, in addition to talking about the form of
9 the -- of the Registry, we had to look at the
10 nature of the workforce and a number of attendant
11 elements to that.

12 When the Government decided that they
13 wanted to move in a different direction and closed
14 down the first registry, they brought in an
15 organization from the UK, the Professional
16 Standards Authority. Now, I'm going to comment
17 more on that a little later.

18 But again, their report, which went
19 into a great deal of detail about need and the
20 state of the -- of the sector and provided a series
21 of possible options that the Government could look
22 at to move forward. And I always found it
23 interesting that with all that they put forward,
24 the government of the day actually went back and
25 said, no, we'll -- we want to create a registry,

1 perhaps somewhat differently, but we want to create
2 a registry. And so Michener came in. We haven't
3 seen, as yet, the final report that Michener did,
4 but I suspect, in having talked with Marnie Weber
5 on this, that a number of the issues that they were
6 looking at were similar. I know both Monica and
7 Deborah were involved in discussions with them as
8 they went about that work.

9 So we had, if you like, in 2006, 2011,
10 2015, and then 2017 to '20, which is the Michener
11 work, a pretty exhaustive analysis of PSWs and the
12 issue of regulation and issues around what they do.

13 At the same time, on the -- on the,
14 sort of, content and substantive side, you know,
15 the Ministry of Health was doing a number of
16 things, and there's work that I'm sure has been
17 shared with you around how they were looking at the
18 PSW workforce.

19 Another group that, if you haven't had
20 a chance or been told about it that has done some
21 very interesting work on the regulatory and
22 substantive aspects of health -- of the health
23 professions is at McMaster, and it's the Master
24 Health Form.

25 In 2017 and 2019, they carried out two

1 extensive reviews, the last one, 2019, was entitled
2 Examining the Efficiency and Effectiveness of
3 Ontario's Health Workforce Regulatory System. And
4 one of the things they noted that needed to be
5 addressed was that of personal support workers.

6 But in those two works, what they did
7 was they looked at a variety of jurisdictions,
8 compared how those jurisdictions dealt with
9 different kinds of regulatory issues, not so much
10 in terms of a specific health profession, but
11 really looking at the structure of reform and going
12 back to a point Monica made around the fact that
13 one of the key overriding objectives of regulation
14 is protection of the public.

15 The McMaster work was funded by the
16 Ministry of Health, and it is partly responsible
17 for the proposal that the Province brought out
18 earlier this month in terms of its regulatory
19 colleges called the New College Performance
20 Management Framework, and that flows very directly
21 from the work that was done through the MAG
22 process.

23 The other thing to look at is other
24 jurisdictions, and I'm only going to comment on two
25 in Canada, but normally in the Province, we look

1 at -- and in the past, I've worked on perhaps half
2 a dozen or so colleges and their scopes of practice
3 and various elements. But we normally look at the
4 U.K., Australia, New Zealand, a few of the States.
5 Often, we find that the U.S. is not transferrable,
6 but Alberta and B.C. are ones that we look at, and
7 they look at us. And both Alberta and British
8 Columbia have registries, not exactly the same as
9 what was developed with the first one, but
10 nonetheless, they're comparable.

11 Just in the past few weeks, Alberta has
12 announced that they are going to take -- for them,
13 personal support workers are call healthcare aides,
14 and they are now moving their healthcare aides into
15 what's called the College of Licensed Practical
16 Nurses, and that college is going to be called the
17 College of Licensed Practical Nurses and Healthcare
18 Aides. Now, this was just announced. It hasn't
19 happened yet, but that is what they are intending
20 on doing. The --

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 Can I just ask you, Mr. Beer --

23 CHARLES BEER: Yeah. Yeah.

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 -- the College of -- I think you called it

1 Practical Nurses.

2 CHARLES BEER: Yeah, licensed --

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 What's the -- what's the Ontario equivalent?

5 CHARLES BEER: Okay. Because -- and
6 that's a good point because in Alberta, they have
7 two colleges. There is a College of Nurses as well
8 as the licensed practical.

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 Right.

11 CHARLES BEER: And the licensed
12 practical would be similar to the RPNs.

13 MONICA TESTA-ZANIN: And so in Ontario,
14 the College of Nurses regulates both RNs and RPNs.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 Yes.

17 CHARLES BEER: Right. Right.

18 COMMISSIONER FRANK MARROCCO (CHAIR):

19 Yes, thank you. That -- yes, thank you.

20 CHARLES BEER: Right. The -- in
21 British Columbia, they are now in the midst or
22 about to begin a major change in their regulatory
23 structures, and I want to comment a bit about that,
24 and then I've got some suggestions, perhaps, to
25 make to the Commission.

1 I noted before this body called the
2 Professional Standards Authority from the U.K., it
3 has become very influential in English-speaking
4 countries in terms of the work that they've done on
5 all aspects of regulation. They have actually done
6 a review of the Royal College of Dental Surgeons of
7 Ontario and in British Columbia, and they carried
8 out the PSW review.

9 In 2019, B.C. had asked the former head
10 of that group to come in and, among other things,
11 look at the overall structure of their regulated
12 Health Professions Act. And this -- it -- the
13 McMaster work has some of this that they've
14 demonstrated, but the report in British Columbia is
15 very far reaching, and I think its importance for
16 you, as we talk about regulation, is that it does
17 suggest, hey, we can look at this issue
18 differently.

19 In the B.C. report, they have some 21
20 colleges, and those are going to be brought down to
21 six. And those colleges, what is really happening
22 is apart from the physicians and surgeons, the
23 nurses, and I believe the third one is pharmacists,
24 they're going to be grouping various professions in
25 two other colleges. And this has been an element

1 of what the U.K. group has done, and they do it in
2 the United Kingdom as well.

3 And I was trying to think of a way to
4 make this, sort of, clearer, and it -- one of the
5 things they're saying is that regulation is about
6 protecting the public. It's setting various
7 structures to ensure that, as you said before, it
8 has a focus on standards and education. But a lot
9 of those elements are not dependent on the
10 profession specifically.

11 So they're saying you can group
12 different professions, but there's certain key
13 functions that, regardless of the profession, need
14 to be undertaken.

15 So just to give you an example -- and
16 I'm not saying that this is something that Ontario
17 should do, but it's a bit like if one were saying,
18 let's take the personal support workers; let's take
19 developments service workers; let's take those
20 workers in addiction and mental health, and we
21 could create a regulatory body in which they would
22 be involved. And the different structures around
23 admissions, the keeping of records, the complaints
24 and discipline and so on would all be -- would all
25 be similar.

1 So this is one of the ways that -- and
2 B.C. is just starting, and it's going to be
3 interesting to see how that works out. Alberta in
4 the legislation they brought in this week made
5 reference to that work and said that they were
6 going to be making changes to their structure.

7 Now, in Ontario, I mentioned that just
8 this week, the Ministry announced that they were
9 going to have a college performance measurement
10 framework. This came out of one of the reports of
11 the McMaster forum. It's just starting, and
12 they're going to be asking the colleges to report
13 under certain headings so that they can begin to
14 get a picture of how effective colleges are.

15 Now, where that will ultimately lead is
16 not known. Ontario is much larger than British
17 Columbia, so is it likely that we go to fewer
18 colleges? Perhaps, but that -- that's not clear at
19 this point.

20 But I think what's got everybody in the
21 regulatory world interested is the B.C. report
22 really saying, start thinking outside the box. Are
23 there different ways that we can do this with one
24 of the issues being around either smaller groupings
25 of healthcare workers who wouldn't be able to

1 support a college or larger groupings, such as
2 PSWs, who may not have the financial wherewithal
3 that others would in order to support a college?

4 COMMISSIONER FRANK MARROCCO (CHAIR):

5 Do you not think, Mr. Beer, there's also an
6 experience, it's -- that, you know, being a
7 regulatory body isn't something that you just start
8 doing, that there's experience -- that you need
9 experience in order to do that effectively?

10 CHARLES BEER: Absolutely, and I think
11 you make a really good point. When one reads the
12 chap who did the B.C. work -- his name is
13 Harry Cayton -- when you read what he wrote in
14 the -- sort of, the second part of the report that
15 deals with the reforms, I think that is very clear
16 in the way he's suggesting colleges could be better
17 organized and better regulated.

18 Now, I think one of the -- one of the
19 questions, then -- and I want to come back to this
20 is, so how does this now relate to Ontario and to
21 your work? And this is the, sort of, the when and
22 how becomes really important.

23 I think it's clear from what Monica and
24 Deborah have underlined that there's some major
25 issues, and that while they're not unrelated to

1 regulation, they don't need regulation to be
2 addressed and dealt with.

3 In, it was, I think, the end of 2017 or
4 early 2018, the Ministry brought a lot of people
5 together to look at the PSWs and, sort of,
6 identified access and quality, education, and
7 accountability and oversight is key things that
8 they would need to do. And I think those still
9 resonate today.

10 And at the local level, I'd -- I want
11 to mention because I think it was a very well done
12 report, the North Simcoe Muskoka Local Health
13 Integration Network in 2018 looked at the
14 availability of PSWs in their area and tried to
15 forecast what the issues would be. And they all
16 reflect what Deborah was saying, and I think that
17 those issues would be reflected in other parts of
18 the Province.

19 I live in Newmarket in York Region, and
20 we have a very innovative group here called the
21 Community & Home Assistance to Seniors Group, or
22 CHATS as it's known, and they do all kinds of
23 different kinds of programs, and they have been
24 struggling to find PSWs. And as Deborah said,
25 while we all understand why the Government made the

1 recent announcement and understand its need and
2 it's not one saying it isn't, but that integration
3 of PSWs globally is very important so that there's
4 an equal playing field. So we have those two --
5 those two realities.

6 Now, can one move forward in developing
7 a regulatory regime and also do those other things
8 at the same time? I think that's a critical
9 question.

10 One of the thoughts that we had is --
11 and I'm going back just to the outline of what's
12 been going on over the last decade -- I think there
13 is enough information before you with the Ministry
14 both around PSWs, what they do, what they need,
15 what the issues and the problems are in order to
16 enhance the profession and ensure that it can play
17 the role that we'd like it to play, and there's all
18 kinds of examples now around different forms of
19 regulation.

20 It may well be that in the Michener
21 Institute's Report, that they found the silver
22 bullet. I know that it's almost by default at
23 times, and we thought about this eight, nine years
24 ago, the question of, well, would the College of
25 Nurses be the appropriate place?

1 And I guess one of the things that
2 struck me both during the process I was involved
3 with and I think since then is a certain
4 ambivalence within Government to get into this
5 regulatory piece, and then it's like there's a
6 hesitation. Is this the way to go? And do they
7 provide -- you know, is it going to be mandatory so
8 the appropriate -- are the appropriate rules in
9 place to handle discipline and so on?

10 So does it make sense, then, to take a
11 group of some 120,000 and put them together with a
12 somewhat larger group of 175,000 nurses? Can that
13 be an effective, workable arrangement? And
14 according to the testimony that was given to you
15 from Michener, they seemed to have talked with
16 people and feel that that could work.

17 But I just raise a caution around
18 finding that appropriate structure, and I want to
19 just quote one thing to you. The U.K. Professional
20 Standards Body had developed what they call a
21 Right-touch regulation. And I think it's a useful
22 way to look at regulation, and I'll just read
23 briefly part of it:

24 "Right-touch regulation means
25 understanding the problem before

1 jumping to the solution. It makes
2 sure that the level of regulation is
3 proportionate to the level of risk
4 to the public. It builds upon the
5 principles of good regulation."

6 And Harry Cayton, who was involved in that, talks
7 about that in the -- in the work in B.C.

8 So from all of that, I'm wondering if
9 it might be useful both for your work and for the
10 sector if you ask the Ministry to come but to speak
11 to you about PSWs, not just about long-term care
12 homes, but the -- their vision, the way in which
13 now they see that role encompassing the three
14 sectors where we find PSWs, and then also talk
15 about the Michener Report and the specific
16 recommendations that are made around regulation.

17 And then what I would be looking for
18 is, are they clearly addressing some of those
19 supply issues that are critical, that the
20 shortages, the compensation issues, and, again, as
21 Deborah said, the increasing complexity of what is
22 being handled at home and the availability of
23 people to deal with that?

24 So I think there's a balance in needing
25 the overall supply question addressed, and can you

1 do that while you're also addressing the regulatory
2 issue, or are some of those things you need to do
3 first, and then you do the regulatory? I don't
4 have the answer to that, but I think that the
5 Ministry or I guess I should say the Ministries in
6 Ontario are perhaps now at a point where they could
7 address some of those questions and how they would
8 move forward.

9 COMMISSIONER ANGELA COKE: Just if I
10 may just make sure that I understand what you're
11 saying. To think of this in terms of phasing or
12 the timing, what is a priority to be dealt with,
13 and if you dealt with some of those other issues
14 and then decide to look at regulation, might you
15 look at regulation a bit differently if some of
16 those other issues were dealt with?

17 CHARLES BEER: Yes, and I'd include in
18 that -- I mean, you might feel you can do both at
19 the same time, but I think that if I look back --
20 and Monica and Deborah can correct me here -- I
21 think if in 2011, if some more work had been done
22 before we started the regulatory piece, it might
23 have been more effective.

24 I think we found ourselves -- for
25 example, there was a separate piece of work going

1 on in terms of developing educational standards, so
2 we didn't have that to look at.

3 So it's how to do those, you know,
4 together or separately, but I think just being
5 conscious now that the PSW sector is critical, and
6 we need to be looking at it in those three areas.
7 And then what is the regulation that is most
8 suitable, and I would suggest taking into account
9 some of the recent thinking about different forms.

10 And if, out of all of that, it's felt
11 that, look, we think the best answer is that the
12 PSWs should become part of the College of Nurses,
13 at least I would hope the other issues have been
14 addressed, and we've been able to make progress.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 Well, if that completes your remarks, Mr. Beer, and
17 thank you all very much for --

18 Were you -- was there something else
19 you were going to say?

20 CHARLES BEER: Well, if I may, the only
21 other thing I wanted to say which is just, I think,
22 an interesting observation on regulation, in
23 British Columbia, after the report was presented,
24 the Minister of Health then created a committee to
25 look at that report. And it was an unusual

1 committee because the committee was made up of the
2 Minister and his two opposition critics. And the
3 three of them then produced a report which had some
4 variance on the initial document, but the three of
5 them agreed on what needed to be done. And I -- I
6 just -- I found that, again, as somebody who's been
7 in the political system a fascinating way for this
8 to go forward. And, I guess, to place us in the
9 Christmas period, perhaps, we can wish for a spirit
10 that would allow all the parties at Queen's Park to
11 come together and be able to move us forward on
12 this issue.

13 But we thank you for your time this
14 morning and hope this has been somewhat helpful to
15 your deliberations. And if there's anything else
16 any one of us can do, I know we'd be glad to
17 assist.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Well, it certainly has been -- it has been helpful
20 because this issue of how you have some effective
21 oversight is one that has come up in our
22 discussions, and so your collective comments have
23 been very, very helpful, and the importance of
24 integrating home care with what we're thinking
25 about is something that perhaps we might not have

1 thought about if you hadn't mentioned it.

2 So thank you very much for the
3 presentation, and it's given us, I think, some very
4 useful things to think about.

5 CHARLES BEER: Thank you very much.

6 MONICA TESTA-ZANIN: Thank you all.

7 COMMISSIONER JACK KITTS: Thank you.

8 COMMISSIONER ANGELA COKE: Thank you.

9 MONICA TESTA-ZANIN: Bye-bye.

10 COMMISSIONER JACK KITTS: Bye, Charles.

11 DEBORAH SIMON: Bye now. Happy

12 holidays.

13 CHARLES BEER: Yeah.

14 COMMISSIONER JACK KITTS: Same to you.

15 COMMISSIONER ANGELA COKE: Same to you.

16 -- Adjourned at 10:13 a.m.

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REPORTER'S CERTIFICATE

I, JANET BELMA, CSR, Certified
Shorthand Reporter, certify:

That the foregoing proceedings were
taken before me at the time and place therein set
forth;

That all remarks made at the time
were recorded stenographically by me and were
thereafter transcribed;

That the foregoing is a true and
correct transcript of my shorthand notes so taken.

Dated this 22nd day of December, 2020.



NEESONS, A VERITEXT COMPANY

PER: JANET BELMA, CSR

CHARTERED SHORTHAND REPORTER

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