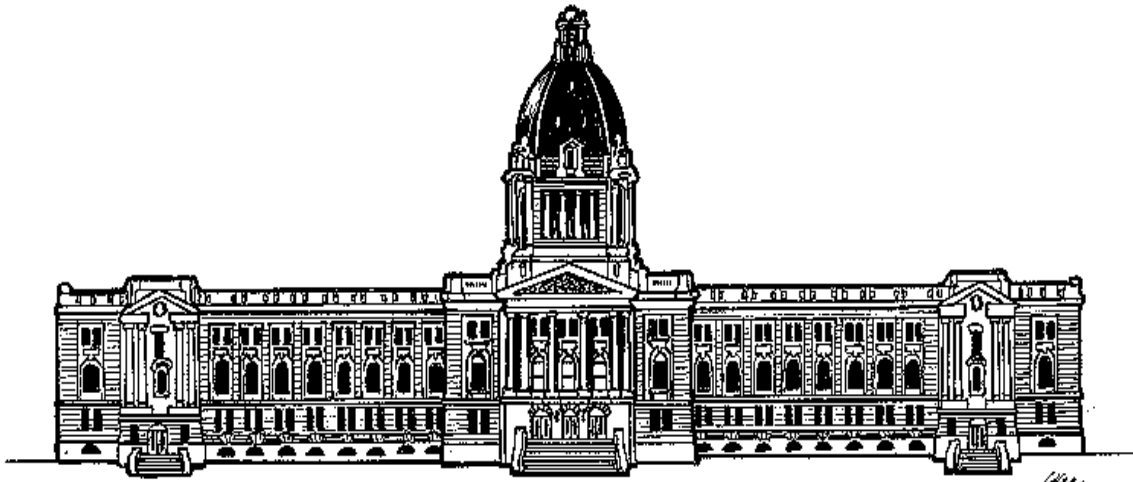




# **STANDING COMMITTEE ON HUMAN SERVICES**

## **Hansard Verbatim Report**

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**Legislative Assembly of Saskatchewan**

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## STANDING COMMITTEE ON HUMAN SERVICES

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Batoche

Mr. David Forbes, Deputy Chair  
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Mr. Greg Lawrence  
Moose Jaw Wakamow

Mr. Paul Merriman  
Saskatoon Sutherland

Ms. Laura Ross  
Regina Qu'Appelle Valley

Ms. Nadine Wilson  
Saskatchewan Rivers

[The committee met at 15:00.]

**The Chair:** — Good afternoon, ladies and gentlemen. Welcome to the Standing Committee on Human Services. My name is Delbert Kirsch, and I'm the Chair of this committee.

With us today are Mr. Mark Docherty, Ms. Victoria Jurgens, Mr. Paul Merriman, Ms. Laura Ross, and Ms. Nadine Wilson. Also we have Mr. John Nilson and Ms. Danielle Chartier.

This afternoon we will be considering two bills. First on the agenda is Bill No. 50, *The Medical Profession Amendment Act, 2012*. By practice, the committee normally holds a general debate on clause 1, short title. Mr. Minister, please introduce your officials and make your opening comments.

**Bill No. 50 — *The Medical Profession  
Amendment Act, 2012***

**Clause 1**

**Hon. Mr. Duncan:** — Thank you, Mr. Chair. Good afternoon, committee members. Joining me today to my right is Lauren Donnelly, the ADM [assistant deputy minister], the Ministry of Health. As well behind me is Shaylene Salazar as well as Rebecca Bayliss.

Mr. Chair, I just have brief introductory comments and then we will be pleased to entertain your questions. The College of Physicians and Surgeons of Saskatchewan has requested that the following amendments be made to *The Medical Profession Act, 1981*: first, to allow for the sharing of authorized medical functions within the scope of practice of physicians to registered nurses, thereby enhancing patient safety and care; as well, to amend section 6 to provide the college with bylaw-making authority to request current contact information from physicians for disaster planning and to ensure the appropriate storage, disposal, and transfer of patient files; as well, to repeal the sections from part III regarding the categories of licensure for physicians.

As colleges across the country move toward common licensing standards to comply with the Agreement on Internal Trade, there may be frequent changes to categories of licences in Saskatchewan. This legislative change will allow categories of licensure to now be handled through the college's bylaws versus legislation, which will speed up the process. Any bylaw changes affecting licensure will still, however, require ministerial approval.

A number of stakeholders were consulted over a period of time and there was general support for the proposed amendments. And with that, Mr. Chair, we'd be pleased to take your questions.

**The Chair:** — Thank you very much, Mr. Minister. I understand Mr. Nilson is asking questions.

**Mr. Nilson:** — Thank you.

**The Chair:** — Your floor, Mr. Nilson.

**Mr. Nilson:** — Thank you, Mr. Chair, and good afternoon. This legislation appears to have some very good purposes. And I think what I will ask to start off is: are there any particular problems that have been identified that are being corrected by this legislation?

**Hon. Mr. Duncan:** — Thank you, Mr. Chair, Mr. Nilson. Just generally, in terms of the amendments of the provisions that are being changed, the amendment regarding the authorized medical function, that is being made. Change is being made to essentially provide some more clarity to support what is already a current function. This isn't a new function that's going to be taking place — merely to provide more clarity to that function.

As well on the issue of patient records, that will allow the college itself to I think be able to follow up further with physicians when it comes to issues around storage and transfer, disposal of patient records.

As well, the other change on the part III section really looks to provide the college with the ability to make changes, still with ministerial approval, but changes to their bylaws rather than having to come back each and every time to make changes to the actual legislation. It will allow them to make bylaw changes — and I should clarify — around the licensure issue specifically, not at large.

**Mr. Nilson:** — Okay. Thank you for that explanation. It's often helpful to have very general language describing the particular problems that are being dealt with because sometimes later, when people are looking at the changes that are made, they get quite complicated in their interpretations of what's happening. So I always like to ask that question.

Around the whole question of delegation of specified acts in the practice of medicine, this is a new section that's here and, as you've explained, it's to deal with present practice where certain acts are transferred to other professionals, probably primarily nurses with special training. But does this transferability clause allow for this transfer of medical acts to other professions? And I'm thinking physiotherapists or I suppose dentists or even chiropractors or some of these other professions. Yes I'll just ask that question, and then I'll ask my next question.

**The Chair:** — The Chair recognizes Ms. Ross.

**Ms. Ross:** — Thank you very much, Mr. Chair. As we all know, we went from winter to summer in less than three days and so the building is quite hot. So I do ask if we could make a motion to have us remove our jackets if we wish.

**The Chair:** — We have a motion to remove the jackets. Any discussion? All in favour?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried. Thank you.

**Hon. Mr. Duncan:** — Mr. Speaker, I'll have Lauren Donnelly, the ADM, respond to that.

**Ms. Donnelly:** — So the change was made to clarify an existing practice and clarify which regulator was responsible with registered nurses, between registered nurses and physicians. The language however has been crafted so that in the future, you know, if we're looking at transfer to other regulated bodies, it can accommodate that as well. Those, any changes, would still have to come through regulator bylaws of those regulated professions.

The language is broad enough to cover a broader group in the future, but the consultations beyond nurses with respect to any specific functions hasn't happened. The consultation beyond nurses has happened in general.

**Mr. Nilson:** — Okay. Thank you for that explanation, and it makes sense to have this ability to do that. But as you have stated, you would want to make sure you have the appropriate consultation. And that may be the answer to my next question, is who makes the decision about the delegation? Because I think there's some wording that delegates specified acts. Is it such that a medical doctor could not transfer certain procedures to someone else unless it was very specifically laid out in I guess the bylaws of the organization and also then in the bylaws of the other profession where they've transferred information? Is that how it's supposed to work?

**Ms. Donnelly:** — And I might give you a general answer. And if you want some more specifics, I'll perhaps have one of my staff answer. But for now, for example, there are very specific practices that we're looking at for RNs [registered nurse], predominantly in remote northern practices. And it's through a vehicle called an authorized practice. And in that situation, both the RNs, the SRNA [Saskatchewan Registered Nurses' Association] would have to pass a bylaw that described what the competencies were required of a nurse to take a specific function from a doctor. I don't know if that answers it clearly enough.

**Mr. Nilson:** — Well I think that's better. Now does this also apply to something like declarations of death in places where you might not have easy access to a medical doctor? I think there have been some accommodations already around that. But would that be one of the specific ones that could be used actually in the city during the night?

**Ms. Donnelly:** — So that particular one that you're talking about in terms of signing a death certificate, it would be a change to *The Vital Statistics Act*. And then that particular . . . So that Act isn't being changed right through this process, so that would require a change to that legislation as well. And it's the nurse practitioners that are looking for that legislative change, but that's early discussions occurring around that.

**Mr. Nilson:** — So that basically then provides the explanation that changes in this legislation would only be complementary to a whole number of other pieces of legislation like *The Vital Statistics Act* or others when you get into some of these specific acts that might be legislated in another piece of legislation.

**Ms. Donnelly:** — Yes for that particular function. So if specific functions are regulated through a different legislation, yes we'd have to adjust those as well. So this was targeted to, you know, a set of practices currently occurring through a collaborative

document that allowed for transfer of medical function. But the College of Physicians and Surgeons wanted something more current and with greater clarity working with the Registered Nurses' Association.

**Mr. Nilson:** — And so perhaps you'd give an example of two or three procedures or types of things that this will cover.

**Ms. Donnelly:** — So a very specialized function I think that's been identified for us is an intubation, which isn't something that nurses would normally do. So in that particular circumstance, there would be a set of competencies the nurse would have to meet, and specific training to do that, before a physician could transfer function for an intubation. So that's an example.

**Mr. Nilson:** — And so would that be a situation where somebody's say at Stony Rapids and the doctor is in La Ronge, and the doctor actually makes the order for the intubation by telephone or however, some other form of communication, and then the procedure takes place. Or is it a situation where the nurse practitioner can just say, there needs to be an intubation here, and just do it.

**Ms. Donnelly:** — Okay. I don't know if you want me to keep . . . This particular practice applies to registered nurses, that we're talking about here, and it's mostly registered nurses, but we have some nurse practitioners in our northern locations. So nurse practitioners can proceed, as you know, to order tests and prescribe drugs, and RNs can't yet do that. So there may be circumstances where an RN takes additional training to do some suturing or, you know, one of those particular practices. So you know, it's a matter of what's already within the scope of an RN.

Now an NP [nurse practitioner] already has a set of defined practices that they can practise independently. So you know, we support collaborative practice across the board. Right.

**Mr. Nilson:** — So will there be a place that the public can see who is able to do what? Or is that a concern that maybe isn't sort of transparently out there? And I mean, I guess one of the questions would be, I go to a particular place and the nurse can do something, and then I go to the next community and they can't, and you don't understand why. So would there be a place that this information would be available so that it's explainable into the community?

[15:15]

**Hon. Mr. Duncan:** — Thank you, Mr. Chair. Mr. Nilson, I don't think it's something that we are considering at this time in terms of any type of public notification because we're not really changing what has already taken place. This is more just clarification that has been requested by, in this case, the College of Physicians and Surgeons. So you know, to this point I don't believe we've had any discussions about any type of public notification of what type of transfer and functions that in certain situations nurses already have. So it's not something that we've considered.

**Mr. Nilson:** — Okay. Well thank you for that answer. I just say that because it's usually looking back at a particular incident where the issue arises, and it does often relate to the public

expectation of who is providing the treatment. And if in fact there isn't any public information about the qualifications or the transfer of function, that may become an issue later. So I just raise that. And I understand your answer, but I just raise it as a possible issue down the road.

So my next question relates to the clause in subsection 6(2), and it's the new clauses (u.1) and (u.2) that relate to the members of the College of Physicians and Surgeons providing:

... the college with their home addresses and any other information that may be specified in the bylaws, including information about themselves, the places where they practice and the services they provide at the places where they practice.

And then the second clause:

“(u.2) establishing restrictions on the disclosure and use of information obtained pursuant to clause (u.1)”.

My question is around this requirement for the physicians to provide this information. My understanding from what has been said is that this relates to the medical records issue and the concern about how they can contact people I guess around some of their medical records. But are there other issues that this relates to, and what particular problem is this addressing?

**Hon. Mr. Duncan:** — Thank you, Mr. Chair, Mr. Nilson, for the question. So you're right that this section and change deals specifically with being able to provide the College of Physicians and Surgeons with the authority to request current address and contact information from physicians. That would be both for disaster planning but as well to ensure that the appropriate storage, disposal, and transfer of patient files is taking place. So it ties back to that specific issue around patient files as well as disaster planning.

**Mr. Nilson:** — So this clause you point to is effectively a privacy clause on the College of Physicians and Surgeons. Is there anywhere in the Act where there's a requirement that physicians themselves have privacy policies, or is that something that's dealt with maybe in bylaws or some other place?

**Hon. Mr. Duncan:** — That would be — again thank you, Mr. Chair, Mr. Nilson — that would be covered under the HIPA [*The Health Information Protection Act*] legislation as physicians being trustees of patients' information.

**Mr. Nilson:** — Okay. So there's no specific reference to that in the medical professions legislation until we hit this particular point, which is a clause affecting the college itself.

That allows me to move on to my next question around the registries which have been moved out of the legislation or are going to be moved out of the legislation into the bylaws of the College of Physicians and Surgeons. And it's my understanding of the rationale is that it makes it therefore simpler to keep the registries and also make appropriate adjustments as changes arise. Could you give a little more of an explanation of what's happening here.

**Hon. Mr. Duncan:** — Thank you, Mr. Chair, Mr. Nilson. These amendments reference the categories of licensure for physicians, so working through changes that have been undertaken with respect to the Agreement on Internal Trade and facilitating further labour mobility. What this allows the college to do is I think more — and the province in fact — more nimbly address changes to categories of licensures as they would relate to others across the country. So other provinces would have different categories, and this would allow the — rather than coming back through to make, as you will know, the process that it takes to make legislative change — this would allow the college of physicians to, in a more timely fashion, to make changes as they would correspond with other categories and other changes that would be made across Canada.

**Mr. Nilson:** — These proposals I assume are based on the Federation of Medical Regulatory Authorities of Canada and the agreement on national standards for medical registration in Canada. Has that agreement been finalized? Or is it still in the draft stage that we've been unable to find. I know it's something that people have been working on for a long time, but perhaps confirm that it is based on that document and also let us know whether it's actually been finally signed.

**Hon. Mr. Duncan:** — Thank you, Mr. Chair, and Mr. Nilson. You're correct. It is based on that. There is still work being done on that, and my understanding is that their next meeting is in June.

**Mr. Nilson:** — Okay. Well that's great. We can pass the legislation here based on something that's still being drafted. And I guess we have to have some faith that our Saskatchewan perspective will win the day in the national discussion, which I think it probably will given the various very strong representatives we send to these meetings. But I appreciate that because, practically, what we need is legislation here so our professionals can be easily recognized in other jurisdictions across Canada. And so it appears that that's what this legislation is doing.

Now my next question relates to the very specific power that was put into section 32, and it relates to the emergency clause. And I thought it was very interesting that the provision that had been there for a long time, which required the Lieutenant Governor in Council and cabinet to declare an emergency before the minister took over the powers of the college of physicians, that particular clause has been changed or adjusted so that the minister can step in without the added protection of having to persuade all his cabinet colleagues and the Premier that this is a good thing to do.

Can you explain why that change is here?

[15:30]

**Hon. Mr. Duncan:** — Thank you, Mr. Chair, Mr. Nilson. We're looking at the side by sides. I think to address the specifics of your question, the ability will still rest with the cabinet, with the Lieutenant Governor in Council. So I don't believe that that has been a change. There is a bit of a wording change between the existing provision and the proposed provision, but I don't believe it makes a substantive change to what already exists.

**Mr. Nilson:** — Thank you for that explanation. I think the point is that it requires cabinet to declare an emergency, which is quite a dramatic thing to do as opposed to just order that the minister can take over the power. So I'm trying to understand why you would basically diminish the seriousness of the situation where the minister would take over the powers of the college.

**Hon. Mr. Duncan:** — Mr. Chair. Thank you, Mr. Nilson, for the question. The intent remains the same, that in the event that cabinet does declare an emergency . . . I think what the proposed provision just reflects is I believe an updating of the language. It's not intended to change the intent and the ability for cabinet to authorize this in the event that an emergency has been declared by the government, by the cabinet.

**Mr. Nilson:** — Okay. Well thank you for that explanation that really there is no intent to diminish the situation where effectively what I guess the cabinet would declare is an essential service is not being provided, and it's being obstructed by the College of Physicians and Surgeons in getting appropriate medical help for the province. But it is interesting that the wording has been changed to allow for that kind of a decision to be made without actually declaring that it's an emergency.

So I appreciate you putting your explanation on the record. I'm assuming that this is the type of clause that we won't be needing in the next 50 years, but if in fact it's there, I think that the cabinet, the Lieutenant Governor in Council will have to look at this very, very carefully before they would exercise these powers.

So thank you for that explanation. I think that ends the specific questions that I have. This type of legislation has obviously been vetted in a number of situations but primarily with the physicians through the College of Physicians and Surgeons and the Saskatchewan Medical Association, and it's clear that it answers a number of concerns that have been brought forward by those groups. And so I think with that I'll end my questioning, and thank you very much for your help in answering the specific questions that I had. Thank you.

**The Chair:** — If there are no more questions, we will proceed with the voting of the clauses. Clause 1, short title, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried.

[Clause 1 agreed to.]

[Clauses 2 to 27 inclusive agreed to.]

**The Chair:** — Her Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows: *The Medical Profession Amendment Act, 2012*. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried. I would ask a member to move that we

report Bill No. 50, *The Medical Profession Amendment Act* without amendment.

**Ms. Wilson:** — Thank you, Mr. Chair. I so agree.

**The Chair:** — Ms. Wilson has moved that. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried. Now if the minister has any closing comments?

**Hon. Mr. Duncan:** — No. No closing comments except to say thanks to members of the committee; to you, Mr. Chair, to Mr. Nilson for his questions, and of course to officials and members of my staff that joined us today. Thank you.

**The Chair:** — Thank you. If there are no other comments or questions, we will now recess for a few minutes and move into the next, which would be Bill No. 78. So thank you very much, Mr. Minister, and your staff.

[The committee recessed for a period of time.]

[16:00]

**The Chair:** — Thank you very much, ladies and gentlemen. We are back in session. We will be considering Bill No. 78, *The Social Workers Amendment Act, 2012*. By practice, the committee normally holds a general debate on clause 1, short title. Madam Minister, please introduce your officials and make your opening comments.

#### **Bill No. 78 — *The Social Workers Amendment Act, 2012***

##### **Clause 1**

**Hon. Ms. Draude:** — Thank you very much, Mr. Chair, and to all the committee members. It's nice to see you. I'm going to start. I think I have one official that will still be coming in and I'm going to introduce, and if he doesn't have the opportunity to come forward . . .

**A Member:** — So Richard's here.

**Hon. Ms. Draude:** — Okay. I have with me Ken Acton, who is the deputy minister; Glenda Francis, executive director of strategic management branch; Brenda . . . I'm going to ask how I say this one.

**A Member:** — Szala.

**Hon. Ms. Draude:** — Szala, Brenda Szala, policy analyst, strategic management branch. And this is Richard?

**A Member:** — Yes.

**Hon. Ms. Draude:** — And Richard Hazel, executive director of Saskatchewan Association of Social Workers.

We're going to be able to respond to questions about health and the technical support for SASW's [Saskatchewan Association of Social Workers] perspective. The proposed amendments to

*The Social Workers Act* will provide Saskatchewan Association of Social Workers, the SASW, with the legislative authority to approve the diagnostic practice for qualified members within the scope of their knowledge and their competency.

This morning my colleague, the Minister of Health, announced that we were developing a mental health and addictions action plan. My ministry along with Education, Corrections and Policing, Justice, and Health will be involved in this work. Improving mental health and addiction services is a priority for our government. We believe we must move forward and make meaningful changes for those affected by mental health and addictions issues. These legislative amendments are an important step in assisting with the early diagnosis of mental health conditions.

Prior to 2002, qualified social workers were allowed to diagnose mental health disorders. With the proclamation of section 23 of *The Psychologists Act* in 2002, the practice of diagnosing mental health disorders was restricted to qualified medical practitioners and members of the Saskatchewan College of Psychologists. Granting qualified social workers registered with SASW the authority to make mental health related diagnoses supports the goal of having clients receive the right service at the right time in the right place.

Currently there are 78 psychologists and 36 psychiatrists working in Saskatchewan mental health outpatient services. The Saskatchewan Association of Social Workers advises that there are up to 50 social workers who may currently qualify to perform diagnosis.

The Ministry of Health has informed me that the wait time to see a psychiatrist in one of our regional health authorities can be as high as three to six months. In mental health child and youth services alone, 70 per cent of clients having behavioural disorders could be diagnosed by qualified social workers if this privilege is granted. Permitting properly credentialed registered social workers to diagnose addictions, mental health, and behaviour disorders will increase the diagnostic capacity of our system.

Alberta and British Columbia allow qualified social workers to diagnose, and their model has worked very well. Ontario also permits diagnostic privilege, as defined and managed by that province's legislation.

As a government, we are committed to lowering wait times throughout the health system and throughout government. There are several advantages to these amendments. They include earlier access to treatment and greater flexibility in how providers can be used to diagnose mental health disorders while ensuring the highest ethical and safety standards are met.

Ministry of Health officials, the Saskatchewan Association of Social Workers, the Saskatchewan College of Psychologists all agree that the current situation is hindering access to mental health services. This is particularly true in small health regions and rural and remote areas of the province where there are no psychologists on staff. Authorizing qualified clinical social workers to diagnose conditions such as depression, post-traumatic stress disorder, intellectual disabilities, or autism spectrum disorder will help people in the regions get the mental

health services they need as close to home and as quickly as possible.

Accreditation or endorsement requirements will be established through SASW's regulatory bylaws to ensure that the social workers given diagnostic responsibilities are completely qualified to do so. These amendments will also make the SASW fully accountable for the monitoring and the enforcement of diagnosis within the social work profession.

On approval of the legislative amendments, the ministries of Health and Social Services will work with the SASW, the College of Psychologists of Saskatchewan, and other partners on regulatory bylaws and the accreditation requirements to ensure social workers who wish to diagnose are completely qualified to do so. I've committed to the legislative and regulation review committee I would provide them with an opportunity to thoroughly review the draft regulatory bylaws before I approve them. I'm going to be pleased to take any questions you might have at this time.

**The Chair:** — Thank you very much, Madam Minister. And I understand Ms. Chartier has questions, so the floor is yours.

**Ms. Chartier:** — Thank you, Madam Minister, and to the officials and to Mr. Hazel here today. We appreciate the opportunity to have a bit of a discussion about this bill. By and large, we are very supportive of this bill, but I think one of the pieces that was missing was the lack of a mental health and addictions strategy. So in light of the announcement today, this fits very nicely. But I'd like to hear from you how you see Bill 78 and the ability for social workers to be able to diagnose, how that will fit into the action plan?

**Hon. Ms. Draude:** — I think that it was very fortunate we had the opportunity to announce the mental health and addictions strategy this morning so that we could talk about this plan. I know that some of the comments that you and your colleagues made in the House was talking about mental health and addictions and knowing the importance of tying this together.

In rural areas, remote areas, we don't have enough. We don't have the professionals there to actually do the diagnosis. And then the services that are going to be required are the next step, and I believe that that was also a comment that was made.

We understand that there is work to be done in this area. So in conjunction with the Minister of Health, and Education, we know that working through his strategy, again also with the disability strategy and through the child and family services, we're going to have a chance to build the process, the program, and the supports that we need. So I believe that this was, that the two strategies and this bill are going to work very well together when it comes to being able to provide the support that's needed for people that may need support with mental health and addictions in the province.

**Ms. Chartier:** — So you've identified obviously it's one thing to diagnose but to be able to provide or ensure that people have access to services post-diagnosis . . . So there's obviously with this strategy, there is a recognition here that there are issues, particularly in rural Saskatchewan and some of the northern communities, that access to services is also a big piece of

puzzle here.

**Hon. Ms. Draude:** — That's correct. We know that the 50 social workers who could be qualified at this time we believe could make an impact. We know that there's work to be done. I know I live in a rural community, and I've heard from some of my colleagues that this is going to be, could be an important step in moving forward to ensure that people would receive their diagnosis as quickly as possible. It's part of a comprehensive plan, and we know that on all fronts that there's always more work to do in this area, but getting started in recognizing that this could be one part of the plank when it comes to improving not only the accessibility but understanding the next steps is very important.

**Ms. Chartier:** — Has the Association of Social Workers given you any indication — so obviously there's about 50 people who will be able to qualify for this designation — where in Saskatchewan they're located? Are the 50 across the province, or are they concentrated? I know one of the issues we're trying to address is rural Saskatchewan and more remote communities, so I'm curious if we have some sense where the 50 or so would be located.

**Hon. Ms. Draude:** — Thank you. I'm going to ask Ken to answer.

**Mr. Acton:** — Yes. They would be, they are across the province in a number of locations. I mean I don't have a list, but they are spread out throughout the province. And I'd just add in terms of the other point about how this ties in with the treatment side, I think there's lots of opportunities as we develop the strategy on mental health and addictions in terms of looking at teams. And often social workers are part of those teams already, and I think it'll just make it stronger if they're able to actively participate.

**Ms. Chartier:** — Thank you for that. Obviously I think by and large there was support. There was some consultation that was done last summer and into the year, and most, most stakeholders who were contacted were supportive or were indifferent in some cases. But I'm wondering — so obviously we've heard from the Registered Psychiatric Nurses Association who had some concerns — but I'm wondering if you had any feedback from any other professional organizations or if they had concerns and what those might be.

**Ms. Francis:** — So there was . . . Oh I'm sorry. Glenda Francis. So there was fairly comprehensive consultations done. Overall the feedback was favourable. However there were some concerns raised, but it was more around I guess an understanding that really what we're seeking is approval to diagnose, not to actually prescribe. Once that was clarified, you know, the concerns for the most part were addressed, and we were able to move forward. The Psychiatric Nurses Association was the one that stood out in terms of expressing some concerns.

**Ms. Chartier:** — And this ability to diagnose and not prescribe, had you felt that the psychiatric nurses had been satisfied in that response?

**Ms. Francis:** — We actually responded. We did not receive

any further feedback from them. But we do have a meeting scheduled with them in the next month, I think. Brenda could confirm that. But we are intending to meet with them again to discuss it further.

**Ms. Chartier:** — Thank you. Can you help me understand — and forgive my ignorance here — but obviously the diagnosis is one piece, but the prescription piece is another. And so again we talk about access. So how does that all fit together? So you have someone who has the ability to diagnose but someone who doesn't have the ability to prescribe. So how does that all fit together?

**Ms. Francis:** — Well I think it would depend on the nature of the diagnosis itself. There may be simple examples. So for instance in a school setting where you might have a student who is in the care . . . You know, something's been identified by a teacher. You have an attending social worker who is part of the team of professionals that is working with the young person that's been diagnosed with a particular issue. And in that respect, there may be things that they can do in the short term to assist that student, perhaps somebody with a learning disability. There may be things that can be done in the classroom, some short-term things.

When it comes to prescription of say medication, that's a bit more complex. Ken referred to health teams, where we may have professionals that come alongside. There may be doctors. There may be GPs [general practitioners] that are part of that health support team. It would be pushed to that professional to do the overall prescribing itself.

**Ms. Chartier:** — Thank you for that. In terms of the regulations, having spoken to Mr. Hazel, and I know I think in your comments, your second reading comments, you said the regulations you were anticipating later. You know what? I'll just ask. When do you expect the regulations to be ready?

**Mr. Acton:** — There's a considerable amount of work to do before . . . I think probably the earliest that could be would be 2014. But I think in all the consultations, if there was questions it was around, you know, is the rigour in place? How detailed are the bylaws? What are the training or educational components that are built in? So there's a number of those things that need to be worked through yet. Well until that's done, we won't move forward.

So there's some work to be done by the association and the ministry here. And the Ministry of Health has agreed to be supportive of that and help do that as well. Like there's discussions going on with the University of Regina school of social work in terms of additional classes that might be helpful, that will in the long term need to be made available to help build competencies.

We need to think about things in terms of the clinical practice piece and the supervision and who will do that and how that will be made available. So there's a number of steps that'll need to be worked through yet, as well as some additional consultation with some of those folks that expressed . . . like the registered psych nurses to go back and say, okay here's what the bylaws look like, and get their input from them as well. So I think it'll be, I would say a couple of years before it's probably



ready, up to two years before we're ready.

[16:15]

**Ms. Chartier:** — I think, and this is perhaps my lack of understanding, having never served in government, how all this all rolls out . . . But to my mind, obviously this is a pressing issue. There's huge demand for mental health diagnosis and services.

So I'm wondering why, early on you flagged that the regulations won't be worked on until after the bill is passed. I'm wondering if some of that work has already been done or why you would wait. Obviously there won't be any trouble passing the bill. So I'm wondering why that piece wouldn't have been in the works already.

**Mr. Acton:** — There's a considerable amount of work for the association to do this. And I think, you know, it's very important for them to know that they actually have the authority to move down that path before they start doing additional work. So part of this is, without the legislation in place saying that they have the authority to go that route, I think there's a limit to how far they wanted to go in developing the bylaws for their association. So it's just a matter of us working through the steps.

**Ms. Chartier:** — And just to confirm then, that up to two years, so any time between now and the end of two years? So 2015-ish, we're thinking?

**Hon. Ms. Draude:** — That's what we're hoping. Yes.

**Ms. Chartier:** — Okay. Can you tell me a little bit further what still has to be done? You've laid a little bit of it out, but in terms of both on the Association of Social Workers' side, you've mentioned the university, which I hadn't thought about. So what are some of the pieces between now and then that need to be completed?

**Mr. Acton:** — Well I mean, I think the big part of it is, is working through the actual requirements that would be set out in the bylaws. So the Association of Social Workers would pass bylaws, and they need to be quite detailed or specific in there about, you know, what's the academic training. So is it a master's? I mean they've suggested it would probably be a master's or higher. What's the on-job training and the prescribed number of years that you'd have to have, in terms of clinical practice, before you'd be allowed to proceed?

There's the examination process, so that they'd have to actually have an exam that they would have to pass before they'd be allowed to take this step. So there's quite a little bit of rigour, and all of that has to be defined so that you and others that might, you know, want to look at this would have a clear set of this is what I have to do to qualify before I went down this road.

So it's really just working through all those steps, defining those. And of course when they do that, given that there's other professions involved — I think they've expressed an interest — we'd need to consult with them. And I think that'll address a lot of the, any of the concerns that were raised, was just how will . . . What kind of assessment will be done before the

endorsement's granted? And do you have a process to manage your . . . deal with complaints?

**Ms. Chartier:** — So tell me a little bit more about the University of Regina piece and what you see happening with the University of Regina.

**Mr. Acton:** — Just in terms of, again educational requirements and long-term, are there other classes that should be made available for those in the school of social work that may want to look at this field? So can we continue to build that expertise or that body of knowledge? And so there's been discussions with them there. They're certainly interested in wanting to have one of the best schools. And they've expressed an interest in having discussions about how they can make their curriculum even better, and so that provides an opportunity for us.

**Ms. Chartier:** — Okay, I'm not sure if you can answer this question or not, but obviously the registered psychiatric nurses, not in their letter but in a *Leader-Post* or *StarPhoenix* article, pointed out that they had in fact been lobbying the government for six years, I think, to have a similar . . . Their association has been lobbying without success for six years for a training program for registered psychiatric nurse practitioners. Do you know anything of that or can you speak to that at all?

**Ms. Francis:** — That was something that the RPN [registered psychiatric nurse] Association did share with us when we were moving forward. I can't speak on behalf of Health or on behalf of the RPNA [Registered Psychiatric Nurses Association] in terms of what transpired, what went on. In terms of the RPN, they do represent the interests of registered nurses who practice actively in the mental health field, psychiatric field.

Over the years, and I think I'll speak to in 2000 there was a decision to discontinue the streaming of registered nurses in Saskatchewan into the RPN program. It was sort of morphed into the overall registered nursing program. The RPN program was then introduced into the academic world again in 2008. And so in that respect, I think what we saw over time is fewer registered psychiatric nurses in the overall profession.

And so perhaps, with the reintroduction of that program and further efforts of the Registered Psychiatric Nurses Association, they may have better success with government. I can't speak on behalf of Health though.

**Ms. Chartier:** — Okay.

**Ms. Francis:** — And then perhaps through the work that will happen through the mental health action plan, as well as they look at the continuum of services to meet the needs of mental health clients in the province.

**Ms. Chartier:** — Obviously we see the ebb and flow of what happens in professions and obviously social workers were one of the professions, I think, up until 2000. So can you tell me a little bit historically what happened? I know there was a bill passed around psychologists, I believe. And so can you tell me a little bit about what happened there? How social workers lost their ability at that point in time?

**Hon. Ms. Draude:** — When section 23 of *The Psychologists*

Act was proclaimed, the 1997 Act was proclaimed on March the 1st of 2002, the SASW requested an exemption to permit social workers to practise diagnosis. And the exemption was not approved. So at that time, it was Minister Nilson. He directed a discussion between SASW and the transitional council to oversee the introduction of the Act. And the transitional council had no ability to adjust the new legislation.

So there's been an MOU [memorandum of understanding] between the Saskatchewan College of Psychologists and the SASW. There's been a series of these MOUs which have been signed every couple of years.

But what we need to do now is make sure that we have the trained professionals available. And I believe, with the discussion today of the mental health and addiction strategy and the understanding that this is an important part of what we do for the health of human beings whether it's mental health or physical health, I believe that there . . . I'm hoping that we're going to see the working together, the understanding that people, that you could actually work with each other in teams to provide the services that are required. We're seeing that in a lot, a lot of areas now, and understanding that it's about the client, it's about the student or the patient. And working together to have your professional abilities working with other ones is an important part of going forward.

**Ms. Chartier:** — Well thank you. You know, I think that that is all the questions that I have, so thank you very much. Thank you again to the minister and to the officials and to Mr. Hazel.

**Hon. Ms. Draude:** — Thank you very much to the member and to all of my colleagues on the committee, and especially to all the officials that are with me here today and Mr. Hazel as well.

This is an important bill, I believe, and when you put it in conjunction with the strategy that was announced this morning, I think it really is going to make a difference to the people of the province. So I thank everyone.

**The Chair:** — If there are no more questions or comments from any of the committee members, seeing none, we will proceed to voting on the clauses. Clause 1, short title, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried.

[Clause 1 agreed to.]

[Clauses 2 to 8 inclusive agreed to.]

**The Chair:** — Her Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows: *The Social Workers Amendment Act, 2012*. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried. I would ask a member to move that we report Bill No. 78, *The Social Workers Amendment Act, 2012* without amendment.

**Ms. Ross:** — I so move.

**The Chair:** — Ms. Ross moves. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried. I would ask a member to move a motion of . . . or first, if the minister has any closing comments.

**Hon. Ms. Draude:** — Just thanking everyone again for all their work. I know that there was a lot of complex work going on here, and there's more to be, to continue. But I thank everyone.

**The Chair:** — Thank you very much. I would like to thank one and all for all their work here today. And I would ask a member to move a motion of adjournment. Mr. Merriman has moved. All agreed?

**Some Members:** — Agreed.

**The Chair:** — This committee stands adjourned until Thursday, May 9th at 2 p.m. Thank you.

[The committee adjourned at 16:25.]