



# Results of Engagement on Updating the *Health Professions Act*

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Prepared by MNP LLP on behalf of  
the Government of Yukon



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# 1 Introduction and Project Scope

The Government of Yukon has started a process to update the *Health Professions Act* (HPA), with the goal to create an umbrella legislation to regulate all health professions in the Yukon.

The Government of Yukon hired a consultant to conduct virtual and in-person engagement sessions, support the development of a survey for the public and health professionals, and to develop an Engagement Summary for review and approval by the Government of Yukon. In person engagement included two public engagement sessions and ten health professional sessions. The results of the engagement will inform changes to the HPA.

This work focused on policies influencing changes to the *Health Professions Act* and did not cover access to health care issues.

## 1.1. Project Goals and Objectives

The project aimed to:

1. **Inform Health Professionals and the Public** by raising awareness of the fact that the Government of Yukon is working to update the *Health Professions Act* and create an umbrella legislation to regulate all licensed health professionals under this one act.
2. **Identify Thoughts and Ideas** by uncovering the thoughts of health professionals and the public to help guide specific policy decisions on a range of topics.

## 1.2. Engagement Purpose

This project focused on identifying the perspectives of health professionals in seven areas of the legislation, including:



Public engagement focused on the governance and complaint process. The results of the engagement will be used to help inform policy decisions related to updating the HPA, which will be followed by the development of profession-specific regulations. While questions and models were presented through the engagement process, no final decisions have been made by the Government of Yukon.



## 2 Current State of Health Profession Legislation

There are currently 15 regulated health professions in the Yukon, regulated through eight different Acts. Using multiple Acts creates challenges, including:

- A poor client experience in navigating the system. For example, as a member of the public, you may face different processes when complaining against a health professional depending on the Act covering this profession.
- Denturists, dental hygienists/therapists don't have a complaints process. This means that to complain, a member of the public needs to take the professional to court.
- Administration difficulties due to differences in the complaints processes, duty to report requirements, and various difference in the regulatory tools available.

In addition to the differences between the Acts, there is no unique sexual misconduct complaint processes or regulation of health spaces across any of Yukon's regulated health professions. This does not align with best practices across Canada.

Out of 15 regulated health professions:

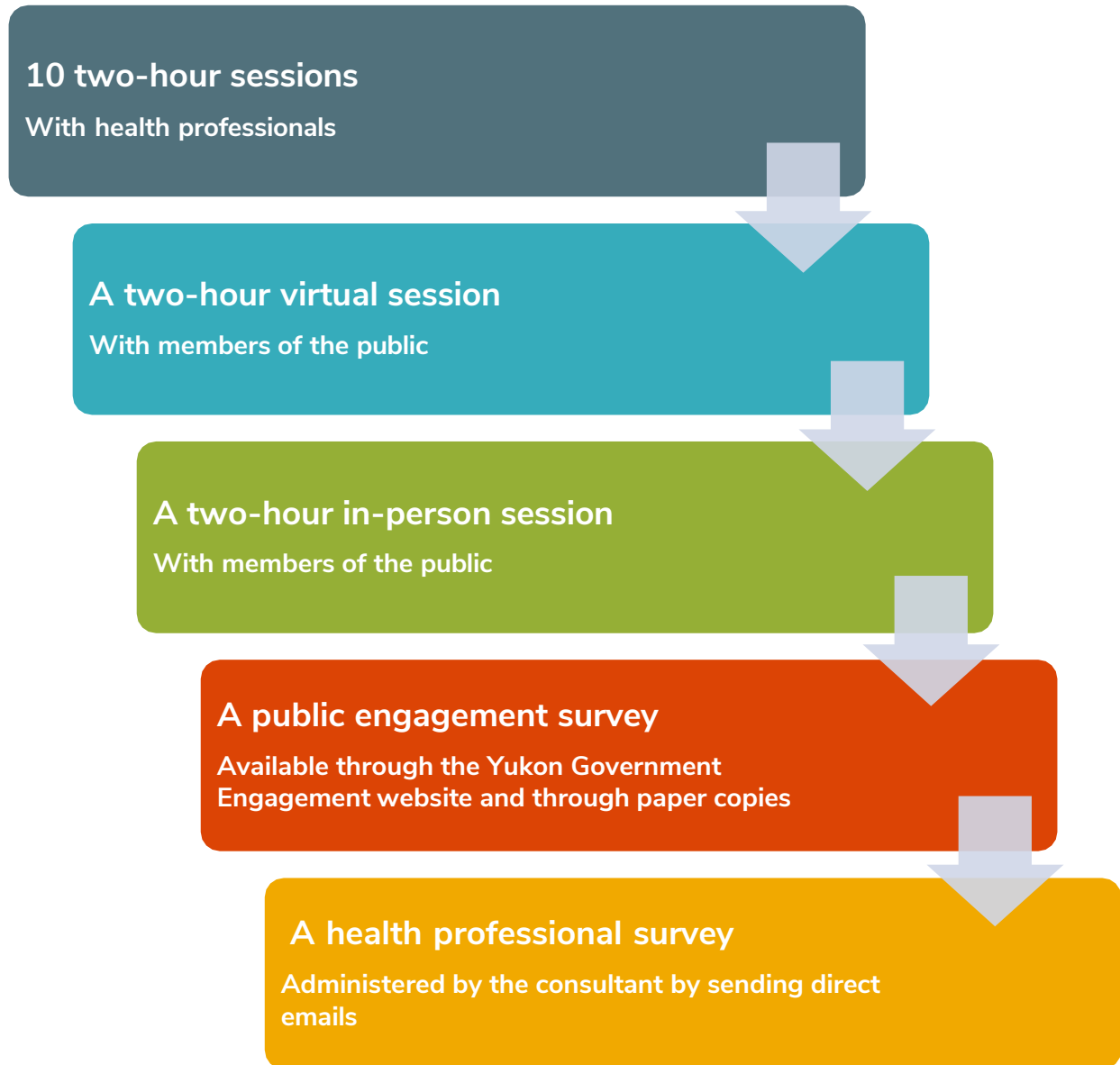
- **12** are fully regulated by the government.
- Registered Nurses & Nurse Practitioners are **self regulated** through the Yukon Registered Nurse Association.
- Physicians are **co-regulated** by the Yukon Medical Council and the Government of Yukon.



## 3 Engagement Process

### 3.1. Engagement Methods

The engagement process included:



The health professional survey and engagement sessions were also opened to unregulated professionals. To be included in the process, these individuals had to reach out directly to the Government of Yukon, as the government does not have a comprehensive contact list of these unregulated health professionals.



### 3.2. Engagement Notification

A list of email addresses for health professionals was provided to the consultant. In total, invitations to participate in the survey and engagement sessions were sent to a total of **1633** health professionals across the following professions. Nurses were offered four engagement sessions, and all other professions were offered two engagement sessions. This was done to accommodate the high number of nurses relative to other professions.

Health Profession	Number of Invited Participants
Chiropractors	9
Dental Hygienist & Therapist	58
Dentist	60
Denturist	3
Licensed Practical Nurses	272
Midwives	6
Optometrist	11
Pharmacists	73
Physicians	365
Physiotherapists	70
Registered Nurse and Nurse Practitioners	687
Registered Psychiatrist Nurse	19

### 3.3. Engagement Participation

A total of 10 health professional engagement sessions and two public engagement sessions were held. Public engagement sessions were attended solely by people who self-identified as a regulated or unregulated health professional and/or representatives from a Health Profession Board. The sessions were as followed and had the following number of participants:

Session	Number of Participants
Physicians Engagement Session on January 28	3
Nurse Engagement Session on January 29 (Lunch)	3
Nurse Engagement Session on January 29 (Evening)	19
Dentists, Dental Therapists, Dental Hygienists, and	0



Session	Number of Participants
Denturists Session on January 30	
Optometrists, Chiropractors, Psychologists, Pharmacists, Physiotherapists, Midwives, and Unregulated Professionals Session on January 30	12
Dentists, Dental Therapists, Dental Hygienists, and Denturists Session on February 4	3
Nurse Engagement Session on February 5	12
Physicians Engagement Session on February 5	2
Optometrists, Chiropractors, Psychologists, Pharmacists, Physiotherapists, Midwives, and Unregulated Professionals Session on February 6	9
Nurse Engagement Session on February 6	18
Public Engagement Session – Virtual on January 28	10
Public Engagement Session – In person on January 21	13

### 3.4. Engagement Topics

The following engagement topics were used throughout the engagement process, with the public engagement focusing on the complaint and governance process.

Topic Categories	Overview of Engagement Topics
<b>Governance (Public and Health Professional Engagement Topics)</b>	<ol style="list-style-type: none"> <li>1. Exploring the possibility of the Government of Yukon holding the authority and responsibility to regulate all health professionals. This included discussing the considerations of this model.</li> <li>2. (Health professional only) The importance of including health professionals in the decision-making process related to initial complain reviews, complaint hearings, standards of practice, continuing education approvals, admission eligibility requirements, registration and renewal reviews, and admission and registrations appeals.</li> </ol>
<b>Complaints Process (Public and Health Professional Engagement Topics)</b>	<ol style="list-style-type: none"> <li>1. Balancing health professional privacy with the public's right to know about complaints and their results.</li> <li>2. The barriers to filing a complaint along with the ways to make it more culturally and psychologically safe, accessible and easy</li> </ol>



Topic Categories	Overview of Engagement Topics
	<p>to use.</p> <ol style="list-style-type: none"> <li>3. The benefits and challenges of alternative complaint resolution processes.</li> </ol>
<p><b>Duty to Report (Health Professional Engagement Topics)</b></p>	<ol style="list-style-type: none"> <li>1. Challenges with the duty to report as an employer and how to mitigate the challenges.</li> <li>2. Conflicts between duty to report requirements and the hospital reporting system.</li> <li>3. Discussing the duty to report statements to be added.</li> <li>4. Whether a duty to report process should consider work settings.</li> <li>5. Whether health professionals support implementing a duty to report a registrant of a different regulated health profession.</li> </ol>
<p><b>Sexual Misconduct (Health Professional Engagement Topics)</b></p>	<ol style="list-style-type: none"> <li>1. Considering whether an independent complaint and investigation process for sexual abuse and misconduct should be implemented</li> </ol>
<p><b>Supporting Health Professionals Wellbeing (Health Professional Engagement Topics)</b></p>	<ol style="list-style-type: none"> <li>1. Discussing the benefits, challenges, and drawbacks of a implementing a process that considers health related matters affecting health professionals.</li> <li>2. The benefits and challenges of providing the authority to require physical and/or psychological incapacity assessments in times where a health professional does not agree that they are facing a physical or psychological health issue.</li> </ol>
<p><b>Regulating Spaces (Health Professional Engagement Topics)</b></p>	<ol style="list-style-type: none"> <li>1. Reviewing models to regulating spaces, including discussing considerations for the various models and ownership requirements.</li> <li>2. Preferred employment categories for health professionals to practice under (e.g., employee, contracted health professionals, self-employed, others)</li> </ol>
<p><b>Prohibition Regarding Practice &amp; Restricted Activities List (Health Professional Engagement Topics)</b></p>	<ol style="list-style-type: none"> <li>1. Presenting two models to manage practice and restricted activities lists and seeking feedback on why a particular model is preferred.</li> </ol>



### 3.5. Engagement Limitations and Challenges

The engagement faced several challenges and limitations, which were identified through feedback provided by the health professionals throughout the engagement process, including:

- Concerns were raised with the context provided to support the understanding of questions. This created challenges for participants to fully answer the questions. In addition, participants shared that the context was at times misleading.
- The Health Professional survey was submitted through the SimpleSurvey platform, which created concerns from some respondents that the survey was a spam email.
- Insufficient communication was provided to explain that the proposed options being explored through the engagement process are not final. This led to perceptions that the Government of Yukon was engaging on a set of pre-determined decisions.
- Indigenous engagement had not occurred at the time of this engagement. This created some frustration from some participants who raised that proposed options should first be reviewed by Indigenous government partners.
- Attendance numbers during health professional sessions were low. As such, the findings reflect the opinions of a small subset of health professionals.
- Public engagement sessions were mostly attended by health professionals and representatives from health-based associations and regulatory bodies.

### 3.6. Engagement Feedback

Participants provided the following feedback on the overall engagement process:

- Some health professionals raised frustrations that there was no survey question asking about their preferred regulatory body. Questions on the regulatory model were included in the in-person engagement sessions.
- Some concerns were raised that the public engagement process did not sufficiently engage vulnerable populations and Indigenous public members. Suggestions were made to engage these groups in their communities and in the spaces of service providers to engage them directly.
- Support was shown for a second engagement process once the Government of Yukon has developed options based on the feedback provided in this engagement.
- During the engagement process, health professionals shared feedback which was used to change questions and process where possible. However, this feedback could not be applied to the survey as it was already live and had received many responses.



## 4 Summary of Findings Across Engagement Methods

### 4.1. Regulatory Model & Governance

Participants shared the following feedback related to regulatory model and governance:

- **Opposition to Government Regulator Model:** Most participants did not approve of a government regulator model, raising that this presents a major conflict of interest as the government is the primary employer of health professionals. In addition, concerns were raised with the government's ability to manage all the varied professional requirements of standards, education and discipline without appropriate expertise.
- **Co-Regulation or Self-Regulation:** Participants shared that health professions should be regulated either through an independent regulator overseeing all professions (a format that recognizes that the Yukon is a small jurisdiction and all health professionals in the territory do not have the capacity to be self-regulating), a co-regulator model, through the Yukon Registered Nurse Association for nurses, or a combination of independent, co-regulation and YRNA regulation. Overall, participants highlighted the need for a stable and unbiased regulatory regime which includes health professionals, the public and First Nations governments.
- **Professional Involvement:** Health professionals identified that all areas of the regulatory process must involve health professionals to ensure that the appropriate context and understanding is applied.

### 4.2. Complaints Process

Overall, participants requested a clear, transparent, effective, accessible and culturally and psychologically safe process with realistic timelines and defined follow-up procedures to report on the outcome of the complaint. Participants shared the additional feedback on the complaints process:

- **Confidentiality vs. Public Disclosure:** Participants generally agreed that complaints should be made public, but only once it has been investigated and found to be true. In addition, participants shared that complaints posing a public risk should be made public. Some participants also shared that outcomes or conditions of a licence could be shared on a need-to-know basis only.
- **Alternative Complaint Process:** Participants generally agreed that an alternative complaint process should be explored. However, participants shared that this process should only be used when complaints have merit. They also shared that the process should ensure that health professionals continue to benefit from legal protections.
- **Improvements to Cultural & Psychological Safety:** Calls were made to improve the



cultural and psychological safety of the complaints process. Suggestions included allowing people to choose how to submit their complaint, removing the process from government control and moving it to an independent body, clearly describing the process in an easy to access place and using simple language.

- **Health Professional Involvement:** Health professionals stressed that a complaint process must include health professionals, as they hold the context required to decide if a complaint has merit and is founded.

### 4.3. Duty to Report

Participants shared the following feedback related to duty to report:

- **Duty to Report Requirements:** Participant generally support implementing duty to report requirements. However, several concerns were raised with the language used in the context documents and survey, as it created a lot of nuances and left a lot of room for interpretation. In particular, participants said that "incompetence" was too broad and needs further definition to be useful. In addition, participants supported building tools to allow people to test whether an incident meets the duty to report requirements.
- **Employer Reporting:** Several challenges were identified with employer duty to report requirements. These include conflicts of interest under a government regulator model, the impacts of staffing shortages, and the need for employers to continue to train staff and provide a safe space to identify mistakes. Participants noted that very clear guidelines would be required to clarify that duty to report applies to the scope of practice. However, they recognized that an employer may not always be fully aware of a profession's scope of practice.
- **Hospital Setting Reporting:** Participants provided feedback that the hospital reporting system focuses on identifying system wide changes and improvements. These changes do not always require a duty to report. However, duty to report may be needed in some cases.

### 4.4. Sexual Misconduct

Participants shared the following feedback related to sexual misconduct:

- **Separate Sexual Misconduct Complaint Process:** Participants generally support implementing a separate sexual misconduct complaint process as long as the process is more trauma informed and makes it easier for victims to come forward. However, there are concerns with the ability to manage patient safety effectively given capacity challenges. On the other side, some participants believed that creating a new process would create more administrative requirements, and so, they supported maintaining



one complaint system.

- **Providing Resources:** Opinions on whether the regulator should provide additional supports to patients making sexual misconduct claims were split. While some agreed, others questioned the regulators' role in doing this, suggesting instead that the regulator should connect patients to existing community programs. Participants generally did not support providing financial support.
- **Prioritizing Sexual Misconduct Claims:** Regardless of the chosen model, participants supported prioritizing sexual misconduct claims and high-severity complaints in the complaint process.

#### 4.5. Supporting Health Professional Wellbeing


Participants shared the following feedback related to supporting health professional wellbeing:

- **Supporting Health Professional Wellbeing Processes:** Creating a process to support health professional wellbeing was generally viewed positively if it is used to support individuals instead of punishing them. This would include providing them the opportunity to get help without impacting their license. However, participants also recognized that a harm done to a patient may still require a discipline action.
- **Requiring Psychological, Health, or Physical Assessments:** While participants understood the intent of requiring a psychological, health or physical assessment, several major concerns were shared. These included the need to create strong rules that define when this is appropriate and identifying the proof requirements to require such an assessment. In addition, participants shared that this may impact human rights requirements, right to privacy, strain the Yukon's legal and psychological, health or physical assessment capacity. As such, this requirement would need to be very carefully designed and implemented.



## 4.6. Regulating Spaces

Participants were asked to provide feedback on the two following options for regulating spaces:

Option 1	Option 2 
<ul style="list-style-type: none"><li>• Regulated health professionals may be required to operate out of a registered space and those spaces are permitted and recorded on a register. The registrar would have the ability to inspect the space.</li></ul>	<ul style="list-style-type: none"><li>• All regulated health professionals would be required to practice in spaces that meet standards of practice requirements, without permitting or a recording of the space on a register. The registrar would have the ability to inspect the space.</li></ul>

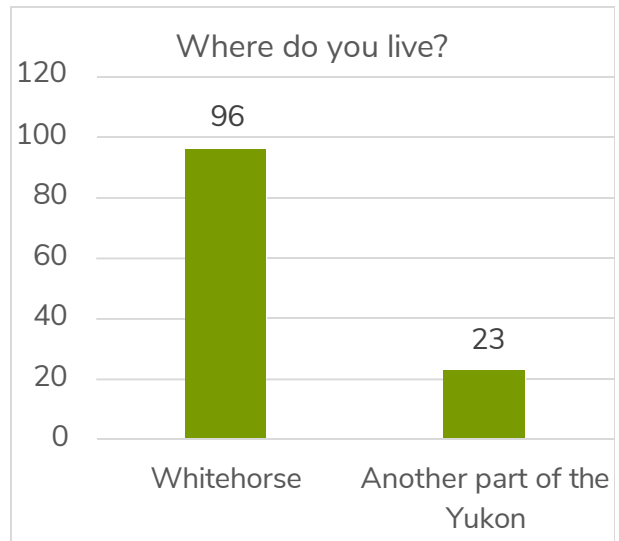
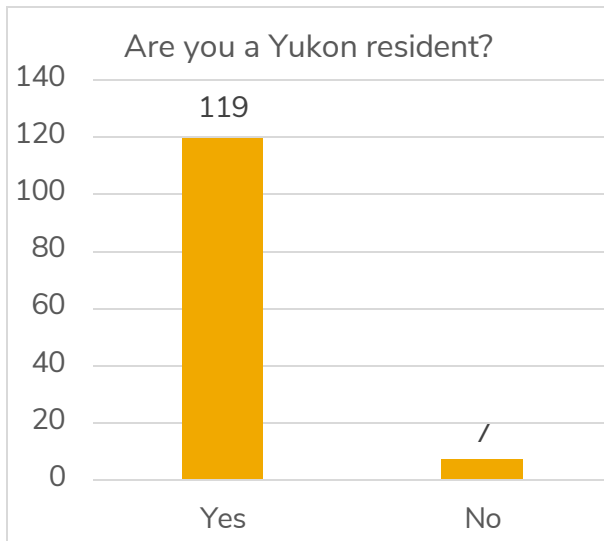
Participants generally preferred option 2, as they shared that option 1 would add too much administrative burden and would be excessive for the regulation of most spaces. In addition, it was shared that option 1 would impact access to health services due to the lack of available spaces in the Yukon. It would also create difficulties for people to offer services in communities and perform home visits. Overall, participants shared that the regulation of spaces should not be excessive, burdensome or limit health care access for Yukoners.



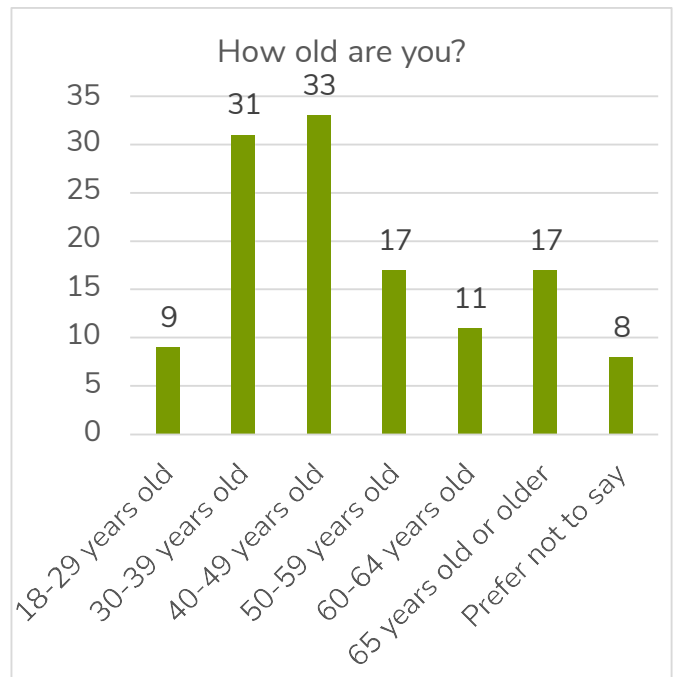
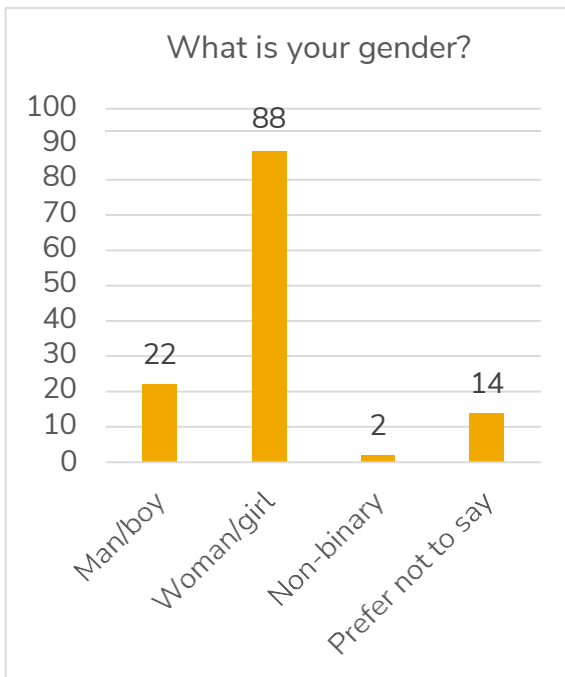
# 5 Appendix 1: Public Survey Results

## 5.1. Survey Respondent Demographics

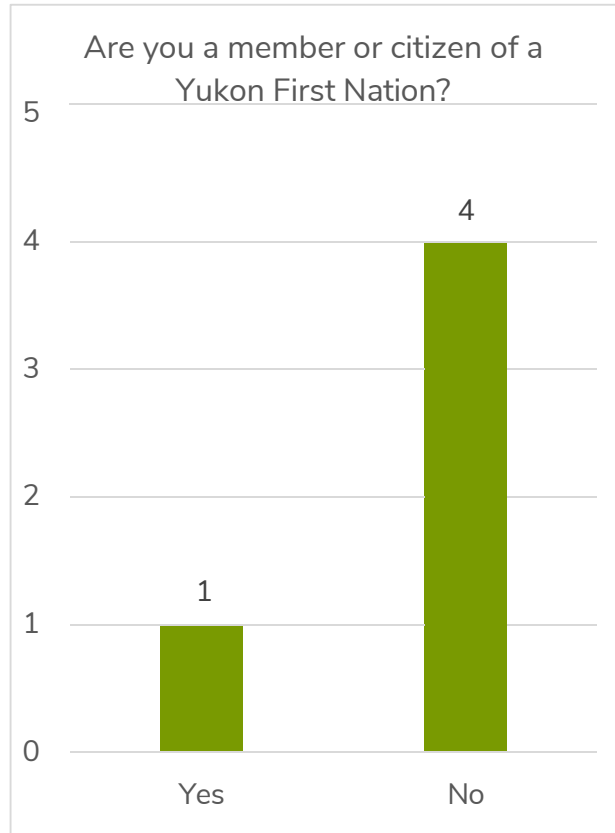
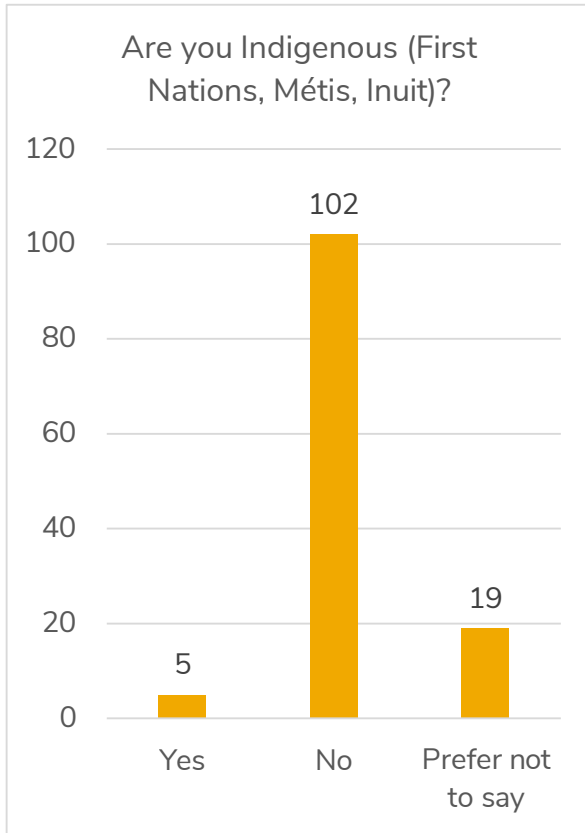
The following survey findings were informed by a survey which received 126 responses, submitted through an online survey or a paper survey. Most survey respondents were Yukon residents from the Whitehorse area.



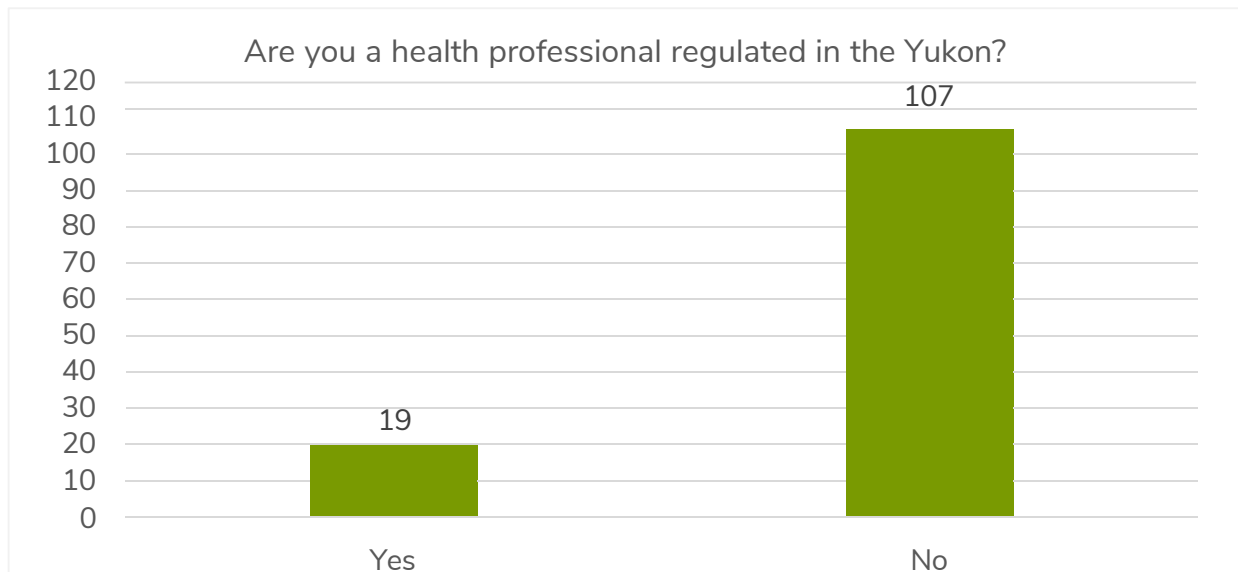
Respondents were most commonly women. Respondents were typically between 30 and 50 years old.



Most respondents were not Indigenous (First Nations, Métis, Inuit). Those who were Indigenous were typically not members or citizens of a Yukon First Nation.



Most respondents were not a member of a regulated health profession in the Yukon.



## 5.2. Complaints Process Feedback

### Confidential Vs. Public Disclosure

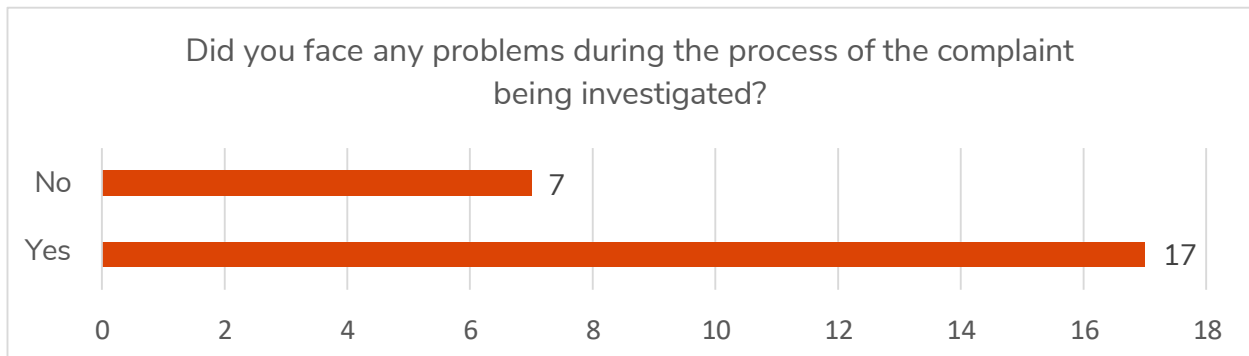
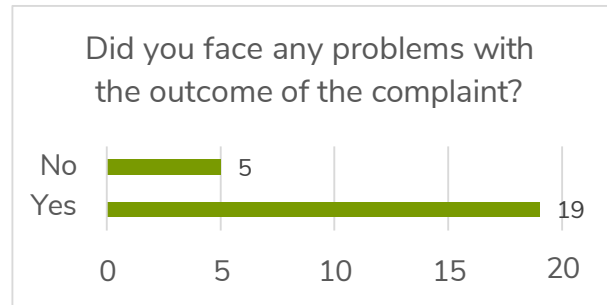
Most respondents indicated that complaints should only be made public once a decision has been reached to avoid damaging the reputation of health care practitioners. Some respondents stated that complaints should only be published if any wrongdoing was identified or if the complaints were substantial (e.g., sexual assault). On the other side, respondents who support publishing complaints as soon as they are raised or when an investigation starts shared the importance of allowing the public to make a more informed choice when accessing healthcare. Respondents who expressed that complaints should never be published shared the need to protect the privacy of health care practitioners.



### Submitting a Complaint

Survey participants were asked whether they had submitted a complaint before. Out of 126 respondents, 24 identified that they had submitted a complaint. These individuals were then asked if they faced any problems submitting the complaint; if they faced problems with the outcome; and if they faced problems during the investigation process. The results show that respondents did often face problems with the outcome and the investigation process. However, opinions were split when discussing problems in filing the complaint. Specific feedback on these elements can be found in the graphs on the following page.





Respondents who had filed a complaint explained that the process was difficult to navigate as information was not easily accessible, and many steps were involved which created a barrier to filing the complaint. Respondents also shared that it took a very long time and that there was a lack of follow up after a complaint was made. In addition, respondents shared that there were no consequences after the complaint was investigated and complaints were not resolved.

Respondents who had not filed a complaint listed various reasons. Some did not have any reason to complain, while others feared that they would not be taken seriously. Other respondents also shared that they are still processing the trauma that resulted from their experience.

Some respondents shared that there was no formal complaint process for professionals like massage therapists or social workers, and as such, they did not have the opportunity to file a complaint.

When asked to share additional thoughts about the complaint process, respondents expressed that:

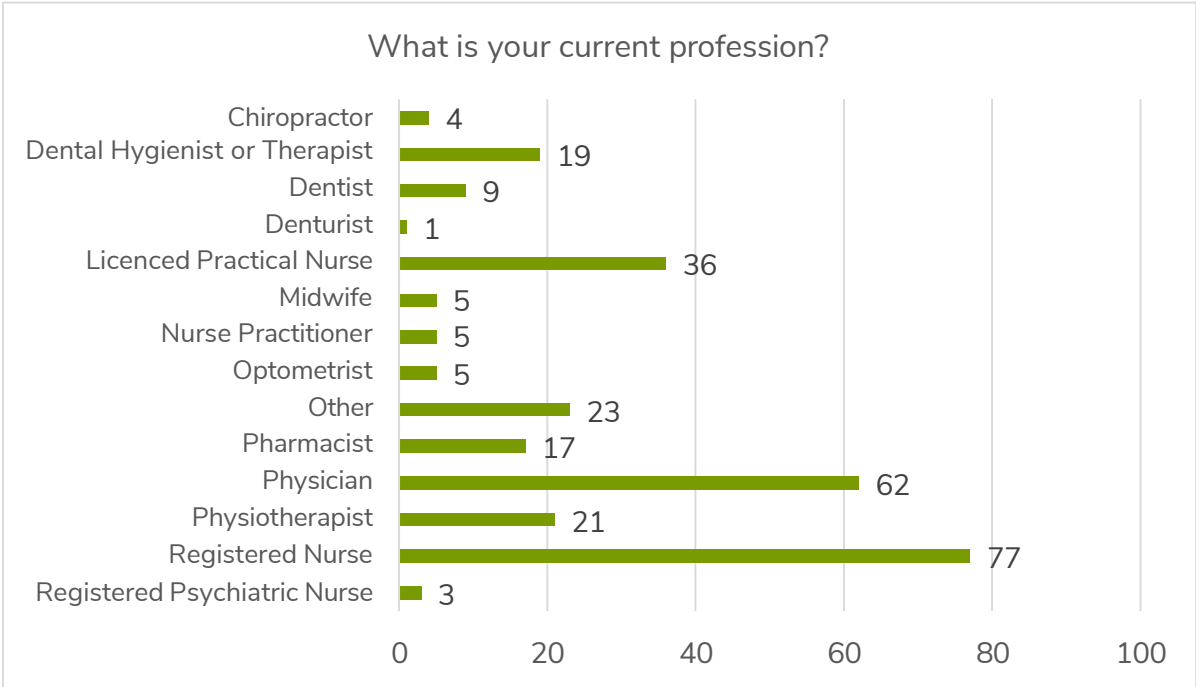
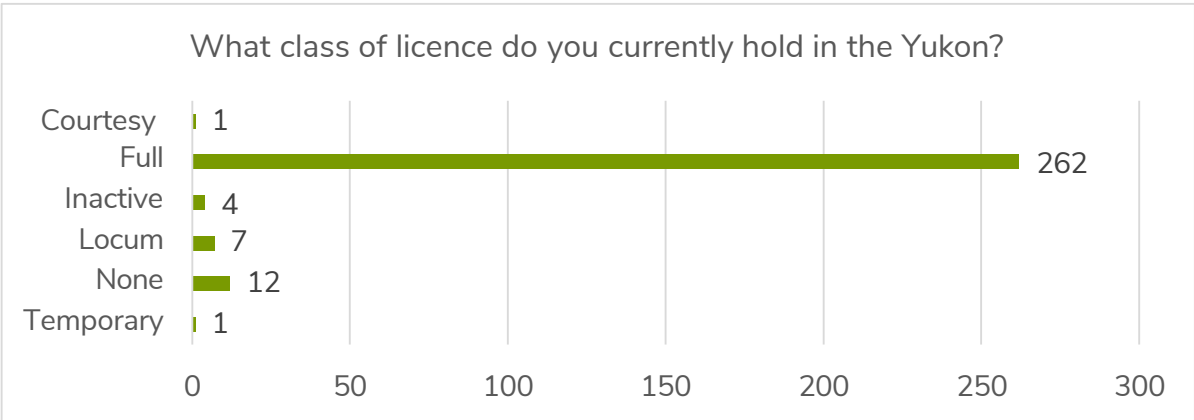
- It is important to have a fair, easily accessible and transparent complaint process.
- Complaints should not be reviewed by the employer of a health professional.
- Those who review complaints should have expert knowledge of the profession and its regulations.



# 6 Appendix 2: Health Professional Survey Results

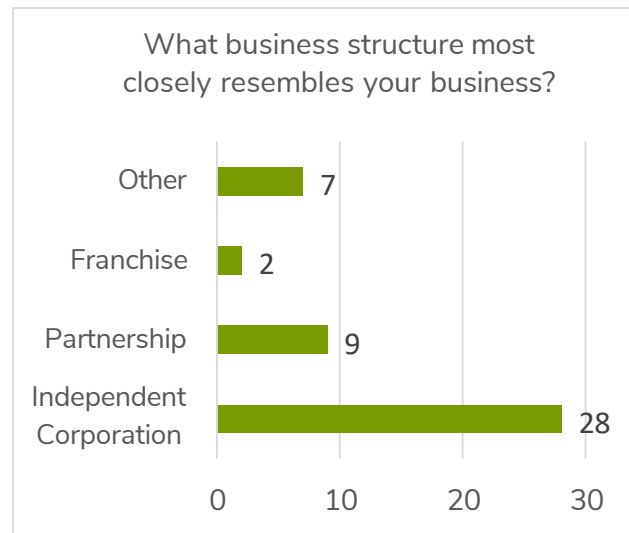
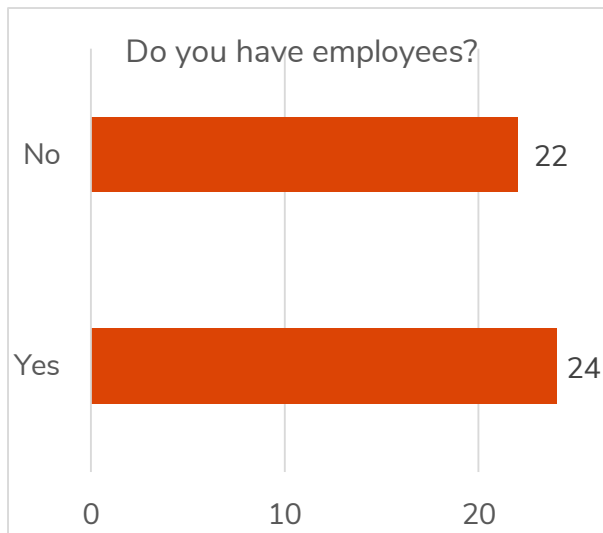
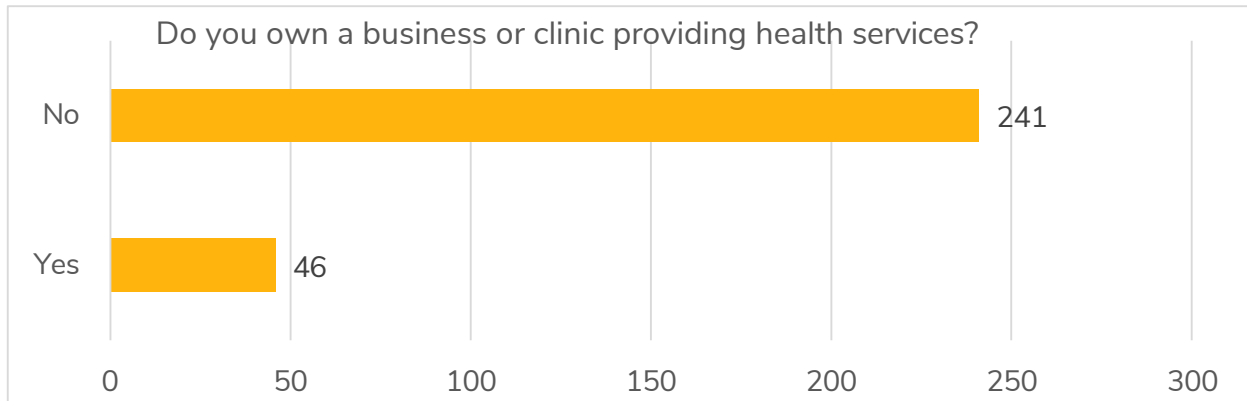
## 6.1. Survey Respondent Demographics

The following findings were informed by a survey which received 287 completed responses and 85 in-progress response. While someone may not have completed the survey, their responses were counted in the questions they responded to. Respondents to the survey were primarily physicians or nurses and held full licenses in the Yukon. Other occupations included Occupational Therapists, Specialists, Medical Laboratory Technologists, Registered Massage Therapists, Certified Dental Assistants, Imaging Techs, Recreation Therapists and Medical Radiation Technologists.

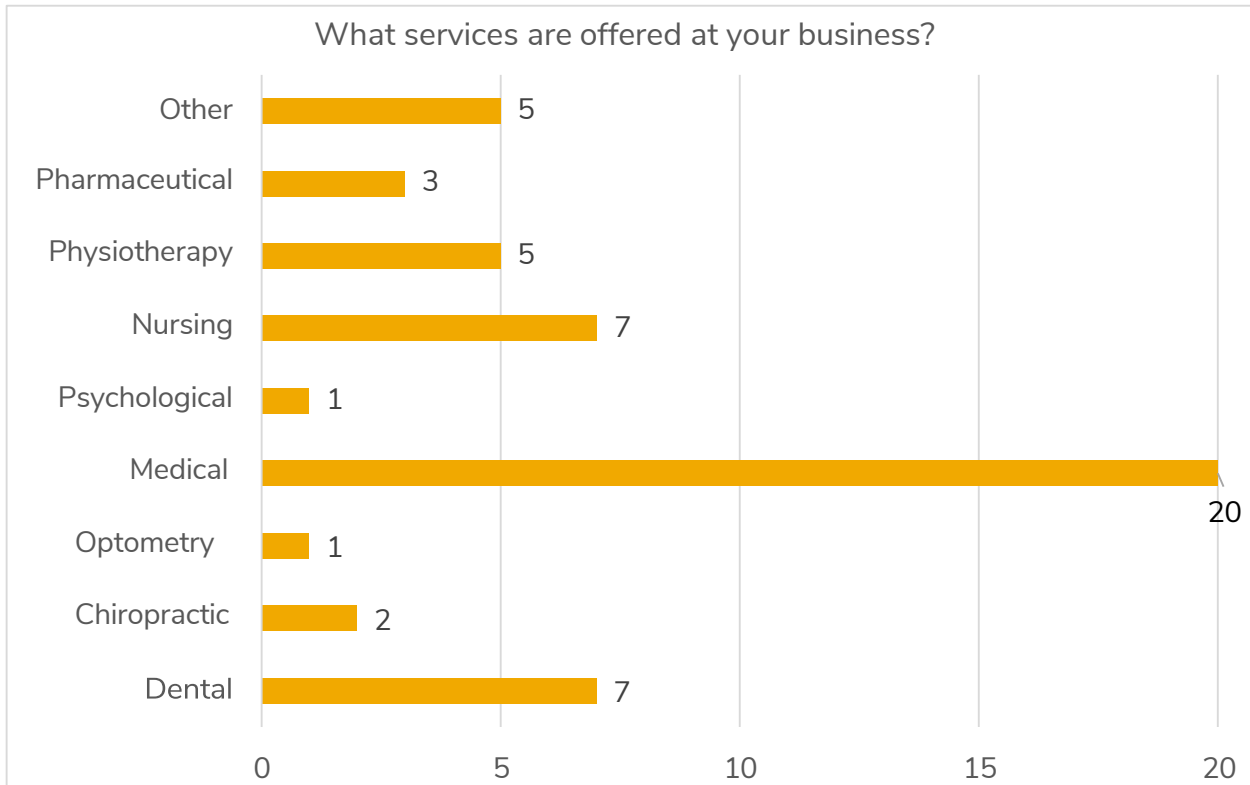


Respondents typically did not own businesses. Approximately 52% of business owners had employees and 48% did not. Only 46% of business owners who had employees employed other health professionals.

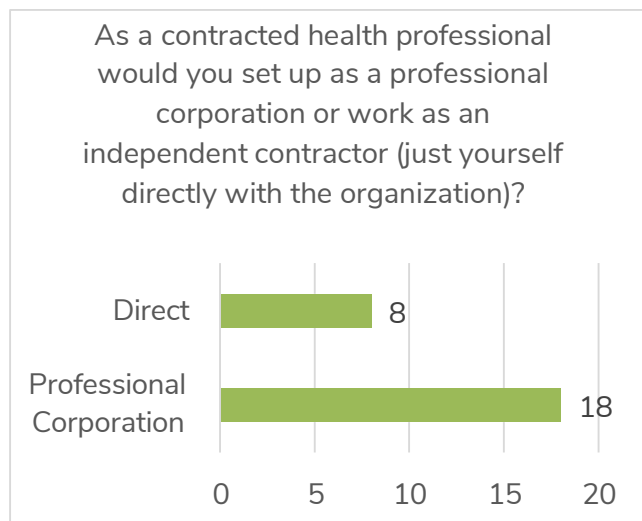
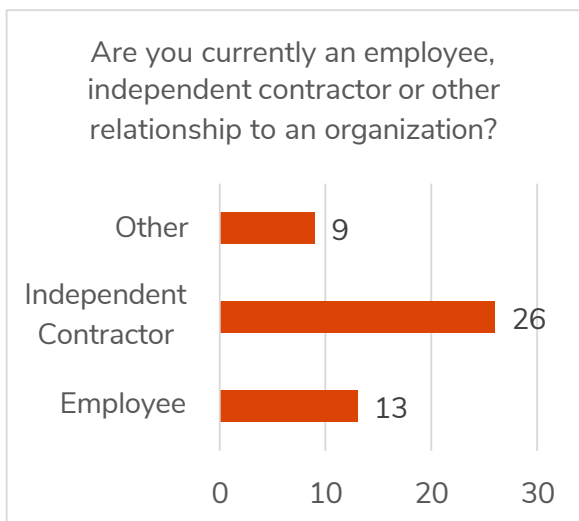
Business owners typically operated as independent corporations and partnerships. Sole proprietors made up the “other” responses. 93% of business owners reported having no relationship with larger corporations.



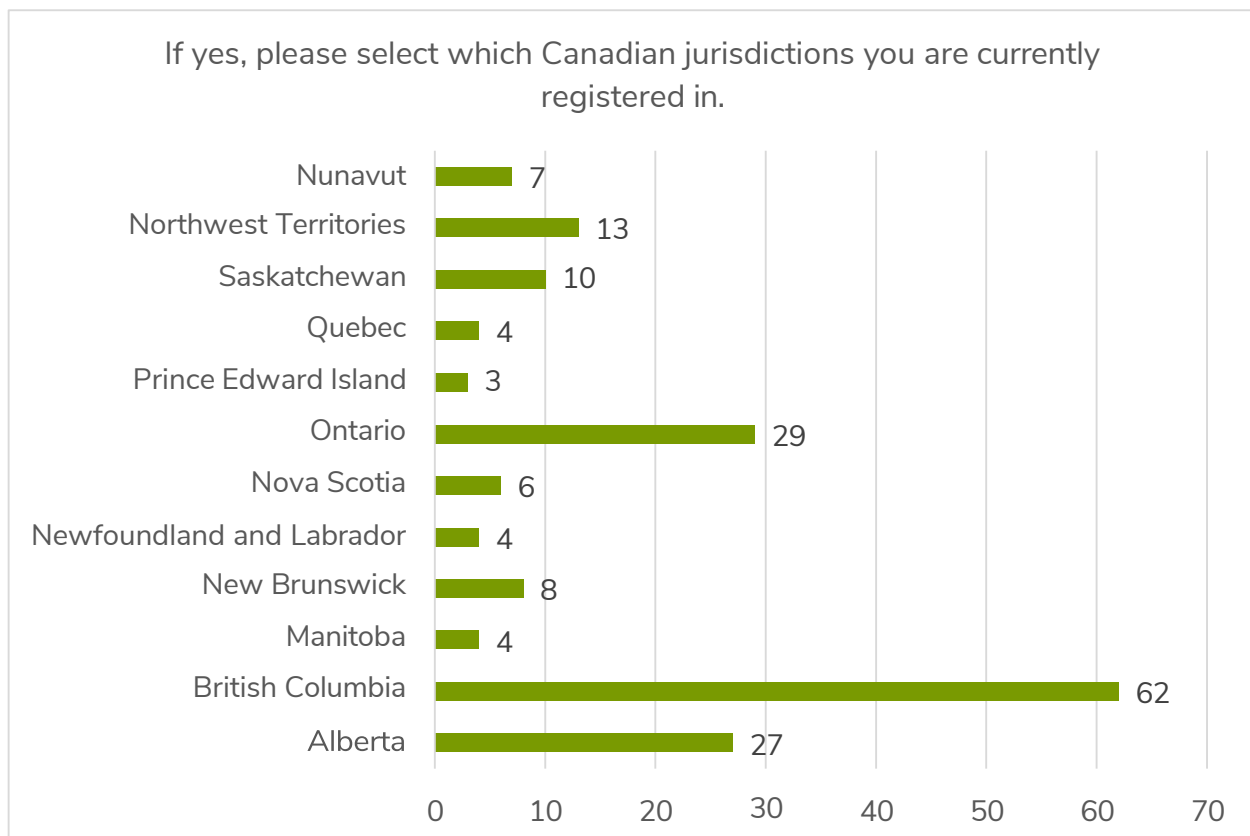
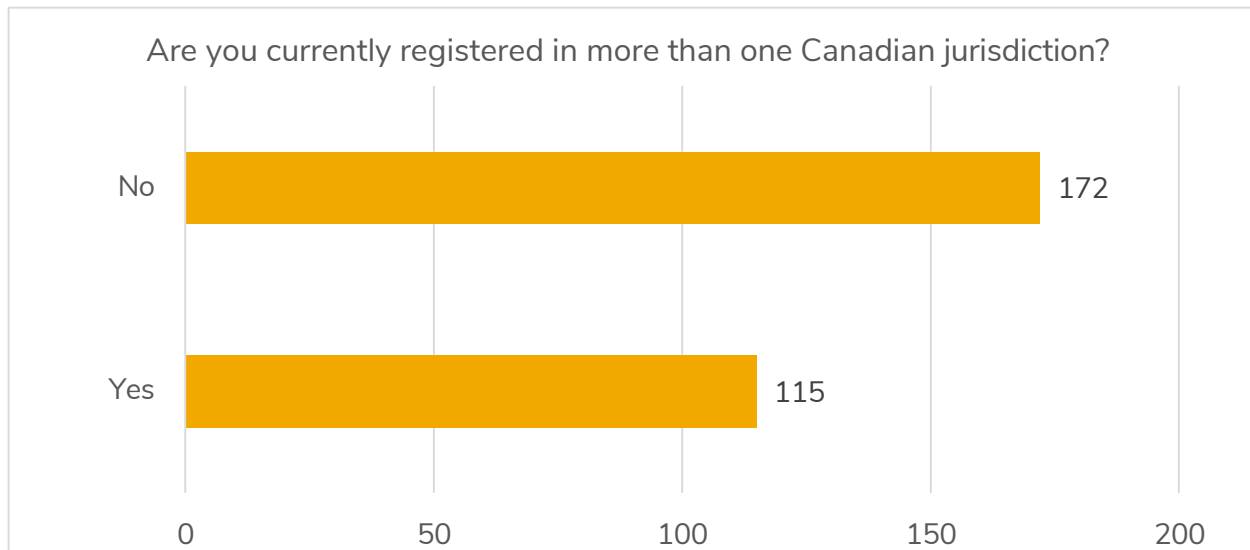
Business owners offered a wide range of services. Those who responded “other” when describing their services shared coaching, registered massage therapy, foot care and personal training.



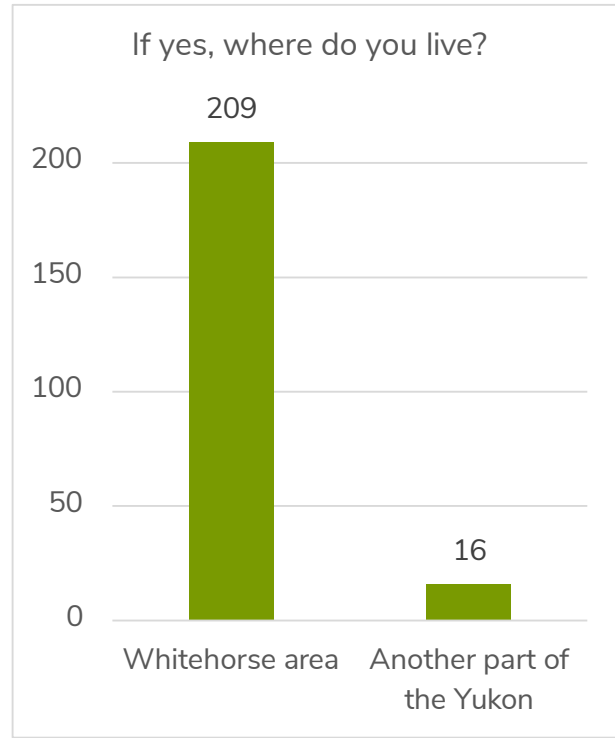
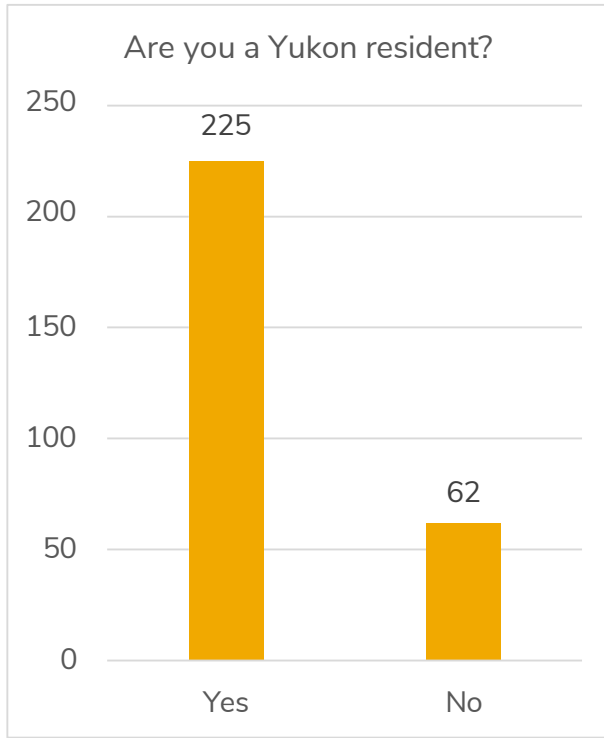
Business owner participants were then asked if they were currently an independent contractor or an employee. Those who selected “other” typically said they were an owner. Those who selected “independent contractor” were then asked, “As a contracted health professional would you set up as a professional corporation or work as an independent contractor (just yourself directly with the organization)?”



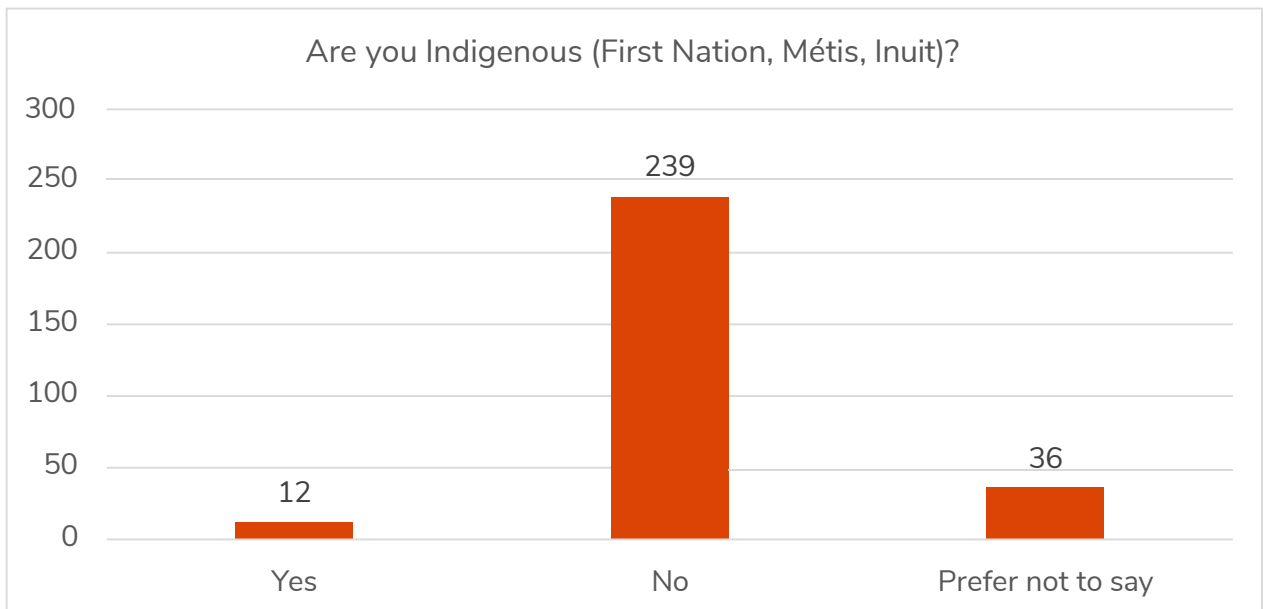
All participants were asked if they were registered in another province, with the majority indicating “no”. Most commonly, participants who were registered in other Canadian jurisdictions were registered in British Columbia, followed by Ontario and Alberta.



Most respondents were Yukon residents from the Whitehorse Area. Those who were not Yukon residents came from British Columbia, Ontario, Alberta, Saskatchewan, New Brunswick, the United States of America, Quebec and Northwest Territory.



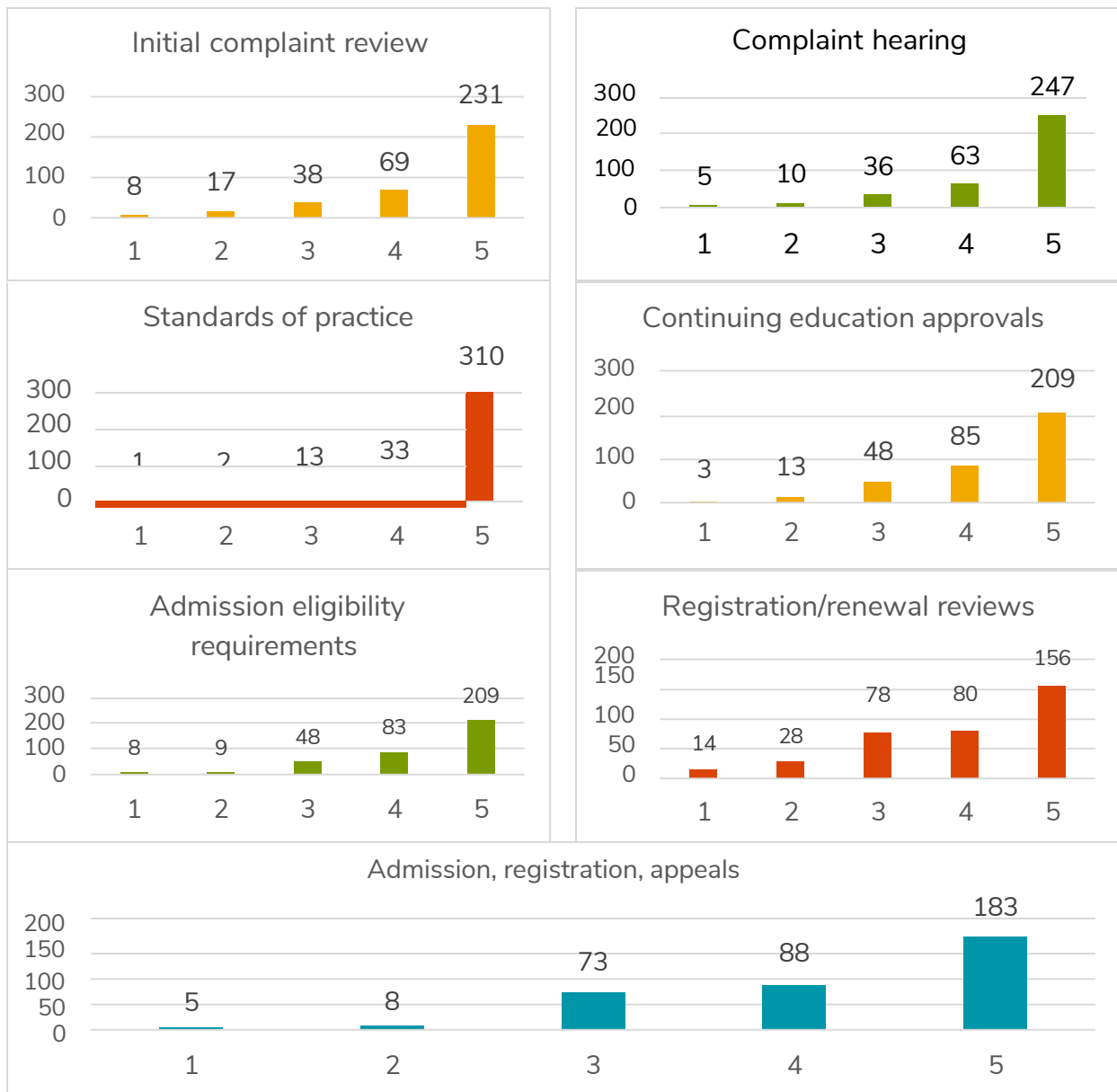
Most residents were not Indigenous (First Nation, Métis, Inuit) or preferred not to say.



## 6.2. Governance Feedback

### Decision-Making Involvement

Survey respondents were asked to rate how important, on a scale of 1 to 5 (where 1 is not important at all and 5 is very important) is it for members of the regulated health profession to be involved in decisions related to initial complaint reviews, complaint hearings, standards of practice, continuing education approvals, admission eligibility requirements, registration and renewal reviews, and admission, registrations and appeals. Overwhelmingly, participants noted that it was important or very important for members of the regulated health profession to be involved in the decision-making process.



Survey respondents were then prompted to describe why it is important for members of the regulated health profession to be involved in decisions related to initial complaint reviews, complaint hearings, standards of practice, continuing education approvals, admission eligibility requirements, registration and renewal reviews, and admission, registration and appeals. Broadly, professionals across all disciplines expressed a wish for self-regulation.

Process Area	Related Findings
Initial Complaint Review & Complaint Hearing	<ul style="list-style-type: none"> <li>• Respondents across all professions shared that involving them in the initial complaint review and complaint hearing ensures that professional expertise and important practice context are considered.</li> <li>• According to participants, involving professionals in the initial complaint review and complaint hearing can increase accountability and fairness by ensuring that complaints consider the scope of practice for a profession.</li> <li>• Some respondents who didn't think it was as important for professionals to be involved shared a fear of conflict of interest and supported that some lesser complaints may not need to include professionals.</li> </ul>
Standards of Practice	<ul style="list-style-type: none"> <li>• Professionals stressed that each profession should be involved in setting Standards of Practice. Professionals are experts in their own field and bring the necessary education and knowledge of front-line work to build appropriate scope of practices.</li> <li>• Some respondents mentioned that other parties (e.g., subject matter experts, national societies, regulators) may also need to be involved in setting standards of practice.</li> </ul>
Continuing Education Approval	<ul style="list-style-type: none"> <li>• Participants shared that it is important to involve professionals to provide the necessary context and subject matter expertise when approving continuing education requests.</li> <li>• Some respondents shared frustrations with the current continuing education approval process with government, sharing that they had disputes over the relevance of courses for their profession. This was particularly frustrating as the participants believed that the government did not have the right skills to assess course relevance.</li> <li>• Participants also shared that the limited availability of continuing education courses in the Yukon creates a challenge.</li> </ul>



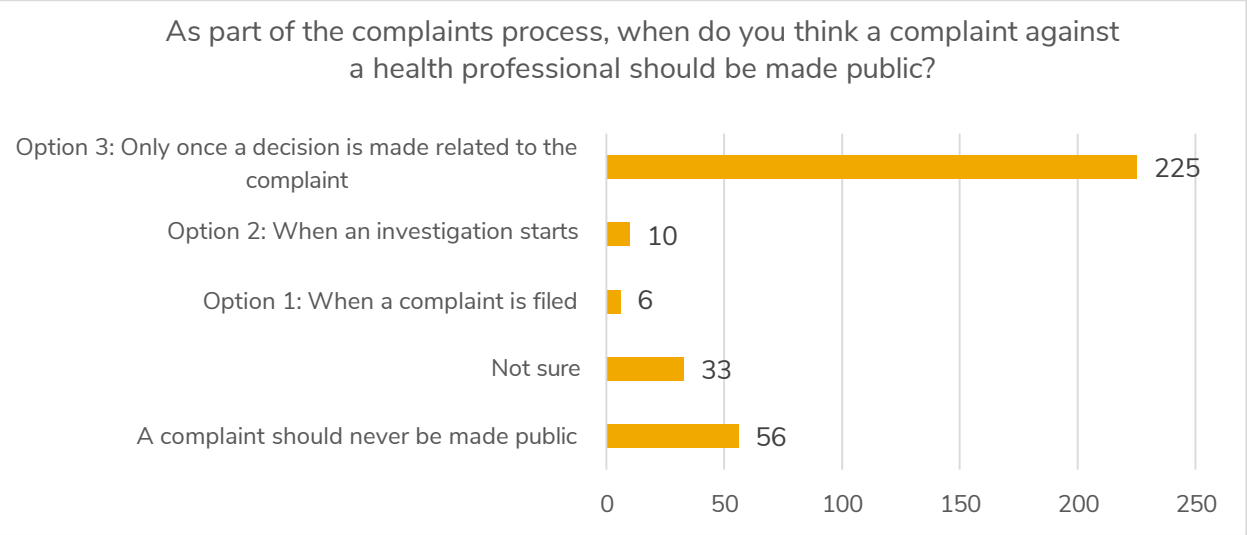
Process Area	Related Findings
Admission Eligibility Standards	<ul style="list-style-type: none"> <li>• Professionals across disciplines expressed that involvement in admission eligibility requirements can help ensure that professionals have the necessary qualifications and that involving professionals in this context can build public trust.</li> <li>• Respondents shared that determining admission eligibility standards should be done by an independent regulator.</li> </ul>
Registration and Renewal Reviews	<ul style="list-style-type: none"> <li>• Respondents specified that it is important for professionals to be involved in the development of registration and renewal review processes. However, they shared that it is less important to be involved in the administration of registration and renewal processes.</li> <li>• Participants explained that professionals can assist to determine if an applicants' qualifications are up to date during the renewal and registration process or when other issues emerge.</li> <li>• Some respondents stressed that registration and renewal processes should be straightforward and simple.</li> </ul>
Admission and Registration Appeals	<ul style="list-style-type: none"> <li>• While most professionals mentioned the importance of involvement in admission and registration appeals, some specified it may depend on the context and appeal type. However, they shared that including them in the process guarantees that clinical expertise is included, helping ensure a fair review process.</li> </ul>



### 6.3. Complaints Process Feedback

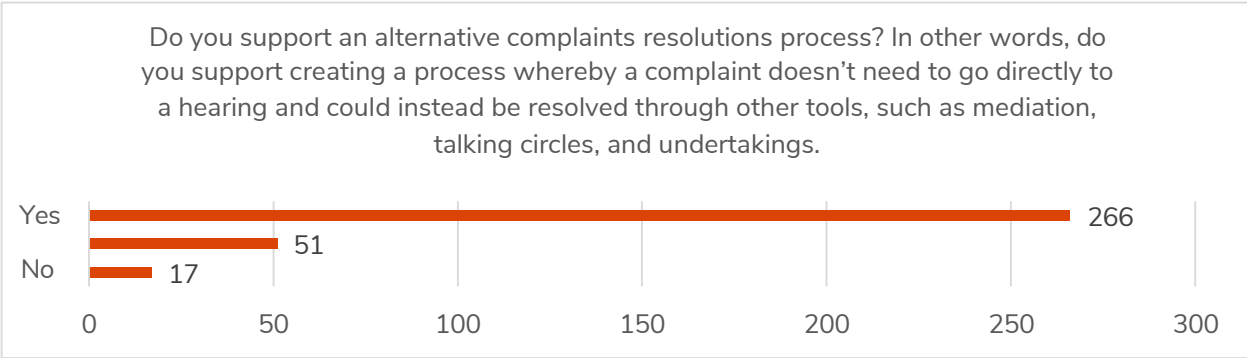
#### Confidential Vs. Public Disclosure

Survey respondents were asked to share when a complaint should be made public. Most respondents support publicising complaints against health care professionals only after a complaint has been investigated and after a decision is reached as this helps increase public accountability and trust. However, respondents explained that prematurely publishing complaints could hurt the reputation of professionals. Other respondents even suggested only publishing complaints about severe misconduct (e.g., criminal offences or when a license is revoked) or when public safety is at risk.



#### Alternative Complaint Resolution

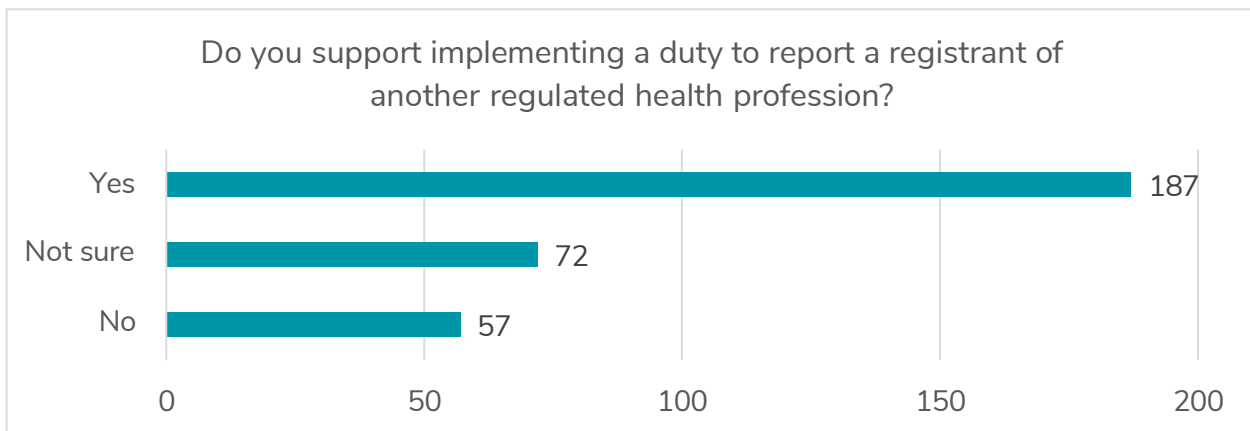
Most respondents support alternate complaint resolution processes such as mediation or talking circles. According to respondents, these processes could help reduce wait times, costs and stress when managing minor complaints. In addition, respondents shared that the proposed alternate methods are more trauma-informed and culturally sensitive and help support open communication and understanding. However, respondents also shared, that the choice of complain resolution process depends on the severity of the complaint, sharing that only minor complaints should use these different methods.



## 6.4. Duty to Report Feedback

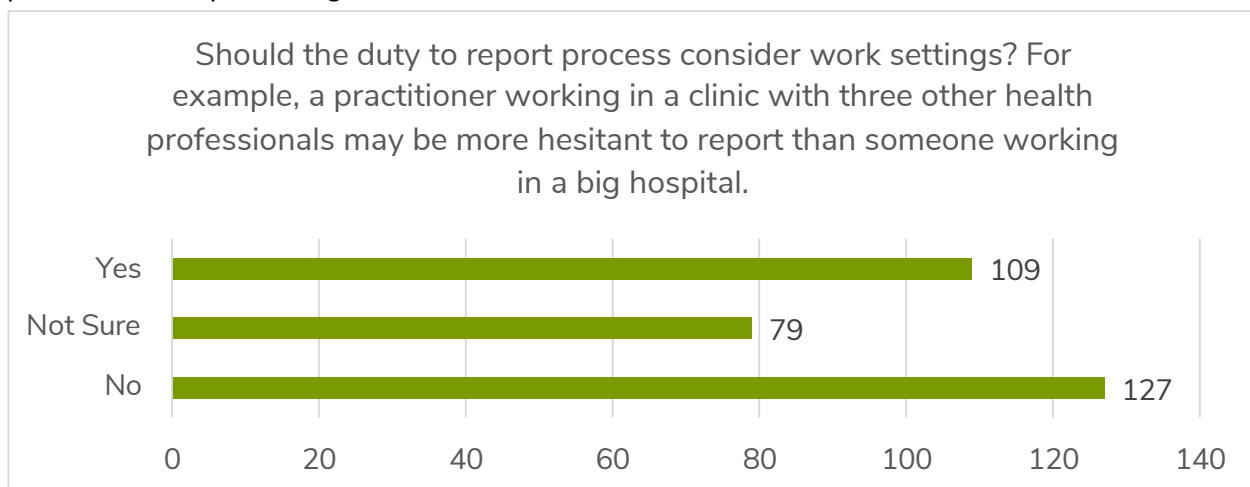
### Duty to Report a Health Professional from a Different Profession

Opinions on whether to include a duty to report a health professional from a different profession were split. While most supported the idea, 40% of respondents were either unsure or did not support the idea. These individuals shared that such a duty to report could create a culture of mistrust and fear when working with other professionals. Respondents also frequently mentioned that their limited knowledge of the scope of practice and professional standards of other professional would limit the ability to implement this requirement.



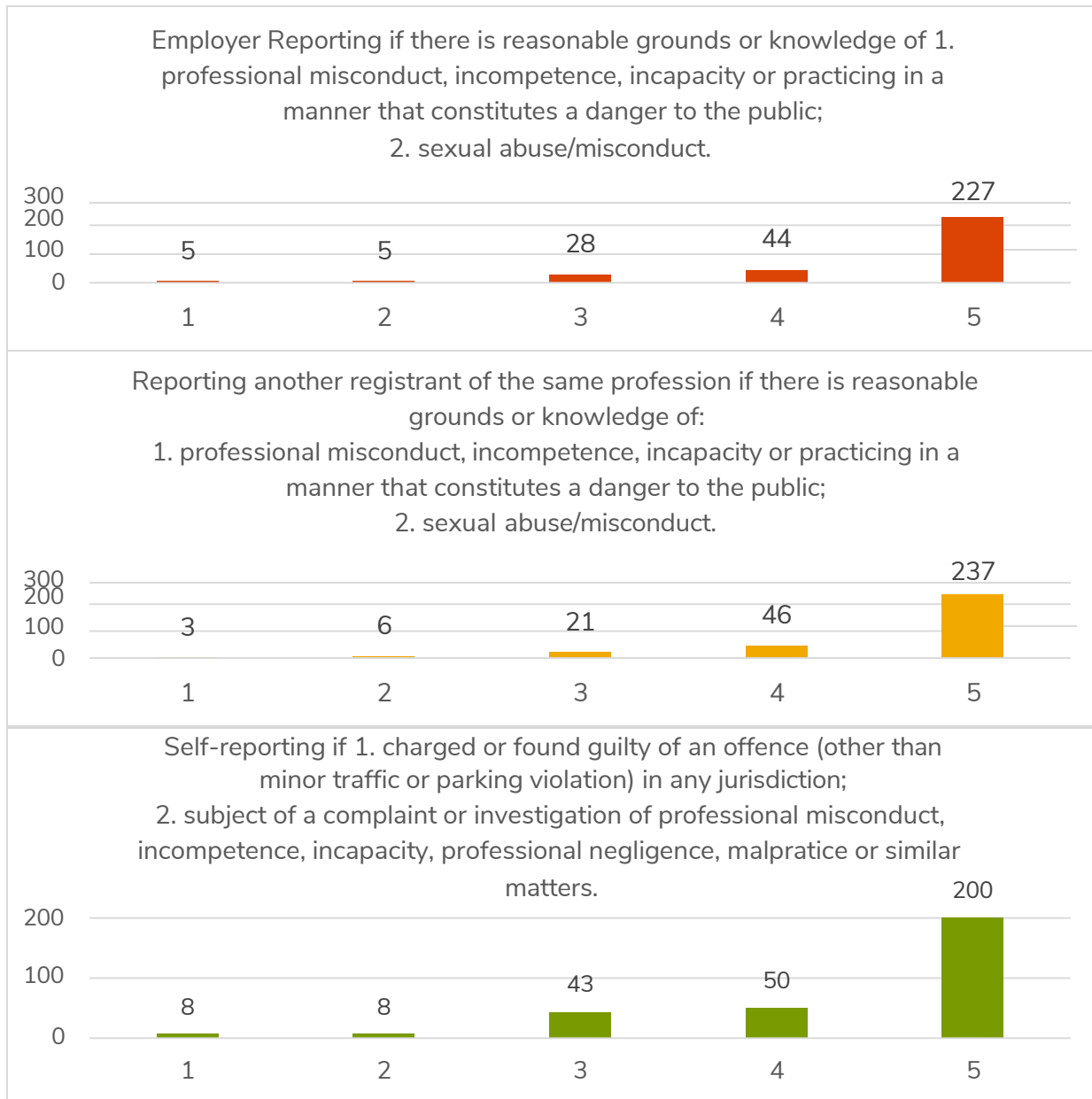
### Considering Work Settings

Opinion on whether to consider work settings in the duty to report requirements were split, with 35% of respondent supporting the idea, while 40% were against it and 25% were unsure. According to those who did not agree the requirements should be same regardless of the number of employees. However, respondents also highlighted that confidentiality for those reporting other professionals is important, but they also shared that it may be difficult to provide in workplaces regardless of their size.



### Importance of Reporting Another Registrant, Self-reporting, and Employer Reporting

Survey respondents were asked to rate how important, on a scale of 1 to 5 (where 1 is not important at all and 5 is very important) are the reporting requirements related to reporting another registrant, self-reporting and employer reporting. Overwhelmingly, respondents affirmed that these are important requirements. Respondents were in favor of these reporting practices to promote public accountability and safety. Survey respondents shared that reporting a health professional of the same profession, self-reporting and employer reporting is crucial in cases of sexual misconduct. However, they shared that professional misconduct requires more nuances, and as such, clear guidelines and definitions should be provided.



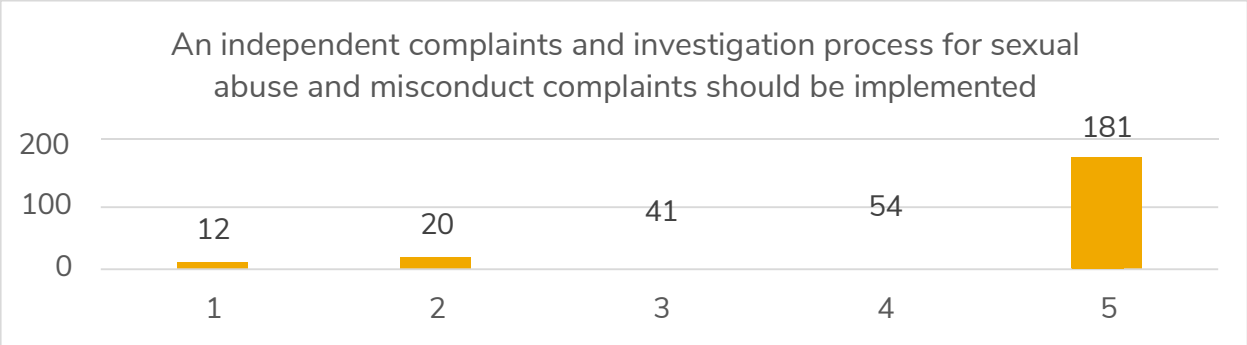
When asked to describe their ratings and answers related to how important, on a scale of 1 to 5 (where 1 is not important at all and 5 is very important) are the reporting requirements related to reporting another registrant, self-reporting and employer reporting, participants shared:

- Some respondents opposed any reporting of complaints before they have been substantiated.
- Self-reporting is important to respondents but challenging to implement, as clear definitions are needed for professional misconduct. Respondents raised that honest self-reporting remains a matter of ethics and is an important part of the profession.
- According to respondents, employer reporting should complement worksite policies. Employers should continue to hold a responsibility in training employees.
- Respondents raised concerns with a government regulator model. They shared that this would create a conflict of interest, as the largest employer of health professionals is the Government of Yukon. As such, an employer duty to report requirement would require that the government report its own employee to the government registrar.

### 6.5. Sexual Misconduct Feedback

#### Independent Sexual Abuse and Misconduct Complaint Process

Survey respondents were asked to rate how important, on a scale of 1 to 5 (where 1 is not important at all and 5 is very important) whether “an independent complaints and investigation process for sexual abuse and misconduct complaints should be implemented.” Participants overwhelmingly agreed, stressing that sexual misconduct or abuse reports should be taken seriously. When asked to elaborate, some respondents expressed support towards providing specialized psychological support for victims. They also shared that the Yukon’s small population creates conflicts of interests, making it harder to have an objective process, and as such, an independent process should be created. On the other side, those who did not support a different process shared concern with the limited funding and capacity available for a separate process.



## 6.6. Supporting Health Professional Wellbeing Feedback

### Process to Consider Health Related Matters

Survey respondents were asked to rate how important, on a scale of 1 to 5 (where 1 is not important at all and 5 is very important) whether “A process to consider health related matters affecting the ability for health professionals to practice safely should be offered.” Respondents overwhelmingly supported the idea, sharing that this process can open the door to create a safer workplace and destigmatize health and mental health concerns. Participants also shared that stress for health practitioners is growing and that disciplinary action may not address health concerns, making a separate process desirable. Those who were against the process shared that health concerns are private matters and professionals need to use their professional knowledge to address their own health concerns as they happen.



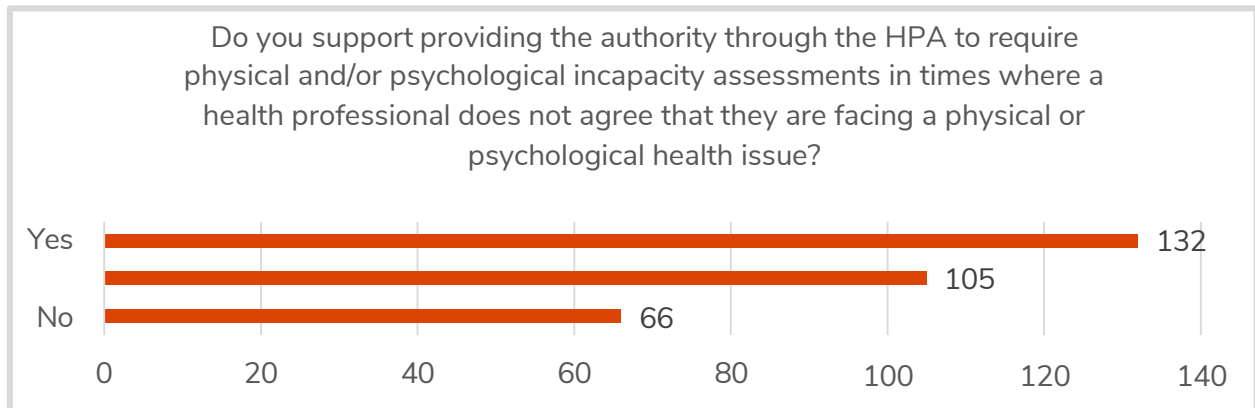
### Authority to Require Psychological and Psychological Incapacity Assessments

Opinions on whether to “provide the authority through the HPA to require physical and/or psychological incapacity assessments in times where a health professional does not agree that they are facing a physical or psychological health issue” were split, with 44% of respondents supporting the idea, while 22% were against it and 34% were unsure. Those who support the idea emphasize the importance of ensuring public safety by assessing the fitness of health professionals to practice. However, respondents highlighted that professionals should not be punished for illnesses or disabilities, and accommodations should be provided to support their ability to work safely. See the graphic on the following page for more details.

The respondents also shared the need to create clear criteria and tools to determine when the assessment requirements can be used. Those against the idea shared that these issues are already regulated through the complaint process or employment regulations. Others shared the risk of false accusations or workplace bullying if this was included in the HPA. Those who were unsure questioned how wide the authority would be and the potential privacy violations



that this process might bring. These participants further requested that more context be shared to inform their opinion.

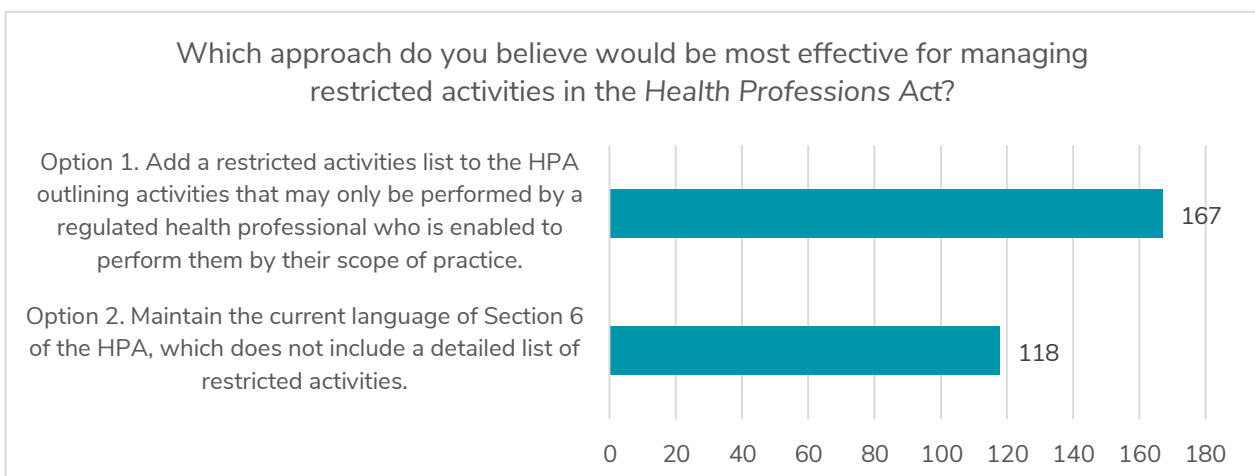


## 6.7. Prohibition Regarding Practice and Restricted Activities List Feedback

### Managing Restricted Activities Lists

Opinion on which approach would be most effective to manage restricted activities lists in the HPA were split, with 59% of respondents supporting option 1, while 41% supported option 2. Those in favor of option 1 shared the importance of having clear and detailed guidelines of restricted activities to ensure safe practices. While some professionals highlight the need for explicit definitions to eliminate ambiguity and provide direction for health professionals, others call for flexibility to accommodate changes in scope of practice as professions evolve.

Additionally, the respondents stress the significance of having a comprehensive and inclusive approach that considers the unique needs of different professions. Respondents who supported option 2 raised concerns with maintaining the Act given rapid changes in activities and scopes of practice. They were concerned that using a comprehensive list would create problems in the future.

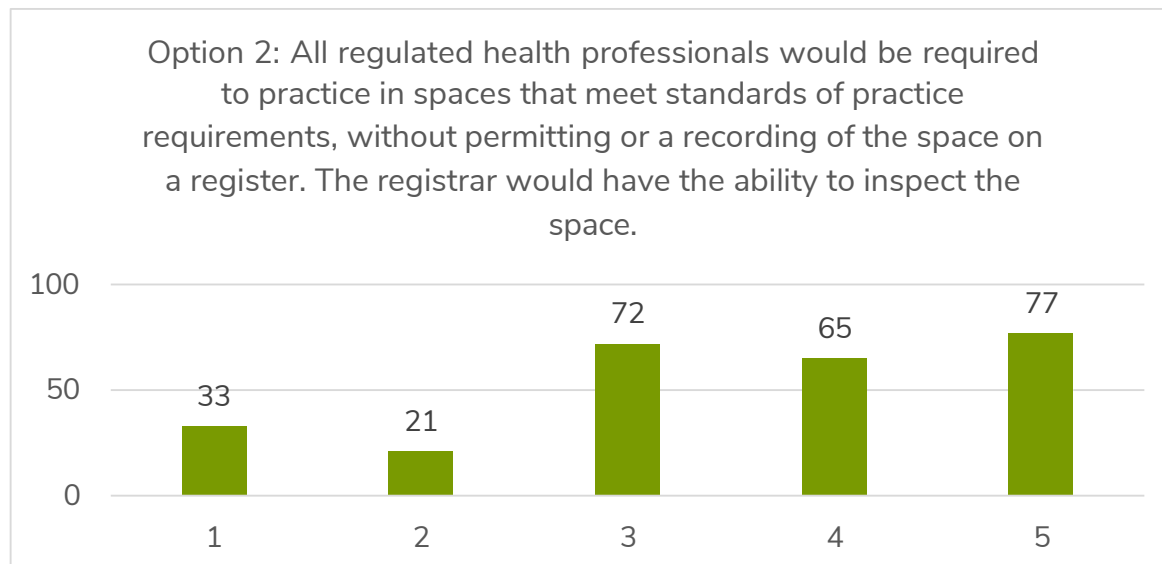
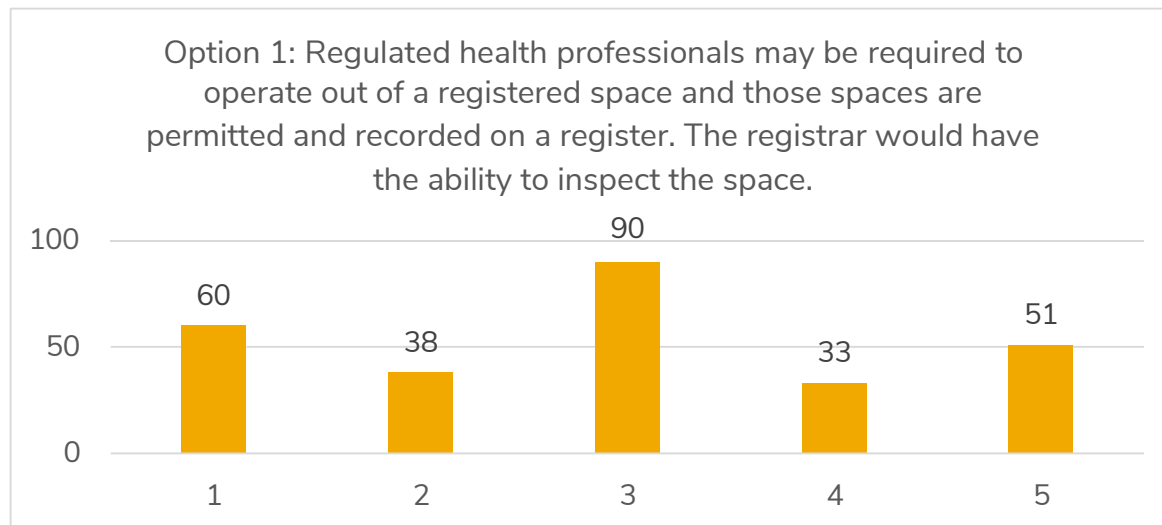


## 6.8. Regulating Spaces Feedback

### Regulating Spaces Options

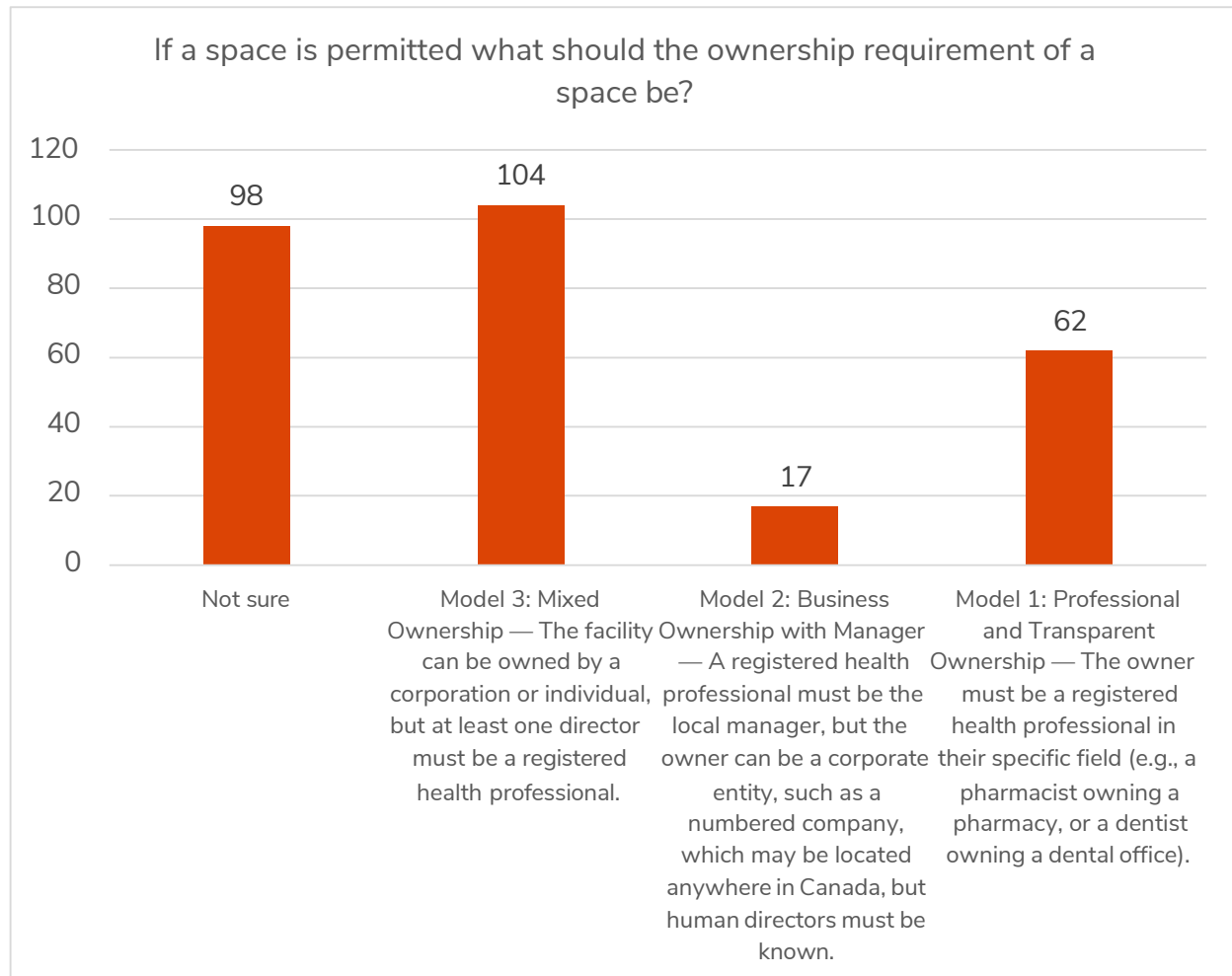
Survey respondents were asked to rate their level of agreement, on a scale of 1 to 5 (where 1 is not important at all and 5 is very important), with two different space regulation models. For option 1, 33% were neutral, 36% disagreed and 31% agreed with the model. Option two was seen more favourably, with 53% agreeing, 27% feeling neutral and 20% disagreeing.

Respondents who opposed option 1 raised that this model would create challenges in offering home visits and raised concerns given the lack of available spaces through the Yukon. In addition, participants shared that option 1 may add additional administrative barriers for health professionals. Those who supported regulating spaces shared that it would improve public and employee safety.



## Ownership Requirements

Survey respondents were asked to identify ownership requirements of a space if the space is permitted. Generally, model 3 was preferred (37%), followed by 35% who were unsure, 22% who favoured model 1, and 6% who favoured model 2. Some respondents shared that professional and transparent ownership may promote higher quality care as professionals are the owners, while others shared that business ownership could help reduce overhead costs and provide flexibility. Similarly, those preferring mixed ownership highlighted flexibility as an advantage of the model.



## Employment Categories

Survey respondents were asked what employment category they would prefer to practice under. This question demonstrates a general preference for employee, followed by self employed and contracted health professional. Those who selected other generally stated that they preferred a blend or did not think the question was applicable to them.

