



RESPONSE TO PETITION

Prepare in English and French marking 'Original Text' or 'Translation'

PETITION NO.: **421-04508**

BY: **MR. CANNINGS (SOUTH OKANAGAN-WEST KOOTENAY)**

DATE: **JUNE 18, 2019**

PRINT NAME OF SIGNATORY: **PAM DAMOFF**

Response by the Minister of Health

SIGNATURE

Minister or Parliamentary Secretary

SUBJECT

Health care services

ORIGINAL TEXT

REPLY

The quality and safety of health service delivery is the responsibility of provinces and territories. However, the Government of Canada recognizes the need to improve patient safety within our healthcare system in collaboration with provinces, territories and other key partners.

For its part, Health Canada does have a role in regulating the quality, safety and efficacy of pharmaceuticals and as such plays a role in ensuring their safe use. Health Canada funds the Canadian Medication Incident Reporting and Prevention System (CMIRPS). Under CMIRPS, hospitals report medication errors to the National System for Incident Reporting (NSIR); community pharmacies report medication errors to the National Incident Data Repository for Community Pharmacies, and individual practitioners and consumers can report medication errors to the Institute for Safe Medication Practices Canada (ISMP Canada). Reports of medication errors, as well as near misses and other reports of concern are collected and analyzed for shared learning in an effort to prevent medication errors. Further, recent amendments to the *Food and Drug Act* through the *Protecting Canadians from Unsafe Drugs Act* (also known as Vanessa's Law) will strengthen the regulation of therapeutic products and improve the reporting of adverse reactions by healthcare institutions. New regulations will come into force in December 2019 to mandate reporting on adverse drug reactions and medical device incidents at hospitals within 30 days of the event.

Additionally, healthcare professional training and education is essential to minimizing preventable medical errors. While responsibility for matters related to the education and training of health care practitioners primarily falls within provincial and territorial jurisdiction, the federal government has supported the development of pan-Canadian curriculum initiatives to advance this issue. These include the College of Family Physicians of Canada's CanMEDS competency framework which has a component on compassion and empathy. In addition, the federal government supports empathy and compassion among health care practitioners through its work with provinces, territories, national health organizations and Indigenous organizations on cultural safety and humility in the health care system.

Liability insurance requirements for medical practitioners are determined by provincial and territorial governments, or organizations to which they delegate that authority. This includes the criteria for reimbursement of membership fees and the amount reimbursed and any systems in place to support patients with medical errors (including but not limited to compensation and dispute resolution mechanisms). Professional misconduct and negligence are not, therefore, issues over which the federal government has jurisdiction.

As a result, the federal government focuses its efforts, through its funding for the Canadian Patient Safety Institute, on collaborative work with all jurisdictions and system stakeholders to support the different legal, regulatory, and care delivery processes that can be used to reduce the occurrence of unintentional harm. CPSI has developed world-class programs to help individuals and organizations ensure that patients are not harmed by the health care system and makes those programs and related tools and resources widely available. For example, CPSI has helped provinces with critical incident reporting systems and frameworks to analyze incidents so that they are not repeated.

While provincial and territorial governments have jurisdiction in this area of medical liability, the federal government has worked in collaboration with provincial and territorial governments on the issue in the past. For example, in 1990 the Federal/Provincial/Territorial Review on Liability and Compensation Issued in Health Care (chaired by Dr. J. Robert S. Prichard) identified the issue as one of pan-Canadian interest. The reports prepared under the review contained several recommendations for consideration focused on no-fault compensation for medical malpractice. However, to date, no province or territory has introduced such a system and provincial/territorial governments have not raised this issue as one that would benefit from federal engagement at this time.