

## **Info sheet no. 5**

### **Bill 10's impact on Regional Access Committees**

A lexicon of terms used is presented at the end of this sheet.

The Government of Quebec has created Regional Access Committees on the delivery of health and social services in English. Each of Quebec's Health Regions (two Aboriginal Health Regions excepted) is required to have a Regional Access Committee. The committees are referred to simply as Regional Committees in the legislation.

The legal basis of the committees is found in section 510 of S 4.2:

*510. The Government shall, by regulation, provide for the formation of regional committees entrusted with*

*(1) advising the agency concerning the access programs developed by that agency in accordance with section 348;*

*(2) evaluating the access programs and suggesting modifications to them where expedient.*

*The agency concerned shall determine by by-law the composition of its regional committee, its rules of operation and internal management, the manner in which its affairs are to be conducted and its functions, duties and powers.*

An Access Program, is a program of access to health services and social services in the English language for the English-speaking population, provided by the health institutions within a given region in some or all of their facilities. (For more about Access Programs see Info sheet no. 6.)

Bill 10 provides certain clarifications, changes and new directives with regards to how Regional Committees will function under Quebec's reorganized health and social services governance system.

Of particular importance is section 108 that outlines:

- How Regional Committees are affected by the abolition of Regional Agencies
- The number of Regional Committee members and the way in which they are appointed
- Special provisions for Montreal as well as special provisions for other regions with more than one CI.

*108. For the purposes of section 510 of the Act, the references to an agency in the first paragraph are references to a public institution and the reference to an agency in the third paragraph is a reference to an integrated health and*

*social services centre or, for regions having more than one integrated centre, to the one resulting from the amalgamation of the agency and other institutions.*

*The by-law referred to in the second paragraph of section 510 of the Act must prescribe that a regional committee is to be composed of not fewer than seven nor more than 11 members who are representative of the region's English-speaking population. It must also prescribe that the members of the committee are to be appointed by the board of directors of the integrated centre from a list of names provided by organizations that promote the interests of English speakers and are identified by the provincial committee set up in accordance with section 509 of the Act.*

*In the Montréal region, the lists of names are provided by organizations that promote the interests of English speakers and are identified by the integrated centres recognized under section 29.1 of the Charter of the French language (chapter C-11).*

*In regions having more than one public institution, the by-law mentioned in the second paragraph is adopted after consultation with those institutions.*

With the disappearance of the agencies, the Regional Access Committees are transferred to the CI of the region. Where there is more than one CI (Gaspé, Montérégie and Montreal) the committee is transferred to the CI into which the former agency was merged, and which retains some of the responsibilities of those agencies. In Gaspé it is the CISSS on mainland Gaspé in the Town of Gaspé. In Montérégie it is the CISSS Centre, with headquarters in Longueuil. In Montreal it is the CIUSSS Centre-Sud.

Bill 10 gives two new responsibilities to the Regional Access Committees. The first concerns the nomination of candidates to the board of the CI. Section 15 of Bill 10 stipulates:

**15.** *Before appointing the independent directors, the Minister must establish competency, expertise or experience profiles in the following areas:*

- (1) governance and ethics competency;*
- (2) risk management, finance and accounting competency;*
- (3) human, property and information resources competency;*
- (4) auditing, performance and quality management competency;*
- (5) expertise with respect to community organizations;*
- (6) youth protection expertise;*
- (7) rehabilitation expertise;*

*(8) mental health expertise; and*

*(9) experience as a user of social services.*

*For each board of directors of an integrated health and social services centre, the Minister must appoint one independent director for each of the profiles listed in subparagraphs 1 to 9 of the first paragraph. If such an institution is located in a health region where a university offers a complete undergraduate program in medicine, or operates a centre designated as a university institute in the social sector, an additional independent director must be appointed for the profile referred to in subparagraph 7 of that paragraph. In the case of the board of directors of an unamalgamated institution, at least one independent director must be appointed for each of the profiles listed in subparagraphs 1 to 4 and 9 of the first paragraph.*

*In the case of the board of directors of an integrated health and social services centre, one of the independent directors corresponding to a profile listed in any of subparagraphs 1 to 4 of the first paragraph must be appointed from a list of names provided by the regional committee formed in accordance with section 510 of the Act respecting health services and social services (chapter S-4.2).*

In other words, one of the independent directors corresponding to one of the following criteria:

- governance and ethics competency
- risk management, finance and accounting competency
- human, property and information resources competency
- auditing, performance and quality management competency

must be appointed from a list of names provided by the regional committee (For more about Boards of Directors see Info sheet no. 3 on English-speaking community representation in network governance.)

The other new responsibility concerns institutions that decide to request of the Office Québécoise de la langue française (OQLF) withdrawal of the recognition the institution has from the OQLF under section 29.1 of the la Charte de la langue française that certain of its functions can take place in another language, in addition to French.

Section 208 of Bill 10 provides as follows:

***208.*** *An integrated health and social services centre resulting from an amalgamation under this Act that requests the withdrawal of a recognition under the third paragraph of section 29.1 of the Charter of the French language*

*(chapter C-11) must, for the request to be admissible, file the request together with a favourable recommendation by at least two thirds of the members of the regional committee for programs of access to health services and social services in the English language established under section 510 of the Act respecting health services and social services (chapter S-4.2) for the region and a favourable recommendation by the provincial committee for the delivery of health and social services in the English language established under section 509 of that Act.*

*The request for withdrawal of the recognition of a grouped institution must also be accompanied by a favourable recommendation by at least two thirds of the votes cast by the members of that institution.*

In this way the Regional Access Committees play a role in knowing about, and approving or vetoing any recognized institution's intention to request withdrawal of its recognized status. For more about institutions with recognition under section 29.1 please see Info sheet no. 1 on Bill 10's impact on the status of public institutions.

## **LEXICON**

Terms in bold are those used in the Information Sheet series.

Terms following the = sign are the equivalent terms found in the English version of the laws referred to, where an English term exists.

**Bill 10** = O 7.2 = the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies

**Charter** = la Charte de la langue française

**CI** (Centre Intégré) = integrated health and social services centre

**OQLF** = Office Québécoise de la langue française

**Provincial Advisory Committee** = Provincial Committee on the dispensing of health and social services in the English language

**Regional Access Committee** = Regional Committee

**Resident** = In-patient

**S 4.2** = the Act Respecting Health Services and Social Services

**Specialized institution** = unamalgamated institution