

March 27<sup>th</sup>, 2023

Hello I am Julie Avery, the executive director and registrar of the Nova Scotia College of Medical Imaging and Radiation Therapy Professionals. We are a member of the Nova Scotia Regulated Health Professions Network and regulate the practice of 5 professional groups which include:

- Diagnostic Medical Sonographers
- Magnetic Resonance Imaging Technologists
- Nuclear Medicine Technologists
- Radiation Therapists and
- Radiological Technologists

The purpose of Bill 256 is to improve patient access to care by further opening the province to out-of-province health professionals and enabling expanded areas of practice. These objectives are shared by our college. NSCMIRTP supports improving patient access to care in Nova Scotia, while also promoting public safety. We are concerned with the use of the word "training" in the purpose section of Bill 256 and strongly recommend that it be changed to "individual scope of practice" for the reasons set out in the Network's submission (i.e. training does not equal competence).

A few examples of actions our College has taken that demonstrate this shared goal of improving patient access to care include:

- We quickly developed processes and policy to support emergency licensing of applicants to support the HR needs of the hospitals during Covid-19.
- We advocated for the passage of our regulations that advanced the proclamation of the Medical Imaging and Radiation Therapy Professionals Act, which established the College. This legislation supported us being a more responsive regulator. We are now able to license new graduates and international applicants who are registered to write the national entry to practice exams. Allowing technologists and therapists to enter the workforce earlier and supporting international applicants in gaining Canadian experience which helps them in preparing for challenging the national exams.
- We have also recently developed exam prep programs and competency based practice exams that mirror the national competency blueprint to further aid international applicants in successfully challenging the national exam.
- Last year we added broader data collection points to support provincial HR planning needs to better determine untapped capacity in the system.

- Currently we are working with the Nova Scotia College of Medical Laboratory Technologists to support the regulation of combined x-ray/lab techs in the province. The intent is to assist in addressing access issues to these services, especially in rural Nova Scotia by creating increased options for safe care delivery.
- Nationally we are collaborating on a full review of assessment processes for international applicants looking at both necessity of a requirement and what is accepted as evidence for meeting a requirement.

As the executive director of the imaging and therapy college we are a signatory to the Nova Scotia Regulated Health Professions' submission to the Department of Health and Wellness regarding Bill 256, which speaks more specifically to the broad support of regulators to the intent of this legislation. Given this I would like to spend the rest of my time today highlighting two sections of Bill 256 that our College has specific comments that we would like to share.

The first area is section 5(2) which states that regulators must waive any requirement for registration, licensing or renewal of registration or licensing for any applicant who is registered or licensed and who is in good standing in any jurisdiction prescribed by the regulations.

Our College supports removal of unnecessary barriers to licencing for competent applicants that are fully licensed in other jurisdictions, but does have concerns related to using the undefined term good standing as the standard without a clear definition of what constitutes "good standing". Good standing for some regulators simply means fees have been paid. This would eliminate our ability to screen for concerns such as current complaints, criminal records, or address current conditions on a license. As written, this provision of Bill 256 could also result in registrants practising in Nova Scotia working without required liability insurance or adequate proficiency in English. By adding the suggested edits proposed by the Network, the public can be confident that individuals practicing in Nova Scotia meet good character standards without adding unnecessary risk or barriers.

The 2<sup>nd</sup> area is section 8 which deals with the concept of "expanded scope of practice area". This is something our College has wanted incorporated into health care legislation. Health care practice is not static and at times can take large leaps in a short period of time. Our College is made up of five professional groups that deliver direct patient care. They do this with the assistance of cutting-edge technology. When the technology we rely on takes a large leap forward the care processes and standards can change overnight, which impacts scopes of practice. As regulators we do not get to pick and choose what portion of our legislation we abide by and are often hemmed in by our own legislation. For this reason, we welcome legislation that is more nimble.

One clinical example I can give to illustrate this is the use of CT imaging. Traditionally this was a radiography procedure thus under the scope of practice of radiological technologists. Approximately 20 years ago advances saw CT being merged with other systems such as positron emission tomography and SPECT imaging. These exams were in the scope of practice of nuclear medicine technologists. SPECT/CT and PET/CT quickly became the clinical standard. This created a regulatory issue as neither radiological technologists nor nuclear medicine technologists had a scope of practice that encompassed the new clinical reality. It took 10 years to have legislation that clearly expanded nuclear medicine scope of practice to include CT. This is not responsive or in the public interest. Having legislation that would allow for situations such as this to be addressed in a timely manner is supported. While we need legislation to be more responsive patient safety must also be at the forefront when scopes are expanded, and the body best positioned to assess if a specific practitioner or profession as a whole has the required competency is the regulator of that profession. I encourage that wording in Bill 256 be amended to ensure that it is regulators authorizing registrants to practise in expanded scope of practice areas and regulators who prescribe requirements for practice in an expanded scope of practice area, including requirements for qualifications, experience, or examination.

For the 5 professional groups regulated by NSCMIRTP I expect the scope of practice lines to continue to move and blur. We have also received requests to allow registrants of one discipline to practice aspects of another discipline under specific circumstances. As a nimble regulator, where it is in public interest to expand scope, we would like to be able to set the required criteria to enable this.

A full outline of specific concerns and suggested edits as proposed by College of Nursing and Network and supported by the NSCMIRTP is included in Appendix A of my submission.

Respectfully Submitted,  
Julie Avery MHA, BSC, MRT(NM), CTCI  
Executive Director/Registrar NSCMIRTP

**Appendix A**

Specific concerns and suggested edits as proposed by College of Nursing and Network and supported by the NSCMIRTP.

Bill	Network Concern	NSCN Proposed Revision
<p><u>Section 2</u></p> <p>The purpose of this Act is to improve patient access to care by further opening the Province to out-of-province health professionals, ensuring all health professionals can work to the full extent of their <b>training</b> and continuing the reduction of administrative burdens in health care, including incenting companies to reduce their administrative demands on health professionals.</p>	<p>Training is not the same as competence. Being trained does not mean a health professional is competent. Training is only one of the many elements of competence.</p> <p>Competence generally refers to the ability to integrate the knowledge, skills and judgement required to practise safely and ethically.</p> <p>If left as is, applicants for a licence could argue they have training <b>they</b> believe makes them competent but is different from the “training” recognized by the regulator.</p> <p>The term “competence” is embodied in several statutes in the context of a professional practising with their individual scope of practice. That term can be defined as “the services for which a registrant is educated, authorized and competent to perform”.</p> <p>The word “authorized” is designed to relay that a health authority or other employer may create the bounds within which a particular health professional may practise – sometimes through a privileging process or employment agreement, for example.</p> <p>The concept that should be embedded here is that of “individual scope of practice”. The term is defined for purposes of the <i>Act Respecting Medical Certificates for Employee Absences Due to Sickness or Injury</i>, found as Schedule B to Bill 256. The same definition should be included in Bill 256 and substituted for the word “training” in this section.</p>	<p><u>Section 2</u></p> <p>The purpose of this Act is to improve patient access to care <b>and promote public safety</b> by further opening the Province to out-of-province health professionals, ensuring all health professionals can work to the full extent of their <b>individual scope of practice</b> and continuing the reduction of administrative burdens in health care, including incenting companies to reduce their administrative demands on health professionals.</p> <p>Add definition:</p> <p>“Individual scope of practice” means the services for which a member of a regulated health profession is educated, authorized and competent to perform; [Definition taken from Schedule B to Bill 256]</p>
<p><u>Section 3</u></p> <p>“<b>authority</b>” means any college, board, committee, registrar or other person or</p>	<p>There is a typo in the definition of “authority”. It should say “professional”, rather than “profession”.</p> <p>We question whether use of the word “authority” will create confusion with Health Authorities, as well as the</p>	<p>“<b>regulator</b>” means any college, board, committee, registrar or other person or body responsible for making decisions respecting the</p>

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<p>body responsible for making decisions respecting the registration, licensing or renewal of registration or licensing of a regulated health <b>profession</b>;</p>	<p>authority of a regulator. For better clarity, we suggest “authority” be changed to “regulator”.</p>	<p>registration, licensing or renewal of registration or licensing of a <b>registrant of a regulated health profession</b>;</p>
<p><u>Section 3</u></p> <p>"expanded scope of practice area" means an area of practice for a particular regulated health profession that is not provided for in the enactment listed in the definition of "regulated health profession" for that profession but that is within a practitioner's <b>professional competence</b>;</p>	<p>The wording of this definition suggests that an expanded scope of practice area for an <b>individual practitioner</b> can include services that are outside the <b>scope of the profession</b> – as long as <b>that practitioner</b> believes they are competent to perform those services.</p> <p>When read in conjunction with section 7, which states, “A practitioner may practise in an expanded scope of practice area within the practitioner’s profession if allowed by the regulations”, it means that if the regulations permit it, an individual health professional may decide for themselves what is within their own professional competence, even if that goes outside the bounds of the scope of practice for the profession. This would create significant risk to patient safety, for example, if an individual dental hygienist could decide for themselves, they have the competence to engage in the practice of optometry, or audiology, or pick any other health profession.</p> <p>It is difficult to envisage any circumstance where an individual health professional should rely on their own assessment of their competence to engage in services that fall outside the scope of the entire profession.</p> <p>One of the key flaws in this proposed legislation is the confusing use of the terms “competence”, “scope of practice”, and expanded scope of practice area”.</p> <p>Definitions for “individual scope of practice” and “scope of practice of the profession” should be included and can be copied from the definitions found in Schedule B.</p>	<p>Replace with: "expanded scope of practice area" means those services that are not within the scope of practice of the profession but that are within a registrant’s competence;</p> <p>Add: "scope of practice of a profession" means the roles and functions authorized for a member of a regulated health profession by that profession's governing statute. [Definition taken from Schedule B to Bill 256]</p> <p>See s7 and 8(b) below</p> <p>[Note Nursing Act definition of "expanded scope of practice" means those services not presently in the scope of practice of a particular designation, but within the scope of practice of the nursing profession, approved by the Board for practice by registrants who have completed education approved for that purpose by the Board;]</p>

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<p><u>Section 3</u></p> <p>“practitioner” means a person who practices a regulated health profession.</p>	<p>The term “professional competence” in this section should be replaced with “individual scope of practice”.</p> <p>Aside from the misspelling of “practices”, the term “practitioner” is not used consistently in the Bill. For example, in subsection 5(1) it is used to reference a person licensed in another province, while the definition limits the meaning to persons who practise “a regulated health profession” which is a defined term restricted to persons regulated in Nova Scotia.</p> <p>It would be preferable to use the term “registrant” and to be clear the reference is to those licensed under the named Nova Scotia statutes in the definition of “regulated health profession”.</p>	<p>Replace with: “registrant” means a person whose name is entered on a register of the regulator</p>
<p><u>Section 5(1)</u></p> <p>Where an authority receives an application from a practitioner licensed in another province of Canada, the authority shall waive any requirement for registration, licensing or renewal of registration or licensing in accordance with the Fair Registration Practices Act, the Canadian Free Trade Agreement Implementation Act or any agreement entered into between the Government and the government of that other province of Canada.</p>	<p>We are not aware of any provisions of the <i>Fair Registration Practices Act</i> that require a regulator to waive any registration, licensing or renewal requirements.</p> <p>The <i>Canadian Free Trade Agreement Implementation Act</i> appears to stand on its own, so it is uncertain why it is referenced here. In addition, the CFTA allows regulators to impose additional requirements that are not barriers, such as criminal record checks, jurisprudence tests, etc.</p> <p>This reference to the CFTA also leaves open the question of what to do about those regulators who have approved legitimate objection exemptions (e.g. Nova Scotia has a legitimate objective exemption regarding LPNs who completed entry to practice education in Ontario prior to 2000 and Quebec between 2004 and 2009 – that education does not equip LPNs with the competencies to practise to full scope in Nova Scotia).</p> <p>If the intent of this provision is to recognize any inter-jurisdictional agreements on registration or licensing, such as an Atlantic Provinces Agreement for a Common Registry, this provision should be limited to such scenario.</p>	<p>Replace 5(1) and (2) with the following:</p> <p>“equivalent licence” means an authorization issued by an extra-provincial regulator for a person to engage in a scope of practice equivalent to the scope of practice of a registrant;</p> <p>“extra-provincial regulator” means any college, board, committee, registrar or other person or body in another province of Canada or a jurisdiction prescribed by the regulations responsible for making decisions respecting the registration, licensing or renewal of registration or licensing of a person with a scope of practice equivalent to the scope of practice of a profession;</p>

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	<p>It is concerning to see such agreements referenced as agreements entered into by Governments, as opposed to agreements entered into by regulators. This in essence suggests that Governments may impose agreements on regulators without input of or consultation with the regulators on such inter-jurisdictional agreements. This reflects a departure from the current approach being advanced by physicians, for example.</p> <p>The authority to waive ANY requirement could mean waiver of any "good standing" requirements; this inhibits Colleges from imposing requirements when they see red flags (e.g., Fitness to Practise issues, discipline history, positive criminal record, etc.)</p>	<p>See definition of "scope of practice of a profession" above</p> <p>5 (1) A regulator shall waive any requirement for registration, licensing or renewal of registration or licensing where:</p> <p>(a) it is necessary in order to comply with the Fair Registration Practices Act, the Canadian Free Trade Agreement Implementation Act, or any agreement entered into between the Government and the government of that other province of Canada; and</p> <p>(b) the regulator receives a completed application which provides satisfactory proof that the applicant meets all of the following criteria:</p> <ul style="list-style-type: none"> <li>i. the applicant holds an equivalent licence;</li> <li>ii. the applicant is not subject to any outstanding complaints with the extra-provincial regulator; and</li> <li>iii. there are no prohibitions, conditions, agreements or restrictions on the applicant's licence or registration with the extra-provincial regulator.</li> </ul>

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<p><u>Section 5(2)</u></p> <p>An authority shall waive any requirement for registration, licensing or renewal of registration or licensing for any applicant who is registered or licensed and who is in <b>good standing</b> in any jurisdiction prescribed by the regulations.</p>	<p>“Good standing” is not defined in this new legislation and appears to be left to the interpretation of the home jurisdiction of the registrant. If this term remains, there should be clarity around the meaning of this term so it can be consistently applied.</p> <p>Even more problematic, and similar to the previously identified concerns, this section removes the ability of health regulators in Nova Scotia to require applicants to require evidence that protects patient safety and is in the public interest, e.g. requirements for:</p> <ul style="list-style-type: none"> <li>▪ professional liability insurance;</li> <li>▪ a clear criminal background check;</li> <li>▪ evidence of good character, including a history of disciplinary findings or licensing sanctions;</li> <li>▪ a demonstration of knowledge of local jurisprudence;</li> <li>▪ evidence of proficiency in English language, where English is the only language used by the regulator;</li> <li>▪ addressing conditions or restrictions on licences.</li> </ul> <p>Further, this section does not address equivalency of the registration or licence. Requirements, if any are to be waived, should only be waived for the same types of registration/licence as between the regulator in the home jurisdiction and the Nova Scotia regulator.</p> <p>This section doesn’t take into account the reality that a full licence is different from a temporary one. It doesn’t speak in terms of waiving requirements only for the <b>same type</b> of licence that is in place in the other jurisdiction.</p> <p>In addition, this kind of provision may cause the public to lose confidence in regulation if they perceive that licensing has become a political exercise, not an assessment by the regulator as to which international licencees have the required competencies to engage in</p>	<p>See above</p>



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<p><b>Section 5(3)</b></p> <p>Where an applicant is eligible for a waiver under subsection (1) or (2), an authority shall issue a licence and any other approval issued by that authority required to practise in the Province within five business days following receipt by the authority of a <b>completed application</b>.</p>	<p>the scope of practice permitted in Nova Scotia.</p> <p>It is unclear what constitutes a “completed application”. Applicants and regulators often have different views on when an application is considered complete, and in some instances the legislation itself may prescribe the requirements for a completed application, which may differ from profession to profession.</p> <p>The requirement of five business days assumes that appropriate resources are available to meet this timeline. Regulators vary significantly in terms of their administrative resources.</p>	<p>Replace with:</p> <p>5(2) Where the regulator determines that an applicant is eligible for a waiver under subsection (1):</p> <p>(a) a regulator shall make reasonable efforts to issue a licence and any other approval issued by that regulator required to practise in the Province within five business days following receipt by the regulator of a completed application; and</p> <p>(b) the regulator may not charge any fee respecting the application for initial registration but may charge fees respecting licensing or renewal of registration or licensing.</p>
<p><b>Section 5(4)</b></p> <p>An authority may waive any requirement for registration, licensing or renewal of registration or licensing if the authority determines it is in the public interest to do so.</p>	<p>This is consistent with the language found in several health regulators’ statutes already. This section is significantly more preferable than section 5(2).</p>	<p><b>A regulator</b> may waive any requirement for registration, licensing or renewal of registration or licensing if the <b>regulator</b> determines it is in the public interest to do so.</p>
<p><b>Section 6</b></p> <p>An authority may not charge any fee respecting an application for registration or licensing if the applicant is currently</p>	<p>This should only apply with respect to the same type of registration or licence as between the regulator in the home jurisdiction and the Nova Scotia regulator.</p> <p>In the email sent out by Mark Lucas advising of this new Bill, he spoke of Government reimbursing regulators for lost revenue arising from this provision;</p>	<p>Replace with 5(2)(b) above – duplicated here for ease of reference</p> <p>5(2) Where the regulator determines that an applicant is</p>

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<p>registered and licensed in the same profession in another province of Canada or any other jurisdiction prescribed by the regulations.</p>	<p>however, the Bill is silent on this intention.</p> <p>Some regulators charge more than one fee for registration or licensing. Is the intent to preclude charging <b>any</b> fees from applicants for registration, licences and renewals?</p>	<p>eligible for a waiver under subsection (1):</p> <p>(b) the regulator may not charge any fee respecting the application for initial registration, but may charge fees respecting licensing or renewal of registration or licensing.</p> <p>[Scope of prohibited fees revised per email from Mark Lucas "Only initial application fees. Licensing fees, whether initial or upon renewal, are not prohibited."]</p>
<p><u>Section 7</u></p> <p>A practitioner may practise in an expanded scope of practice area within the practitioner's profession if allowed by the regulations.</p>	<p>See comments above re definition of "expanded scope of practice area".</p> <p>We are uncertain of the reason for the use of the word "area" as this is not a term currently used in relation to scope of practice in the legislation of other health professions.</p> <p>The term "profession" is not defined, and it is unclear whether it may refer to a profession that is not regulated in Nova Scotia.</p> <p>This section seems to be inconsistent within itself when read in conjunction with the definition of "expanded scope of practice area".</p>	<p>7 A <b>registrant</b> may practise in an expanded scope of practice area if allowed by the regulations <b>and authorized by the registrant's regulator.</b></p> <p>[see suggested revisions above to definition of expanded scope of practice area, and definitions for scope of practice of profession; individual scope of practice]</p>
<p><u>Section 8</u></p> <p>Where in the opinion of the Governor in Council it is in the public interest, the Governor in Council may make regulations</p>	<p>The term "areas of practice" remains unclear, as noted above. It also remains inconsistent with the definition of "expanded scope of practice area".</p>	<p>8(a) respecting expanded scope of practice areas, including setting out <b>services</b> that are to be included; See above re proposed revisions to definition of expanded scope of practice areas and s7</p>

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(a) respecting expanded scope of practice areas, including setting out areas of practice that are to be included in an expanded scope of practice for a regulated health profession;		
(b) allowing practitioners to practise in expanded scope of practice areas;	<p>It is uncertain whether the regulations will address circumstances of individual practitioners, or groups of practitioners.</p> <p>When read in conjunction with the regulation making authority in subsection (c), it is not clear what role the regulator would have in authorizing expanded scope of practice.</p>	(b) allowing <b>regulators to authorize registrants to practise</b> in expanded scope of practice areas;
(c) allowing an authority to prescribe requirements for practice in an expanded scope of practice area, including requirements for qualifications, experience, or examination;	See subsection (b) above – not clear what is role of Government and what is role of authority in prescribing requirements for expanded scope of practice.	(c) allowing a <b>regulator to prescribe requirements for practice</b> in an expanded scope of practice area, including requirements for qualifications, experience, or examination;
(f) expanding the scope of any regulated health profession to include additional health-care professionals who are not within the scope of another regulated health profession;	The use of the term “scope of any regulated health profession” seems to confuse concepts of scope of practice versus the jurisdiction or regulatory authority of the health profession.	(f) <b>expanding the regulatory jurisdiction of any regulator to include additional health-care professionals who are not within the regulatory jurisdiction of another regulator;</b>