



March 27, 2023

Law Amendments Committee  
Nova Scotia Legislature  
Province House  
1726 Hollis Street  
Halifax, NS B3J 2Y3

RE: Bill 265 – Patient Access to Care Act

Submitted by: Jennifer Hemeon, Executive Director  
Nova Scotia Regulated Health Professions Network

Good afternoon,

I'm Jennifer Hemeon, the executive director of the Nova Scotia Regulated Health Professions Network, otherwise known as "The Network". By now, you have already heard from the majority of Network members with suggested amendments to Bill 265.

Network members include the 21 regulated health professions in the province. The Minister of Health is also a member of the Network and participates in the Network via their designate: Department of Health and Wellness staff. Through Network initiatives, the Minister and regulatory bodies collaborate on regulatory initiatives. This collaboration demonstrates regulatory bodies' accountability to government and commitment to strengthening regulatory practices in this province in the public interest. Regulatory bodies, who derive their authority from provincial legislation, are accountable to government to regulate in the public interest to ensure competent and safe practice.

Professions are regulated because there is a risk of harm to the public in providing professional healthcare services. As a patient, do you want to receive care from a self-taught psychologist? Do you want assurance that the occupational therapist has remained current 20 years after they completed their initial training? Do you trust that your dentist's credentials have been verified and are substantially equivalent to Canadian standards of education? Do you want your nurse's identification verified so you don't question that they are who they say they are? Do you expect that your dietitian can understand and communicate effectively in English? Do you trust that your physician has had their conduct history assessed and is safe to practice?

Regulatory bodies set regulatory requirements to ensure care provided by regulated health care professionals (RHCPs) is competent, safe, and ethical. Legislation directs the regulatory requirements that regulatory bodies set. However, the expertise of the regulator and the profession is integral for safe and competent care. What do I mean by regulatory requirements? These include standards of practice, ethical principles, completion of an approved education program, participation in a continuing competency program, providing evidence of good character and identification. Regulatory requirements

implemented by regulators address the five “Cees”: credentials, currency, competency, character and capacity.

Regulators set **CREDENTIALS** required to practice within a specific profession. This ensures that professionals at entry to practice are competent to practice. This is a specific point in time. Today, you have heard suggested amendments to address the use of the term “training” in section 2 of the Act. There are unintended risks associated with the current language used in the Act, and unidentified risks are difficult to manage.

As there are limitations relying solely on training or credentials, regulators set requirements to address the second “C”: **CURRENCY**. For example, continuing competency programs helps to ensure that professionals stay up to date in their knowledge and skills.

The third “C” goes beyond credentials and currency: **COMPETENCY**. Competency is the integration of knowledge and skills, appropriate judgement, and attitudes. For example, there is an expectation, in all health care professionals’ practices, that there is a demonstration of respect for the principles of equity, diversity and inclusion. Consideration of competency throughout this Act is critical to public safety and effective, and quality practice.

There are regulatory requirements to ensure good **CHARACTER** and **CAPACITY**. For example, a criminal record history and verified identification. The Nova Scotia public relies on Nova Scotia regulatory bodies to verify this paperwork as safeguards to ensure public safety. This concept applies to section 5(2) of the Act and amendments have been proposed, including the defining of the term “good standing”.

Section 5(2) of Bill 256 enables the Governor-in-Council to make regulations that make it mandatory for regulators to waive all registration and licensing criteria for an applicant in “good standing” from certain prescribed jurisdictions. Amendments to this section have been proposed because a blanket requirement for the waiver for all professions has risks. A jurisdiction may have comparable training to Canadian standards for one profession, but not all. For example, a country may regulate physiotherapy in a substantially equivalent manner as the Nova Scotia College of Physiotherapy, but dietitians in that country may only have training in food service management and lack clinical competencies.

Amendments have also been proposed in order to ensure that applicants from other jurisdictions are competent, ethical, and insured prior to providing care to Nova Scotians.

The Network supports the 5-business day requirement for regulators to process applications upon receipt of a “complete application. What is missing from Bill 256, however, is a definition of “completed application”. Applicants and regulators often have different views on what constitutes a completed application. In order to manage expectations, the Network requests for Bill 256 to be amended to include a clear definition in this regard.

Regulators are a part of the health system that is in crisis as a result of a global pandemic and aging workforce. The Network of regulators in Nova Scotia needs to be a part of the solution to address current health care challenges. The Network is in support of initiatives that enhance access to care, and, as Minister Thompson and Premier Houston consistently reinforce, those that do not lower the standard of care provided by regulated health care professionals.

Amendments presented today and reflected in the Network's submission to the Law Amendments Committee, put safeguards in place to prevent unintended risks associated with the current language used in the Public Access to Care Act. There is support for expanded scopes of practice governed with the expertise of professions and regulators, to enhance the public's access to care and reduce the burdens on health care professions currently practicing within the health system.

Sincerely,



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