



March 27, 2023

The Honourable Brad Johns
Chair, Standing Committee on Law Amendments
Province House
1726 Hollis Street
Halifax

Re NSCN's Submission on Bill No. 256 – Patient Access to Care Act

The Nova Scotia College of Nursing (NSCN) regulates the practice of approximately 16,000 licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) on behalf of the public of Nova Scotia, the largest group of health care professionals in the province.

Our role is to ensure that all nurses providing nursing services are qualified to do so and the public can depend on NSCN to license those who demonstrate they have the knowledge, skills, and competence required to safely and ethically practice as a nurse. Our work helps Nova Scotians place their full confidence in the nurses who care for them, their families and their communities.

NSCN's objects as stipulated in the *Nursing Act* SNS, 2019, c.8 are to:

- (a) serve and protect the public interest in the practice of the profession;
- (b) subject to the public interest, preserve the integrity of the profession; and
- (c) maintain public and registrants' confidence in the ability of the College to regulate the profession.

These objects are a direct expression of Government's trust in us to protect the public through self-regulation.



Overview of NSCN's Registration and Licensure Advances

NSCN has progressive and flexible registration and licensing processes that allow us to respond to evolving needs of Nova Scotians and of the health care system.

The intent of registration and licensing is to ensure that only those health care providers who are qualified to provide safe, competent and ethical care are authorized to practice. At NSCN, registration is a one-time event and signifies that the registrant has met the qualifications for entry into the nursing profession. In order to practice, nurses must also qualify for a licence. Licensing is an annual event and signifies that the registrant continues to meet the safety, competence and ethical requirements in order to practice.

NSCN has been making changes for the past two years to streamline the registration and licensing process for nurses. To licence nurses quickly during the unprecedented early days of COVID-19, NSCN examined our processes to find opportunities to accelerate the licensing process and reduce the administrative burden of our application processes, enabling individuals to enter practice with a conditional license while completing outstanding registration requirements.

Building on what we learned during COVID-19, NSCN recently announced more registration and licensure changes, which are the first of their kind in Canada, highlighted below:

1. NSCN will reduce the overall application process timeline for nurses licensed in good standing in another Canadian jurisdiction from five days to 24 hours. **(Effective March 29, 2023)**
2. NSCN will reduce the overall application process timeline for international nurses in good standing from the Philippines, India, Nigeria, USA, UK, Australia, and New Zealand from over a year to a matter of a few weeks. Nurses from these countries will apply directly to NSCN. **(Effective May 1, 2023)**

These changes apply to individuals who are already practicing as RNs, which means they have satisfied the requirements of their current nursing regulator. With respect to the above noted international jurisdictions, NSCN has confidently determined registered nurses licensed in these countries work to a core scope of practice that matches the core scope of practice required in NS so we are reducing the requirements already validated by their current regulator.



Submissions on Bill No. 256

Bill No. 256, the *Patient Access to Care Act* ("PACA"), is centered on the registration and licensing systems used by regulated health professions in Nova Scotia. We support the goal of the *Patient Access to Care Act* to improve access to patient care and echo the comments made by the Minister of Health during the introduction and second reading of Bill No. 256 about an ongoing commitment to collaboration.

We believe that our ongoing work to evolve our registration and licensing processes accomplishes several goals of the *Patient Access to Care Act*. In many ways, the *Patient Access to Care Act* is consistent with NSCN's recent announcement of the new first-in-Canada approach to registration and licensure that will establish a fast and predictable pathway to licensure in our province.

As a regulator with a demonstrated ability to act quickly to meet evolving healthcare needs, we would, of course, like to continue to use our modern, flexible legislation and expertise in ways that are good for Nova Scotians and the nursing profession.

NSCN welcomes the accountability outlined in the Bill. We also recognize the need for the expertise of regulatory bodies and the real value this brings to public protection by ensuring those who are licensed as health care professional are safe to practice. As a result, we believe the bill would benefit from amendments in two key areas to promote safety and provide increased value to the public and government.

Waiver of Registration and Licensing Requirements

We understand that a key purpose of the Bill is to remove barriers to registration and licensing in Nova Scotia for healthcare professionals in other Canadian provinces and designated international jurisdictions. NSCN has demonstrated its commitment to this goal through the innovative changes to registration and licensing that we recently announced and highlighted earlier in this submission.

NSCN applied our regulatory expertise to develop a safe and faster process for nurses who want to work in Nova Scotia. We believe that our regulatory expertise and experience in shaping new registration and licensing models can be used to benefit this bill.

We believe there are two important public safety elements that are missing from the requirement to waive registration and licensing criteria in section 5 of the bill:

- The applicant must be licenced to practice in an equivalent scope of practice in their home jurisdiction;

- The applicant is not subject to disciplinary proceedings or limitations on their ability to practice in their home jurisdiction.

These two criteria will allow for continued public confidence that their healthcare providers have a demonstrated ability to provide safe and ethical care.

We draw your attention in particular to the following proposed amendments set out in Appendix A:

- Definition of “equivalent licence”;
- Section 5

Expanded scope of practice

Scope of practice defines the outer limits of permissible practice for a registrant of a regulated health profession. The scope of practice for a profession is typically defined in their governing legislation. The *Patient Access to Care Act* proposes to permit expanded scope of practice beyond the legislated scope of practice of a profession where the healthcare provider has the necessary competence to provide the expanded services.

NSCN supports this concept in principle. We appreciate that it provides flexibility to evolve the scope of practice for a regulated health profession to continue to meet the health care needs of the public in a more responsive and efficient manner. The bill as currently drafted does not incorporate the role of regulators in authorizing healthcare providers to engage in an expanded scope of practice. We believe that regulator authorization is an essential element of expanded scope of practice. This will allow experienced regulators like NSCN to use our expertise to fulfill our public protection mandate by ensuring only those health care providers who are qualified to provide safe, competent and ethical care are permitted to practice in an expanded scope.

The legislative language of the Nursing Act has enabled expanded scope of practice for registered nurses (RNs) and licensed practical nurses (LPNs) since it was enacted in 2019. This provision provided NSCN with the flexibility required to enable Registered Nurse prescribing to help improve access to health care services for Nova Scotians. The RN Authorize to Prescribe (RN-AP) is a registered nurse with an expanded scope of practice that enables RNs with specialized education and skills to prescribe medications within their specific area of expertise, practice setting and for client conditions as identified by their employer. To date the program has been very successful. Our proposed amendment to the *Patient Access to Care Act* is based on NSCN’s experience using this legislative provision and regulatory expertise.

We draw your attention in particular to the following proposed amendments set out in Appendix A:

- Definition of expanded scope of practice area;
- Section 7
- Subsections 8(1)(a), (b), and (c)

In Conclusion

While NSCN did not have an opportunity to provide feedback on the contents of Bill No. 256 before it was tabled, NSCN is grateful for the occasion to present our perspective at Law Amendments. We hope our submission helps to convey our support of the intent of the *Patient Access to Care Act* and the importance of including regulator authorization and safeguards to protect the public.

As a member of the Nova Scotia Regulated Health Professions Network (“the Network”), NSCN remains committed to our ongoing collaborative relationship with the Network and the 21-member bodies towards our common mandate to serve and protect the public.

NSCN looks forward to ongoing collaboration with Government and other key partners in health care as we continue to make innovative and impactful decisions that are in the best interests of the public and health care in Nova Scotia.

Respectfully submitted,



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Appendix A – NSCN Proposed Revisions to Bill 256

An Act to Reduce Administrative Barriers to the Provision of Health Care

Be it enacted by the Governor and Assembly as follows:

1 This Act may be cited as the Patient Access to Care Act.

2 The purpose of this Act is to improve patient access to care and promote public safety by further opening the Province to out-of-province health professionals, ensuring all health professionals can work to the full extent of their individual scope of practice training and continuing the reduction of administrative burdens in health care, including incenting companies to reduce their administrative demands on health professionals.

3 In this Act,

"authority regulator" means any association, college, board, committee, registrar or other person or body responsible for making decisions respecting the registration, licensing or renewal of registration or licensing of a registrant of a regulated health profession;

"completed application" means an applicant's submission of all information or documentation necessary for a regulator to render a decision regarding whether an applicant satisfies the requirements for registration, licensing or renewal;

"extra-provincial regulator" means any association, 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;

"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;

"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 professional competence;

"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;

"individual scope of practice" means the services for which a registrant is educated, authorized and competent to perform; [Definition taken from Schedule B]

"practitioner" means a person who practices a regulated health profession;

“registrant” means a person whose name is entered on a register of the regulator;

"regulated health profession" means a health profession regulated under

- (a) the Audiologists and Speech-Language Pathologists Act;
- (b) the Chiropractic Act;
- (c) the Counselling Therapists Act;
- (d) the Dental Act;
- (e) the Dental Hygienists Act;
- (f) the Dental Technicians Act;
- (g) the Denturists Act;
- (h) the Dietitians Act;
- (i) the Dispensing Opticians Act;
- (j) the Medical Act;
- (k) the Medical Imaging and Radiation Therapy Professionals Act;
- (l) the Medical Laboratory Technology Act;
- (m) the Midwifery Act;
- (n) the Nursing Act;
- (o) the Occupational Therapists Act;
- (p) the Optometry Act;
- (q) the Paramedics Act;
- (r) the Pharmacy Act;
- (s) the Physiotherapy Act;
- (t) the Psychologists Act; or
- (u) the Respiratory Therapists Act.

"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]

4 In the event of a conflict between this Act and any other enactment, this Act prevails.

5 (1) A regulator shall waive any requirement for registration, licensing or renewal of registration or licensing where:

- (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
- (b) the regulator receives a completed application which provides satisfactory proof that the applicant meets all of the following criteria:
 - a. the applicant holds an equivalent licence;
 - b. the applicant is not subject to any outstanding complaints with the extra-provincial regulator; and
 - c. there are no prohibitions, conditions, agreements or restrictions on the applicant's licence or registration with the extra-provincial regulator.

~~(32)~~ Where the regulator determines that an applicant is eligible for a waiver under subsection (1):

~~(a) or (2), an authority-regulator shall make reasonable efforts to issue a licence and any other approval issued by that authority-regulator required to practise in the Province within five business days following receipt by the authority-regulator of a completed application; and~~

~~(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.~~

~~(43) An authority~~ A regulator may waive any requirement for registration, licensing or renewal of registration or licensing if the ~~authority-regulator~~ determines it is in the public interest to do so.

~~6 An authority may not charge any fee respecting an application for registration or licensing if the applicant is currently registered and licensed in the same profession in another province of Canada or any other jurisdiction prescribed by the regulations.~~

7 ~~A practitioner-registrant~~ A practitioner-registrant may practise in an expanded scope of practice area ~~within the practitioner's profession~~ if allowed by the regulations and authorized by the registrant's regulator.

8 (1) Where in the opinion of the Governor in Council it is in the public interest, the Governor in Council may make regulations

(a) respecting expanded scope of practice areas, including setting out ~~services areas of practice~~ that are to be included ~~in an expanded scope of practice for a regulated health profession;~~

(b) allowing ~~regulators to authorize registrants practitioners~~ to practise in expanded scope of practice areas;

(c) allowing a ~~regulator n authority~~ to prescribe requirements for practice in an expanded scope of practice area, including requirements for qualifications, experience or examination;

(d) prescribing jurisdictions for the purpose of subsection 5(2) and Section 6;

(e) in relation to requests from any company, employer, association, organization or person who is not a health-care provider or a patient requiring a practitioner to complete forms and to set fees payable by the requesting company, employer, association, organization or person for the completion of those forms;

(f) expanding the ~~regulatory jurisdiction of any regulator scope of any regulated health profession~~ to include additional health-care professionals who are not within the ~~scope of another regulatory jurisdiction of another regulator; -regulated health profession;~~

(g) defining any term used but not defined in this Act;

(h) further defining any term defined in this Act;

(i) respecting any matter or thing the Governor in Council considers necessary or advisable to effectively carry out the intent and purpose of this Act.

(2) A regulation made under this Act may apply to all regulated health professions, to a class of regulated health professions or to a particular regulated health profession and there may be different regulations for different regulated health professions or classes of regulated health professions.

(3) The Governor in Council shall consult with any relevant regulated health profession before making a regulation under subsection (1).

(4) The exercise by the Governor in Council of the authority contained in subsection (1) is a regulation within the meaning of the Regulations Act.

9 Schedule A, An Act to Amend Chapter 38 of the Acts of 2008, the Fair Registration Practices Act, has effect upon this Act receiving Royal Assent.

10 Schedule B, the Medical Certificates for Employee Absence Act, comes into force as provided in that Schedule.

11 Schedule C, An Act to Amend Chapter 10 of the Acts of 1994-95, the Workers' Compensation Act, has effect upon this Act receiving Royal Assent.