



Nova Scotia  
College of  
Pharmacists

Governing the practice of pharmacy in Nova Scotia in the interest of the health and well being of the public

## **NSCP Submission to the Law Amendments Committee Regarding Bill 256 – Patient Access to Care Act**

March 27, 2023

### **Who We Are**

The Nova Scotia College of Pharmacists (NSCP) is the regulatory body for the practice of pharmacy in Nova Scotia. We govern the practice of more than 1,700 pharmacists and pharmacy technicians, and the over 300 community pharmacies in which they work, with the health and well-being of the public as our singular focus.

As the Government's partner in serving the public interest, we are committed to supporting healthcare solutions for Nova Scotia. This includes our collective effort to increase the number of individuals licensed to provide healthcare in the province and, even more importantly, to transform healthcare delivery so that the public has full access to the expertise of these healthcare professionals in having their healthcare needs met.

### **Proactive Regulation in the Public Interest**

The NSCP supports the intentions of Bill 256 in optimizing regulatory nimbleness in areas of professional licensure and scope of practice. As such, the NSCP does not oppose the Bill, but we do believe amendments are needed to address public interest risks that exist with the current drafting (see included proposed revisions).

The NSCP is bringing forward these recommendations as a health profession regulator with a demonstrated commitment to proactively updating scope of practice and licensing requirements in the context of evolving public interests.

### **Addressing Scope of Practice**

The NSCP has been working since 2011 to ensure that the regulatory framework enables pharmacists to utilize the full scope of their expertise and skills to meet our population's health needs. Because of this, pharmacists in Nova Scotia have the broadest scope of practice in Canada.

However, until recently, rigid primary care delivery models have significantly limited the healthcare needs that the public could have met by their pharmacist within the funded healthcare system and existing primary care pathways. The NSCP has been working with our health system partners to change this so that the benefits of pharmacists' expanded scope are accessible to all Nova Scotians, supporting the critically needed transformation of primary care in the province.

### **Addressing Registration and Licensing Pathways**

The NSCP is committed to proactively streamlining licensing requirements while also ensuring that the appropriate public interest safeguards remain in place. Early in the COVID-19 pandemic, the NSCP established licensing pathways for new graduates to address the suspension of the national licensing

exam and, more recently, the NSCP re-established a streamlined licensing pathway for pharmacy assistants to become licensed pharmacy technicians – the first pharmacy regulator in Canada to do so. We have worked with the pharmacy regulators across the country to establish quality assurance and professional accountability framework for cross-jurisdictional practice, and we are encouraging a pan-Canadian review of licensing requirements for internationally trained pharmacy professionals.

We are encouraged that the Government recognizes the need for regulators to be nimble in waiving licensing requirements when it is in the public's interest to do so. The NSCP has been advocating that the authority it was granted in April 2020 to waive and modify licensing requirements be unlinked from the requirement for a state of emergency or public health emergency, but as of yet those powers have not been extended. We welcome the introduction of s.5(4) of the *Patient Access to Care Act*, as this is what the NSCP has specifically been asking for.

### **Bill 256 - Patient Access to Care Act**

As previously stated, the NSCP does not oppose the Bill, but we do believe amendments are needed to address public interest risks that exist with the current drafting (see included proposed revisions).

The NSCP has included explanatory notes and suggested drafting revisions that seek to further clarify the Act's intent, as well as to highlight the important expertise that regulatory colleges bring in ensuring the continued safety of the public. You will note significant alignment with the revisions suggested by the Network of Regulated Health Professions and the Nova Scotia College of Nursing. We are proposing solutions to moving forward in the spirit of collaboration and in the interest of Nova Scotians.

The NSCP would like to bring the Committee's attention to three areas of priority focus in considering revisions to the *Patient Access to Care Act*:

- **Purpose.** There is no expression that patient safety and the public interest are purposes of this Act. The reference to "training" only, and not to any demonstrated capacity to practice competently and ethically, is a serious omission. Without this language, future interpretations of the Act may not be in the public's interest.
- **Letter of Standing.** The ability of regulators to ensure that an already licensed practitioner is in good standing is a core registration safeguard that, while contemplated in s.5(2), is not contemplated in s.5(1). The Act should further incorporate a definition of good standing that can be consistently applied regardless of how good standing is defined in another jurisdiction and that is broadly applicable across colleges.
- **Scope of Practice.** Regulators have the specialized expertise to establish new scope of practice in consideration of the profession's broadly held competencies and the safeguards required in the interest of public safety. We endorse the College of Nursing's assertion that the regulator should be the one to establish scope of practice for the profession, not the individual practitioner.

The NSCP recognizes that future legislated enablement for practice that is within the scope of pharmacists' and pharmacy technicians' competencies may be required in the context of health system transformation and we appreciate the value of Bill 256 for that purpose. However, it is important that any expansion of practice is clearly within the professional regulatory framework of the practitioner so that the safeguards provided by that framework, including the establishment of standard of care and assurance that the practice is covered by the practitioner's liability insurance, are not undermined.

The proposed amendments to Bill 256 pertaining to scope of practice submitted by the Nova Scotia Regulated Health Professions Network would address these concerns and are endorsed by the NSCP.

### Further Regulatory Enablement

It has been the NSCP's experience that areas of professional regulation that are set out in Governor in Council regulations cannot always be updated in a timely manner as they are subject to a queue reflective of the government's priorities at that time. While licensing requirements and scope of practice are a current political priority, there is no certainty that this will continue to be so in the years to come.

Regulators have the unique expertise to consider licensing requirements and scope of practice changes in the context of evolving health system transformation and professional training and competencies. The authority to update these without Governor in Council approval would significantly expedite regulatory response to evolving primary care access challenges. Health profession regulators are Government's partner in this work - we have the expertise to do this well. The NSCP encourages minimizing the extent to which Governor in Council involvement is required for implementation of the provisions of the *Patient Access to Care Act* and future provisions that may be needed to meet its objective.

### Transforming the Vision

While it is imperative that we continue to look at ways to increase the number of licensed healthcare providers in the province, increasing numbers without meaningfully transforming the way healthcare is provided will not solve our healthcare crisis. It is important that what we do and what we say as leaders related to our health workforce, including the focus of our attention, investment and communication, shifts from a focus on "getting more" to "using more effectively".

Innovative and transformative team-based care is critical to solving our healthcare crisis. Achieving this will require a transformation in the way that we talk about healthcare, the way practitioners practice it, and the way that Nova Scotians understand how they will access it. This needs to be the goal of communications moving forward, including for Bill 256.

The NSCP supports Government's commitment to solving the provincial healthcare crisis and we are doing all we can to partner in meaningful solutions. We do this not just because it is our mandate, but because we are Nova Scotians and solving our healthcare crisis is important to all of us.

Thank you for your consideration.



Beverley Zwicker  
CEO and Registrar  
Nova Scotia College of Pharmacists

# **NSCP Explanatory Notes for Proposed Amendments to Bill 256 – Patient Access to Care Act**

## **s. 2 Purpose**

Bill 256 only refers to "training" which is insufficient to the assessment of professional practice. Training does not address the critical issue for a regulator which is the demonstrated ability to practice competently and ethically. This is core to regulatory oversight to ensure exemplary patient care and service in the public interest. The mandate and obligation of the NSCP is expressed in the Pharmacy Act which governs the College's legal obligation so an Act which intersects with that mandate must be consistent and should reflect the same purpose.

Pharmacy Act

s. 3

(2) The purpose of the College is to maintain standards of practice and professional accountability in the practice of pharmacy leading to optimal patient care.

(3) The College shall at all times, in the regulation of the practice of pharmacy, (a) act to protect the public interest; (b) exercise its powers and fulfil its responsibilities in the public interest; and (c) govern the practice of pharmacy in the interest of optimal health outcomes.

## **Completed application - added definition**

Bill 256 refers to a completed application as the trigger of the five (5) day required processing time frame. However, there is no definition which is important both in the context of the direction of waiver of requirements and in the five-day processing requirement.

## **Equivalent licence - added definition**

NSCP adopts the definition proposed by the College of Nurses and agrees it is core to the Bill's intent by ensuring that there is a clear understanding of the entitlement to register.

## **Equivalent jurisdiction - added definition**

NSCP applies the same principle used by the College of Nurses regarding licensing and seeks to ensure the expectations of a qualifying jurisdiction for s. 5 (2) candidates. The definition is intended to ensure the regulatory and professional context of a jurisdiction identified in regulation is comparable to the Nova Scotia and Canadian context.

## **Good standing - added definition**

Bill 256 includes the concept good standing and that is not a term that routinely applies to the regulated health professions. It is important to understand what the term means so it can be applied.

## **Regulator**

NSCP agrees with the College of Nurses that Regulator is a preferred term to "authority" as it reflects the regulatory role referenced in Bill 256.

## **s. 5 (l)**

The following recommended revisions apply to s. 5 (l)

- i. NSCP believes that the requirement of good standing should apply to any health practitioner so is recommending that it be added to s. 5 (l).

- ii. The phrase "except those permitted" is to clarify the intent of the provision and what is identified within the legislation as acceptable requirements for licensure.
- iii. NSCP also requests the deletion of the reference to registration or licensing renewal for clarity. The renewal of registration and licensing would be addressed according to the standards of the college in the context of the legislative directive that requirements exceeding the legislation referenced in the clause are to be waived.

#### **s. 5 (2)**

The following recommended revisions apply to s. 5 (2)

- i. NSCP also requests the deletion of the reference to registration or licensing renewal for clarity. The renewal of registration and licensing would be addressed according to the standards of the college in the context of the legislative directive that requirements exceeding the legislation referenced in the clause are to be waived.
- ii. NSCP believes that the same acceptable requirements allowed by the legislation and agreements referenced in s. 5 (1) should also apply to s. 5 (2) registrants otherwise there is an imbalance between the two provisions.
- iii. NSCP also proposes the concept of equivalent jurisdiction for the reasons explained in the definition section.
- iv. NSCP also proposes the concept of equivalent licence for the reasons explained in the definition section.

#### **s. 6**

The following recommended revisions apply to s. 6.

- i. The phrase "the initial" is intended to clarify that the waive of fee relates to the first registration and not successive registrations.
- ii. NSCP has also removed reference to fees for licence understanding through discussion with the Department that licensing fees are not to be waived, only registration fees.
- iii. NSCP also proposes the concept of equivalent jurisdiction for the reasons explained in the definition section.

#### **s. 8(1) (d)**

NSCP recommends the inclusion of equivalent jurisdiction for the reasons explained in the definition section.

#### **s. 8 (3)**

NSCP endorses the requirement for consultation that is embedded in s. 8 (3). It recommends the additional language to ensure the consultation is intended to ensure any regulation advances standards and professional accountability for the privilege of the licence.

# Patient Access to Care Act

The Honourable Michelle Thompson  
Minister of Health and Wellness

[First Reading](#): March 21, 2023

Second Reading:

Third Reading:

## 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 by further opening the Province to out-of-province health professionals, ensuring all health professionals **who have training and who have demonstrated the capacity to competently and ethically practice their profession** can work to the full extent **of their competence**, 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,

- **"regulator"** means any 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 regulated health profession;
- **"completed application"** means the information or documentation to meet the requirements for registration or licensing in accordance with this Act.
- **"equivalent license"** 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 of a regulated health profession;
- **"equivalent jurisdiction"** means a jurisdiction outside of Canada with comparable regulatory standards to ensure that practitioners have the demonstrated capacity to competently and ethically practice their profession;

- "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;

- "good standing" means a practitioner has:

- a) a current equivalent licence issued without conditions; and,
- b) no complaints, disciplinary or criminal proceedings pending or taken relating to their competency, conduct, or character.

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

- "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.

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

5 (1) Where a **regulator** receives an application from a practitioner licensed in **good standing** in another province of Canada, the **regulator** shall waive any requirement for registration and licensing **except those permitted** 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.

(2) A **regulator** shall waive any requirement for registration or licensing **other than those provided for in subsection 5(1)** for any applicant who is registered and **holds an equivalent license** and who is in **good standing** in any **equivalent** jurisdiction prescribed by the regulations.

(3) Where an applicant is eligible for a waiver under subsection (1) or (2), a **regulator** shall 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.

(4) A **regulator** may waive any requirement for registration, licensing or renewal of registration or licensing if the **regulator** determines it is in the public interest to do so.

6 A **regulator** may not charge any fee respecting an application for **the initial** registration if the applicant is currently registered and licensed in the same profession in another province of Canada or any other **equivalent** jurisdiction prescribed by the regulations.

7 A practitioner may practise in an expanded scope of practice area within the practitioner's profession if allowed by the regulations.

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 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;

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

(d) prescribing **equivalent** 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 scope of any regulated health profession to include additional health-care professionals who are not within the scope of another 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) **in order to maintain standards of practice and professional accountability.**

(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.