

Law Amendments – March 27, 2023

Re. Patient Access to Care Act, Bill No. 256

Written submission from: **Nova Scotia College of Dietitians and Nutritionists (NSCDN)**

The NSCDN board of directors supports the direction of Bill No. 256 - *Patient Access to Care Act*. This support extends towards authorizing dietitians and other health professionals in Nova Scotia to work safely, competently, and ethically within their full individual scope of practice. Furthermore, the NSCDN supports mechanisms to welcome competent regulated health professionals into the province at a quicker rate. However, the NSCDN believes Bill No. 256 would benefit from additional clarity and safeguards regarding section 5(2) in support of public protection.

The NSCDN understands that subsection 5(2) of Bill 256 will further open Nova Scotia to out-of-province health professionals. The NSCDN agrees that the recruitment and licensure of out-of-province health professionals will improve access to healthcare in Nova Scotia. However, determining whether an international jurisdiction maintains similar education, training, entry-to-practice competence standards, and scopes of practice is a complex and labor-intensive exercise. The NSCDN feels that the proposed review process for prescribing jurisdictions requires clarification.

From the NSCDN's experience, education and regulatory processes for dietitians and nutritionists differ vastly throughout international jurisdictions. For example, some international jurisdictions have education, practicum, and regulatory processes similar to Canadian dietetic standards, whereas other jurisdictions have significantly lower education and practicum expectations and no regulatory requirements. The NSCDN currently has an English language proficiency requirement for applicants. Language-incongruent encounters can increase the risk of inadequate communication, misdiagnosis, and health complications. Therefore, it could adversely impact health outcomes, utilization and cost of healthcare services, health providers' effectiveness, and patient satisfaction and safety.

Furthermore, the NSCDN seeks clarification around the meaning of expanded scope of practice and completed application, as presented in Bill No. 256. This clarity would include how a regulated health professionals can engage in an expanded scope of practice and the role of a regulator in this process.

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

Dear Members of the Law Amendments Committee:

RE: Bill 256 – *Patient Access to Care Act*

1. I come here today as a lawyer with expertise in the area of professional regulation, a member of a self-regulated profession, and most importantly, as a patient interacting with Nova Scotia's healthcare system.

Lack of Consultation

2. First, I will begin by sharing my concern with the lack of public, professional, and regulatory consultation in the drafting of Bill 256. Second, I will speak to how this lack of consultation is clearly reflected throughout the provisions of this Bill in its purpose, language, and lack of defined terms. I am here to speak about the risks that these provisions will create for patient safety, professional integrity, and public confidence in regulated health professions if this Bill is passed as written.
3. To begin, I do not want the Committee to lose sight of the fact that the regulation of Nova Scotia's health professions emanates from the legislature, but much differently than how this Bill comes before us.
4. Prior to the introduction of Bill 256, the legislature granted the privilege of self-regulation to each of the regulated health professions impacted by Bill 256. In doing so, the

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legislature delegated decision-making authority to each of the professions themselves, through statute.

5. In granting self-regulation, the legislature recognized the immense institutional and professional expertise held by health professions regulatory bodies. The legislature afforded these regulators considerable latitude in their respective statutes when it comes to the power to decide on: policies and procedures that govern their professions, that maintain professional competence and integrity; and that best protect the public.
6. The legislature further mandated all health professions regulators, through their statutes, to act in the public interest. Protection of the public interest requires these regulators to hold individuals who seek to be registered and licenced in the health professions to high standards of conduct and performance, above and beyond what is generally required of individuals in society.
7. It is difficult to overstate the importance of proper, well thought out, risk-based regulation of our health professionals. The importance of professional regulators monitoring professional competence, conduct, and capacity stems from the dangerous consequences of failing to properly regulate professionals, and the extent to which the public places trust in them.
8. Government missed an invaluable opportunity when it failed to consult the public and regulatory stakeholders. Members of the public will ultimately be subject to the risks created by this legislation. Regulatory stakeholders are comprised of professionals who operate within carefully thought out and intentional regulatory frameworks; who make decisions in the public interest every single day.

Specific Issues Regarding Bill 256's Provisions

9. I will now speak to the specific issues created by Bill 256 from my perspective as a regulated health professional and as a member of the public.
10. The first concern I have with Bill 256 lies in section 2 – its purpose – which states in part, “ensuring all health professionals can work to the full extent of their training.” I am lawyer

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licensed to practice in Nova Scotia. I certainly have lots of "training", but I know that this does not mean that I am competent or have the skills to practice in every single area that I have received training in.

11. Similarly, I know that a physician who received training in surgery 20 years ago, but who has only ever practiced as a family physician, is not competent to perform a hip replacement. I certainly wouldn't want that physician performing a hip replacement on me. However, the purpose provision of this Bill appears to enable that.
12. Further, there is no mention in the purpose provision of any of the key guiding principles seen in other regulatory statutes in Nova Scotia: no mention of competence, safety, or of the public interest. In fact, safety is not mentioned at all, anywhere in the Bill. I am left wondering whether Government considered these guiding principles when drafting – stakeholder consultation would have ensured that these principles were appropriately considered.
13. The next section that is concerning to me is subsection 5(2), which fetters regulatory discretion in decision-making by requiring regulators to license any applicant who is registered, licensed, and in "good standing", in any jurisdiction that Government prescribes by regulation, without requiring final authorization by the regulatory body.
14. Subsection 5(2) does not define "good standing". In the regulatory world, "good standing" is a term of art with a different specialized meaning depending on the statute, the profession, and the jurisdiction. An applicant who is in "good standing" in Peru may not be considered to be in "good standing" in Nova Scotia, depending on their home jurisdiction's cultural competence requirements, language requirements, good character requirements, or professional liability insurance requirements.
15. If left as is, this provision enables Government, without final authorization of the health professions regulator, to require that regulator to license an applicant from another jurisdiction who may have a criminal background, who may lack sufficient language proficiency, competence, and professional liability insurance - to practice in Nova Scotia.

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16. This creates a dangerous environment for patients, who will ultimately be receiving care from registrants who are licensed under this provision. If I receive care from a physician licensed under subsection 5(2) who is considered to be in "good standing" in Peru, but does not possess professional liability insurance in Nova Scotia, I am not sufficiently protected if I am harmed by this physician's this care.
17. Ultimately, the regulation of professional practice through the creation and the operation of a licensing system involves the creation of valuable rights; and it is directed towards the protection of vulnerable interests. No one is better qualified to determine registration and licensing requirements for health professionals in Nova Scotia, than practising health professionals, who are themselves subject to the rules established by their governing body.
18. As member of the public, I do not want the decisions about who may be able to treat me when I am at my most vulnerable to be left to an institution that is not required to act in the public interest, and that is ultimately accountable to voters.
19. As a regulated professional, I understand that being licensed to practice in Nova Scotia is not a right, but an incredible privilege. I understand that working as a licensed professional in the Province requires me to be held to high standards, to maintain cultural competence, and to carry professional liability insurance. I understand that the best way to protect the public is to listen to the regulators, who are subject matter experts, who understand the risks, who interact with and screen registrants, and who have no agenda beyond public interest and public protection.
20. When it comes to registration and licensing requirements, public protection requires that regulators not merely be consulted, but have final authorization and discretion to determine who can practice safely in Nova Scotia.

Thank you,

Raylene Langor

Our File: 230085

March 27, 2023

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

Dear Members of the Law Amendments Committee:

RE: Bill 256 – *Patient Access to Care Act*

Introduction

I am a Partner with McInnes Cooper in Halifax. My law practice is focused on health law and the regulation of health professions in Nova Scotia.

I represent the Nova Scotia Regulated Health Professions Network (the "**Network**"). Jennifer Hemeon, the Executive Director of the Network, will be addressing the Law Amendments Committee separately.

Enclosed is a copy of the Network's written submissions to the Department of Health and Wellness regarding Bill 256 – *Patient Access to Care Act*.

Overview

Bill 256 represents a unique opportunity to improve Nova Scotians' access to healthcare services by reducing registration and licensing barriers for professionals licensed in other jurisdictions to relocate to our Province.

Further, the proposed legislation contains mechanisms that will hopefully allow for regulators to expand the scopes of practice of their professions in an efficient, timely, and cost-effective manner.

These are worthy aims.

Regrettably, however, neither the Network nor the professional health regulators in Nova Scotia were consulted regarding the content of Bill 256. Regulators appreciate that advance consultation regarding legislation is not always possible. However, regulators' expertise lies in

many of the areas canvassed in Bill 256. Regulators have first-hand experience, unique insights, and valuable suggestions to improve the effectiveness of such legislation, while still preserving their public interest mandate.

Introducing such far-reaching legislation in the absence of consultation erodes trust between the Government and the regulators responsible for safeguarding Nova Scotians in the delivery of healthcare services.

Issues

The Network's written submission to the Department of Health and Wellness sets out several concerns with the content and language of Bill 256. I encourage all members to carefully review and consider those submissions.

In the interest of time, I will address 2 of the main issues with Bill 256:

1. the requirement to waive all registration and licensing requirements for an applicant who is registered or licensed, in good standing, in any jurisdiction prescribed by the regulations; and
2. expanded scope of practice.

1. Waiving of registration and licensing requirements

Certainly, the intent of Bill 256 is to reduce barriers for competent and ethical professionals to move to and practise in Nova Scotia. We all appreciate the pronounced and immediate need for more healthcare professionals in this province. However, the goal cannot be more bodies at any cost.

At all times, Nova Scotians are entitled to receive care from competent and ethical professionals. As currently drafted, however, Bill 256 will require regulators to fully license professionals in "good standing" from prescribed jurisdictions, even when those professionals:

- have been convicted of criminal offences;
- are uninsured to provide healthcare services;
- are not competent to provide healthcare services;
- are incapacitated;
- have no knowledge of local healthcare practices;
- are unable to communicate proficiently with patients in English or French; and
- lack good character.

Further, regulators will be required to license such applicants without the ability to impose any licensing conditions or restrictions designed to ensure patient safety.

We are certain that it is not the Government's intent to expose Nova Scotians to such unnecessary risk in receiving healthcare. Unquestionably, Nova Scotians deserve increased access to care; however, surely we must ensure that such care is provided by competent and ethical professionals.

It is inappropriate and contrary to public safety to require regulators to automatically license professionals from other jurisdictions without first exercising some due diligence to ensure they possess the necessary competence and character to provide care to Nova Scotians.

The problem with Bill 256 as drafted is that it does not define "good standing". Rather, section 5(2) of the proposed legislation relies on the definition of "good standing", if any, in the applicant's home jurisdiction. Good standing is not a term that is consistently applied across professions and jurisdictions. Even within Nova Scotia, there is significant variance in the meaning of "good standing".

The manner in which good standing is used in Bill 256 may result in regulators being required to license applicants that are incompetent, incapacitated, lack character, or have engaged in misconduct. This is not consistent with regulators' duty to ensure that Nova Scotians are protected in the delivery of healthcare services.

Ultimately, the unintended consequences of this provision, without amendment, may cause the public to lose confidence in professional regulation. If this provision is to remain in Bill 256, the concept of "good standing" must either be reconsidered or defined. The Network's written submission proposes recommendations in this regard.

2. Expanded scope of practice

Bill 256 includes provisions that will enable the Governor-in-Council to make regulations allowing healthcare professionals to practise in expanded scope of practice areas.

The ability to expand scopes of practice for the health professions in Nova Scotia will help ensure patients have enhanced access to safe, quality healthcare. For many regulators in Nova Scotia, the current legislative process for expanding the scope of practice of their respective profession requires amending their governing Act, which is a burdensome, lengthy, and resource intensive endeavour. Accordingly, the opportunity to amend scopes of practice through regulation, which is more efficient and timelier, is a welcome development.

Again, however, the language of Bill 256 creates unacceptable risk to Nova Scotians. When read in conjunction with section 7, the definition of "expanded scope of practice area" suggests that an expanded scope of practice area for an individual practitioner can include services that are outside the scope of the profession – as long as that practitioner believes they are competent to perform those services.

This 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 will create significant risk to patient

safety as the professional's regulator has no jurisdiction to regulate services that are outside of the scope of practice of its profession – effectively resulting in unregulated services. Regulators cannot create standards of practice, adopt ethical principles, investigate complaints, or perform other important regulatory functions with respect to services that its registrants perform outside of the scope of practice of its profession.

The Network's written submission contains recommendations and language proposed to address these concerns.

Conclusion

Overall, we fully support the intent of reducing licensing barriers for competent healthcare professionals. We are also optimistic that Bill 256 will allow for scopes of practice to be expanded in a more efficient and timely manner.

However, Bill 256, as currently drafted, creates unacceptable risks in the provision of healthcare. Nova Scotians are rightfully entitled to expect that Government will amend Bill 256 to mitigate against these risks.

Thank you for the opportunity to speak to Bill 256.

Yours very truly,



Ryan Baxter

Enclosure

**JOINT SUBMISSION TO
DEPARTMENT OF HEALTH AND WELLNESS**

BILL 256 - PATIENT ACCESS TO CARE ACT

**Submitted by Marjorie Hickey, Ryan Baxter and
Raylene Langor, on behalf of the Nova Scotia Regulated
Health Professions Network**

March 26, 2023

MCINNES
COOPER

I. INTRODUCTION

On March 21, 2023, the Minister of Health and Wellness introduced Bill 256 - *Patient Access to Care Act* – for First Reading in the House of Assembly.

Neither the Regulated Health Professions Network (the “**Network**”) nor the professional health regulators in Nova Scotia were consulted regarding the content of Bill 256. Regulators appreciate that advance consultation regarding legislation is not always possible. However, regulators’ expertise lies in many of the topics canvassed in Bill 256. Regulators often have first-hand experience, unique insights, and valuable suggestions to improve the effectiveness of such legislation, while still preserving their public interest mandate.

The Network supports the Act’s purpose in principle. We support Government’s priority of ensuring that health professionals in Nova Scotia are empowered to work within their full individual scope of practice, safely, competently, and ethically.

The Network further supports establishing mechanisms to make it easier for competent fully licensed health professionals who are registered in other provincial jurisdictions to work in Nova Scotia. However, the Network believes that Bill 256 could benefit from increased clarity, and revised definitions to better reflect the terms used in existing regulatory statutes.

The Executive of the Network met on an emergency basis on March 22 and 23, 2023 to review and discuss the content of Bill 256. Following its preliminary review of Bill 256, the Executive identified several significant areas of concern regarding the purpose, clarity, and language of the proposed legislation.

Based on communications between Mark Lucas and the Network’s legal counsel, the Network understands that the Department is open to hearing from the regulators prior to Bill 256 coming before the Law Amendments Committee. The Network further understands that Government itself can make amendments at the Law Amendments Committee.

As Second Reading occurred quickly after Bill 256’s introduction, the Network deemed it necessary to provide its comments without delay with the hope that Government will address the Network’s concerns at the Law Amendments Committee, presently scheduled to take place on Monday, March 27, 2023.

The Network Council, representing all of Nova Scotia’s health professions regulators, met on an emergency basis on March 23 and 24, 2023 to further review and discuss the content of Bill 256 following Second Reading. The Network is particularly supportive of acting in partnership with Government to improve access to healthcare and patient safety in the Province, as alluded to in Minister Thompson’s comments during Second Reading.

Ultimately, we are the regulators tasked with upholding the public interest. Ensuring that Nova Scotians receive timely access to healthcare is certainly part of our mandate. However, we must also ensure that the care received by Nova Scotians is provided by properly qualified and competent professionals. We hope that our comments and suggestions reflect our intent to provide valuable feedback to Government on how the legislation can be crafted in a way that both increases access to care, and appropriately reduces unnecessary risk, in order to maintain public safety and confidence.

The comments below reflect the submissions of the Network's Council; the combined voice of the regulators of Nova Scotia's health professions. This submission does not preclude a particular regulator from departing from this joint submission or adding supplementary profession-specific comments.

II. PRIMARY CONCERNS

Based on its preliminary review and interpretation of Bill 256, the Network has identified the following main concerns:

1. Reference to training in the purpose section of the legislation.

Since the "Purpose" section of an Act provides a key interpretive tool when considering the meaning of all other sections of the Act and its regulations, it is critical that the purpose is clearly expressed and clearly understood. As presently written, the Network believes that the purpose of the Bill, however beneficial to the public, remains unclear.

The proposed language states that the purpose, among other things, is to ensure "all health professionals can work to the full extent of their training...". The term "health professionals" is not defined, and indeed throughout the legislation other terminology is used instead.

The vaguest portion of this section however is the use of the word "training". Being trained does not mean a health professional is competent. Health professionals are not necessarily competent to engage in all practices for which they have received training. Training is only one of the many elements of competence. Competence generally refers to the ability to integrate the knowledge, skills and judgement required to practise safely and ethically.

Accordingly, practising to one's full extent of their training is inconsistent with professional self-regulation, wherein registrants are authorized to practise to the full extent of their competence – which is generally recognized as their "individual scope of practice".

The statutes establishing the health profession regulators in this Province use the language of "competencies", "competent", "individual scope of practice" and "scope of practice of the profession" when addressing the extent to which registrants may engage in the provision of a particular service. In Schedule "B" to Bill 256, the terms "individual scope of practice" and "scope of practice of the profession" are defined for purposes of the *Act Respecting Medical Certificates for Employee Absences Due to Sickness or Injury*. The same definitions should be included in the *Patient Access to Care Act*.

Statutes such as the *Nursing Act* include the concept of "expanded scope of practice" and through clause 45(1)(f) of that Act, there is a clear statement indicating registrants must practice only within their individual scope of practice and any expanded scope of practice authorized by the legislation.

To the extent Bill 256 introduces the concept of an expanded scope of practice, the language from the *Nursing Act* offers a useful template.

This Bill should use language that is understood and adopted by the regulated health professions in this Province and should not introduce undefined terms like "training".

To be clear, the Network is supportive of registrants practising to their full individual scope of practice. The language of the Bill should reflect that.

RECOMMENDATION:

Revise wording of section 2 of Bill 256 as follows:

Existing wording	Proposed wording
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 training and continuing the reduction of administrative burdens in health care, including incenting companies to reduce their administrative demands on health professionals.	<p>The purpose of this Act is to improve patient access to care <u>and promote public safety</u> by further opening the Province to out-of-province health professionals, ensuring all health professionals can work to the full extent of their <u>individual scope of practice</u> 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 <u>registrant</u> of a regulated health profession is educated, authorized and competent to perform; [Adopted from Schedule B to Bill 256]</p>

2. The concept of "expanded scope of practice area"

In principle, the Network supports the Government's efforts in reducing barriers to health professions practising to the full extent of their individual scope of practice and agrees with the Government's intent.

However, when read in conjunction with section 7, the definition of "expanded scope of practice area" suggests that an expanded scope of practice area for an individual practitioner can include services that are outside the scope of the

profession – as long as that practitioner believes they are competent to perform those services.

This 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 will create significant risk to patient safety as the professional's regulator has no jurisdiction to regulate services that are outside of the scope of practice of its profession – effectively resulting in unregulated services. Regulators cannot create standards of practice, adopt ethical principles, investigate complaints, or perform other important regulatory functions with respect to services that its registrants perform outside of the scope of practice of its profession.

Regulators must maintain the ability to regulate services provided in accordance with expanded scopes of practice. In order to ensure appropriate oversight and regulation of all health services provided by regulated professionals in Nova Scotia, a corresponding amendment to a profession's jurisdiction must accompany any expansion to the scope of the profession.

Further, regulators themselves must maintain the authority to authorize registrants to practise in expanded scope of practice areas.

RECOMMENDATION:

Revise wording of section 7 of Bill 256 as follows:

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

Revise wording of section 8(1)(a) of Bill 256 as follows:

Existing wording	Proposed wording
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;	respecting expanded scope of practice areas, including setting out services that are to be included;

Revise wording of section 8(1)(b) of Bill 256 as follows:

Existing wording	Proposed wording
allowing practitioners to practise in expanded scope of practice areas;	allowing <u>regulators to authorize</u> registrants to practise in expanded scope of practice areas;

Revise wording of section 8(1)(c) of Bill 256 as follows:

Existing wording	Proposed wording
allowing an authority to prescribe requirements for practice in an expanded scope of practice area, including requirements for qualifications, experience or examination;	allowing regulators to prescribe requirements for practice in an expanded scope of practice area, including requirements for qualifications, experience, and/or examination;

3. Waiver of requirements for applicants in “good standing”

The Network generally agrees with the intent of reducing barriers to registration and licensing for competent health professionals. However, the Network is concerned about the potential unintended consequences of having to waive registration and licensing requirements for applicants registered or licensed in “good standing” in any jurisdiction prescribed by the regulations, pursuant to subsection 5(2) of Bill 256.

This concern emanates from the fact that “good standing” is not defined in Bill 256. Rather, this provision relies on the definition of “good standing”, if any, in the applicant’s home jurisdiction. Even when “good standing” is defined in regulatory legislation or policy, the definition varies across jurisdictions and professions.

Section 5(2) further removes regulators’ ability to require applicants to provide proof of certain criteria established to protect the public, such as criminal and/or background checks, evidence of good character, demonstration of knowledge of local jurisprudence and practice standards, language proficiency, and proof of liability insurance.

Similarly, section 5(2) removes regulators’ ability to assess whether an applicant has a disciplinary history in another jurisdiction, and to address any conditions or restrictions on the applicant’s license put in place by other jurisdictions.

Ultimately, the unintended consequences of this provision, without amendment, may cause the public to lose confidence in professional regulation.

RECOMMENDATION:

If this provision is to remain in Bill 256, the concept of "good standing" must either be reconsidered or defined. One potential is to include some of the same requirements as set out in the Atlantic Register announced by the Council of Atlantic Premiers with respect to physicians (full licensure to practise without conditions, restrictions, undertakings, or supervision).

Proposed language for sections 5(1) and (2).

Existing wording	Proposed wording
<p>5 (1) 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>(2) 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 good standing in any jurisdiction prescribed by the regulations.</p>	<p>5 (1) A regulator shall waive any requirement for registration, licensing or renewal of registration or licensing where:</p> <ul style="list-style-type: none"> (a) it is required by law; or (b) it is in the public interest; and (c) the regulator receives a completed application which provides satisfactory proof that the applicant meets all of the following criteria: <ul style="list-style-type: none"> 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. <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 association, college, board, committee, registrar or other person or body in another province of Canada or a jurisdiction prescribed by the regulations responsible</p>

	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;
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4. Processing of “completed applications”

The Network understands that the intent of subsection 5(3) of Bill 256 is to ensure that applications from applicants registered and/or licensed in other jurisdictions are processed in a timely manner once a regulator receives a completed application. The Network is supportive of achieving efficiencies in registration and licensing processes.

The Network welcomes the 5-business day processing window for completed applications and believes its members can achieve this if a completed application means all inquiries and issues have been addressed.

However, the Network considers the current wording of section 5(3) may create practical issues for a few reasons. First, Bill 256 does not define “completed application”, which leads to uncertainty. 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.

RECOMMENDATION:

A workable definition of “completed application” is necessary. The legislation must be clear to both manage regulators’ and applicants’ expectations. Applicants also need to know what a completed application is.

5. Application fees

For many regulators, the processing of applications is a resource intensive exercise and applications fees are a significant source of revenue for regulators.

The Network is not opposed in principle to regulators not charging fees respecting an application for registration and licensing, as long as the Government reimburses regulators for lost revenue arising from this provision. In his email advising the Network of Bill 256, Mark Lucas spoke of Government reimbursing regulators for lost revenue arising from this provision; however, the Bill is silent on this intention. There is no certainty that regulators will indeed be reimbursed unless reimbursement is provided for in the legislation.

Further, clarity is required as to the meaning of “application fee” in section 6 of Bill 256. Some regulators charge an application fee, in addition to registration and licensing fees. Is the intent to preclude regulators from charging any fees, or just the application fee?

RECOMMENDATION:

Include language in the legislation to reflect Government's intent to reimburse regulators for fees.

6. Regulation-making authority to prescribe jurisdictions

The Network appreciates that the intent of subsection 5(2) of Bill 256 is to further open Nova Scotia to out-of-province health professionals. The Network agrees that the recruitment and licensure of out-of-province health professionals will assist in increasing access to healthcare in Nova Scotia.

However, determining whether an international jurisdiction maintains similar education, training, entry-to-practise competence standards, and scopes of practice is an intricate and labour-intensive exercise. The proposed vetting process for prescribing jurisdictions is entirely unclear.

Moreover, a prescribed jurisdiction may maintain equivalent education, training, competency standards, and scope of practice for one profession, but not another. For example, a prescribed jurisdiction may satisfy the requirements for physicians, but not physiotherapists.

In the Network's view, the ability for the Governor in Council to prescribe a blanket requirement for the waiver of registration, licensure, and renewal criteria for a prescribed jurisdiction for all professions has potentially far-reaching consequences for public safety.

March 27, 2023

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

Dear Members of the Law Amendments Committee:

RE: Bill 256 – Patient Access to Care Act

Honourable Minister Johns, Chairperson, members of the Law Amendments Committee, and all those in attendance today, I thank you for the opportunity to speak to Bill 256, the Patient Access to Care Act. My name is Stacy Bryan, and I am the Registrar for the College of Dental Hygienists of Nova Scotia, or CDHNS.

The CDHNS is the professional regulator of the dental hygiene profession in Nova Scotia, and we were established pursuant to the *Dental Hygienists Act*.

Our legislated responsibility is to serve and protect the public interest in the practice of dental hygiene and to ensure that Nova Scotians receive safe, effective care from competent and ethical dental hygienists. And it is from that lens that I make these comments to you today.

Dental hygiene is fairly new to the self-regulating world here in Nova Scotia – our legislation was proclaimed and came into force on May 15, 2009. Since that time, we have grown from 593 practising registrants to 822 practising registrants.

The CDHNS supports the intent of this Bill – which is to increase access to care in Nova Scotia. We welcome the introduction of a bill that, if passed, will allow regulators to work collaboratively with the government, and other stakeholders, to explore other mechanisms to improve access to care, including optimization, and potential expansion of, scope of practice for a specific profession. Certainly, the need for us to be flexible, efficient, and work collaboratively to make necessary changes was highlighted during the pandemic.

There are 4 main issues with Bill 256 that the CDHNS wishes to address – these are:

1. expanded scope of practice;
2. the processing of completed applications;
3. the requirement to waive all registration and licensing requirements for an applicant who is registered or licensed, in good standing, in any jurisdiction prescribed by the regulations; and
4. prescribed international jurisdictions for the purpose of registration and licensing.

1. SCOPE OF PRACTICE: We support the opportunity to “make better use of the workforce” and we are eager to be part of the solution. It is well known that oral health directly impacts overall health and dental hygienists are passionate champions of achieving oral health and overall health for Nova Scotians.

There has been discussion about optimization of the current scope of practice, as well as ensuring there is enabling legislation, as intended with this Bill, that allows a profession's scope of practice to evolve over time.

Firstly, the current scope of practice for Nova Scotia dental hygienists is not being optimized here in Nova Scotia. In October 2014, a CDHNS White Paper, entitled [Prevent More to Treat Less](#) was published¹. In it, we outlined the oral health issues in Nova Scotia, such as oral health inequities, barriers to care, and the impacts and costs of oral diseases.

We also offered solutions which included 13 recommendations of how dental hygienists could be better utilized within the health care system such as investing in workforce innovations that optimized dental hygiene scope of practice in non-dental community-based settings like long-term care facilities, daycares, and collaborative care centers.

Nine years later, these oral health issues remain, and the majority of the recommendations, which have been successfully implemented in other provinces or countries, have yet to be implemented here in Nova Scotia.

The CDHNS is also open to expanding the scope of practice for health professions, including dental hygiene, as professions change and grow. We appreciate that this new Bill will allow the government, in collaboration with the regulator, to ensure that happens in a timely manner.

The Network submission regarding Bill 256 submitted to the Department of Health and Wellness proposes revisions to some of the wording of this Bill around 'scope of practice'. These proposed revisions are intended to ensure public safety and I'd like to briefly underscore a few of these points now from the CDHNS's viewpoint:

- It is critical that the Governor in Council engage in meaningful consultation prior to the enactment of any regulation that expands the scope of practice for any of the health professions. Ultimately, the regulators are the experts with regard to their respective professions. We are hopeful that Government will appreciate and rely on this expertise when looking at expanding the scope of practice. The CDHNS's interest in overseeing any changes to the dental hygiene scope of practice is embedded in its public interest mandate. We are committed to ensuring that any evolution to the dental hygiene scope of practice maintains the level of safe and competent care that Nova Scotia expects of registered dental hygienists.
- Any expansion of a profession's scope of practice must include the ability for the applicable regulator to prescribe the requirements for a registrant to perform that new 'scope', such as qualifications, experience, and examinations.

2. COMPLETED APPLICATIONS: In 2022, the CDHNS received 59 new applications for registration and licensing, 20 of which originated from other Canadian jurisdictions. The average time that interprovincial applicants were issued a practising licence, following receipt of a complete application, was 5 business days – the timeline outlined in this proposed Bill [subsection 5(3)].

¹ https://cdhns.ca/images/CDHNS_Prevent_More_to_Treat_Less_OCTOBER_2014_FINAL-_Updated_Contact_Info_-_Sept_2019.pdf

The CDHNS supports this timing inclusion. *However, it is critical that Bill 256 include a definition for 'complete application' to ensure that both the applicant and the regulatory body have the same expectations.* Applicants and regulators often have different views regarding what constitutes a completed application.

Currently, for the CDHNS, a "complete application" means an applicant has submitted the required fees, and all information or documentation necessary for the regulator to render a decision.

3. MANDATORY WAIVING OF REGISTRATION AND LICENSING REQUIREMENTS [Sections 5 (1) and (2) of Bill 256]: Overall, the CDHNS concurs with the intent to reduce barriers to registration and licensing for competent health professionals fully licensed in other Canadian jurisdictions. However, we are of the view that the current wording of sections 5(1) and 5(2) of Bill 256 will result in unintended consequences that have the potential to jeopardize public safety.

Section 5(2) requires a regulator to waive all requirements for registration, licensing or renewal of registration or licensing for any applicant who is registered or licensed, in good standing, in any jurisdiction prescribed by the regulations. However:

- Bill 256 does not define "good standing". Good standing is not a term that is consistently applied across professions and jurisdictions. Even within Nova Scotia, there is significant variance in the meaning of "good standing". Pursuant to the current wording of Bill 256, regulators must rely on the meaning of "good standing", if any, in the applicant's originating jurisdiction. The manner in which good standing is used in Bill 256 may result in regulators being required to license applicants that are incompetent, incapacitated, lack character, or have engaged in misconduct. This is not consistent with regulators' duty to ensure that Nova Scotians are protected in the delivery of healthcare services.
- This section also removes a regulator's ability to assess whether an applicant has a disciplinary history in another jurisdiction and to address any conditions or restrictions on the applicant's licence, put in place by other jurisdictions.
- As a regulator, operating in the best interest of the public, it is critical that we are able to look into an individual's character, competence, and capacity and to implement conditions/restrictions that support the safe provision of care for Nova Scotians.

Further, this section would even require regulators to license applicants that do not carry professional liability insurance. Currently, all dental hygienists practising in Nova Scotia must carry insurance in order to ensure that any client injured while receiving care is protected. The CDHNS is certain that the Government is not intending to permit uninsured healthcare professionals to practise in this province; however, that is what the current wording of Bill 256 would allow.

The CDHNS recommends that subsections 5(1) and (2) be deleted and replaced with the following:

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

(a) it is required by law; or

(b) it is in the public interest; and

(c) 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.

Definitions of 'equivalent licence' and 'extra-provincial regulator' should also be included.

4. PRESCRIBED JURISDICTIONS: The CDHNS appreciates that the intent of subsection 5(2) of Bill 256, in its reference to 'any jurisdiction prescribed by the Regulations' is to further open Nova Scotia to out-of-province health professionals – those from other Canadian jurisdictions and those from outside of Canada. We concur that recruitment and licensure of out-of-province health professionals will assist in increasing access to healthcare in Nova Scotia.

- However, determining whether an international jurisdiction maintains similar education, entry-to-practice competencies, scopes, etc., is a process that needs to be more clearly defined – either in the Act or its accompanying regulations.
- It may be that a prescribed jurisdiction (country) may meet the equivalency requirements for one profession, but not another.
- It is our belief that a jurisdiction equivalency should be determined by profession, rather than by implementing a blanket requirement for a specific country/jurisdiction.
- There are many professions that already have provincial and/or national mechanisms in place to determine this equivalency.

Sincerely,



Stacy Bryan, RDH, Dip DH, MA Lead
Registrar, CDHNS



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March 27, 2023

Re: Submissions to the Law Amendments Committee regarding Bill 256: *Patient Access to Care Act*.

Please accept the attached submission of Dr. D.A. Grant for the College of Physicians and Surgeons of Nova Scotia.

Yours truly,

D.A. (Gus) Grant, AB, LLB, MD, CCFP, ICD.D
Registrar & CEO

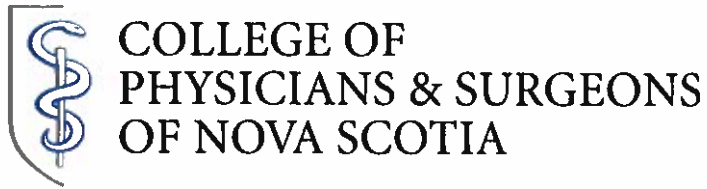
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COLLEGE OF
PHYSICIANS & SURGEONS
OF NOVA SCOTIA

Submissions to the Law Amendments Committee regarding Bill 256: Patient Access to Care Act

Submissions to the Law Amendments Committee regarding Bill 256: *Patient Access to Care Act*.
Submitted on behalf of the College of Physicians and Surgeons of Nova Scotia (CPSNS)
March 27, 2023



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March 27, 2023

Submissions to the Law Amendments Committee regarding Bill 256: Patient Access to Care Act. Submitted on behalf of the College of Physicians and Surgeons of Nova Scotia (CPSNS)

I am Dr. Gus Grant, the Registrar of the CPSNS. I am joined by Dr. Keri McAdoo, the Deputy Registrar.

The College's mission is public safety. It is through the lens of public safety that we do our work of licensing physicians, setting the standards for medicine, investigating complaints, and regulating over 3300 physicians and residents licensed in our province.

All in this room are united to public safety. The government is correct to focus on access to care as our most pressing issue. The College wants to be a part of the solution, to help deliver on its goals.

As long-standing family physicians, we worry for those without primary care. Lack of access, and lack of access to primary care in particular, is not safe. Government, the public, and all in this room can clearly see that.

As we all seek to expand access to care, the College can help government ensure that the care is safe.

There is much in Bill 265 that already aligns with the work of the College. We already turn completed licence applications around quickly, always in less than 5 days. We license readily physicians from other provinces. Access to care is more important than application fees, which are waived by the Act. As Registrars, Dr. McAdoo and I have broad authority to waive license requirements, a discretion exercised frequently.

As a regulator, we have concern about some language in the Act and how that language might affect the path forward. For the Act to achieve its goals safely, particularly if the Act stands unamended, robust and thoughtful regulations will be needed.

Let me offer some examples:

1. To improve access to care, the act seeks to bring expansion of scopes of practice into regulations, so as ensure all health professionals can work **"to the full extent of their training"**.

Bringing scope of practice under regulations is a very good idea, particularly for professions hamstrung by scopes defined in their Act. We support and applaud this initiative. Regulations can be changed more quickly than Acts and, if collaboratively developed by government and the professions, can allow defined scopes of practice to keep pace with the evolution of health care.

We applaud the underlying idea here – to enable professionals to maximize their contributions.

The language chosen is to let professionals work to “the full extent of their training”. Those who work in health care, however, would prefer different wording.

Health professionals and regulators speak in the language of competence, of which training is but one component. We include experience, currency of experience, demonstrated ability, continuing professional development. Put it this way: 25 years ago, I was trained to deliver babies. I delivered my last one 20 years ago. I am trained to deliver babies. I am not competent to deliver babies and I shouldn’t be licensed to do so today.

It is a small example, but one that underscores the need for the voice of the profession in the room when regulations are drafted.

2. To improve access to care, the act seeks quick licensure for physicians elsewhere in Canada who are “in good standing”.

To the lay person, this sounds perfectly reasonable. We agree with the underlying idea. Not only do we agree with it, it is already our practice and our legal duty. The recent agreement to launch the Atlantic Register has taken this further than anywhere in Canada.

While we support the idea, we have concerns about the language. “In good standing” means different things to different organizations. There are organizations for which “in good standing” simply means “fees are paid and up to date”. The suspended practitioner or the one subject to criminal investigation would be “in good standing”. As regulators, we would prefer language like “independently license to practise without condition, restrictions, or undertakings”.

Again, this is a small example where the voice of the profession, in this case regulators, will need to be heard when regulations are developed.

Regarding Physician Mobility and International Medical Graduates:

The College supports physician mobility and all efforts to welcome competent physicians to NS.

Most would think there is but one type of medical licence. There are many. In addition to licence types, many physicians have conditions and restrictions on their licence, put in place for reasons of safety. The medical license bodies work hard to tailor licensure to allow physicians to safely maximize their contributions. When a physician changes provinces, those safeguards need to travel too. The driver licensed to drive a passenger vehicle in Ontario cannot come and drive a big rig in NS.

I would like to draw attention to section 8 (1) (d). This section confers to government the authority to identify international jurisdictions where Canadian license requirements could be waived.

We already waive requirements for family physicians from Australia, UK, Ireland, and for all certified physicians from the US as of right. We are the first province in Canada to do so. We took this step because their training, their practice, and their certification processes are safe and substantially similar to ours.

We are keen to explore whether other jurisdictions merit the same treatment and would welcome collaborating with government in that pursuit. In our experience, it is far more complex than most might think.

With our current approach, Nova Scotia's doorway is wider and pathway to long-term licensure is shorter than anywhere else in Canada. Safeguards are necessary.

It is tempting to think that biology is biology, and therefore medicine is medicine. Medicine is so much more than biology. Medical training and practice vary greatly around the world, particularly in areas where culture, law, and medicine overlap. Arriving physicians to Nova Scotia often come with different training and approaches to contraception, informed consent, human rights, mental health, abortion, opioid prescribing, and medical assistance in dying. For such reasons, these physicians need oversight and evaluation.

To set arriving physicians up for success in practice, welcoming, orientation, supervision, support, and mentorship are needed.

For this reason, the College developed the Welcome Collaborative, with government support. Next month, 19 new physicians, mostly from Nigeria, will spend intense days with the College building relationships and learning about medicine in Nova Scotia. It is hard to come to a place to practise where you look and sound different than most of their patients, while learning a new and foreign system. It is not in the public or the physician's best interest to simply issue them a Full licence and let them find their own way.

We share and support the Government's goals. It is only fair to acknowledge government has an incredibly difficult job – access to care is not just a Nova Scotia issue, it is worldwide. As this is our life's work, we can assure you one thing: there are no easy solutions.

This Bill brings both good intentions and good ideas. To achieve them, we would propose:

- a. This Committee add language to this Bill;
 - i. Declaring the Bill can only be effective when the enforcing regulations are developed;
 - ii. Ensuring the regulations shall be developed with the participation and concurrence of the GIC and the affected professional regulatory authorities; and
 - iii. Ensuring the Bill and Regulations must be followed as a whole.

Through the lens of safety and with the knowledge of practice, the College has long collaborated and supported thoughtful expansion of scopes of practice for allied professionals. One need only look at the expansion of contributions made by physician assistants, nurse practitioners, greater pharmacist, and paramedic scope of practice over the last decade, all of which involved engagement with the College.

We urge this committee to recommend the suggested amendment so we can move forward together to help solve the pressures we are all feeling.

All of which is respectfully submitted.

D.A. (Gus) Grant, AB, LLB, MD, CCFP, ICD.D.
Registrar, CPSNS

March 27th, 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 2nd 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 training 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 they 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 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 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>"authority" 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>"regulator" means any college, board, committee, registrar or other person or body responsible for making decisions respecting the</p>

Bill	Network Concern	NSCN Proposed Revision
body responsible for making decisions respecting the registration, licensing or renewal of registration or licensing of a regulated health profession;	authority of a regulator. For better clarity, we suggest "authority" be changed to "regulator".	registration, licensing or renewal of registration or licensing of a registrant of a regulated health profession ;
<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 professional competence;</p>	<p>The wording of this definition suggests that an expanded scope of practice area for an individual practitioner can include services that are outside the scope of the profession – as long as that practitioner 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>

Bill	Network Concern	NSCN Proposed Revision
	The term “professional competence” in this section should be replaced with “individual scope of practice”.	
<p>Section 3</p> <p>“practitioner” means a person who practices a regulated health profession.</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>Section 5(1)</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>

Bill	Network Concern	NSCN Proposed Revision
	<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"> i. the applicant holds an equivalent licence; ii. the applicant is not subject to any outstanding complaints with the extra-provincial regulator; and iii. there are no prohibitions, conditions, agreements or restrictions on the applicant's licence or registration with the extra-provincial regulator.

Bill	Network Concern	NSCN Proposed Revision
<p>Section 5(2)</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 good standing 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"> ▪ professional liability insurance; ▪ a clear criminal background check; ▪ evidence of good character, including a history of disciplinary findings or licensing sanctions; ▪ a demonstration of knowledge of local jurisprudence; ▪ evidence of proficiency in English language, where English is the only language used by the regulator; ▪ addressing conditions or restrictions on licences. <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 same type 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>

Bill	Network Concern	NSCN Proposed Revision
<p>Section 5(3)</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 completed application.</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>Section 5(4)</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>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.</p>
<p>Section 6</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>

Bill	Network Concern	NSCN Proposed Revision
registered and licensed in the same profession in another province of Canada or any other jurisdiction prescribed by the regulations.	<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 any 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 registrant may practise in an expanded scope of practice area if allowed by the regulations and authorized by the registrant's regulator.</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 services that are to be included; See above re proposed revisions to definition of expanded scope of practice areas and s7</p>

Bill	Network Concern	NSCN Proposed Revision
(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 regulators to authorize registrants to practise 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 regulator to prescribe requirements for practice 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) expanding the regulatory jurisdiction of any regulator to include additional health-care professionals who are not within the regulatory jurisdiction of another regulator ;



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**Provincial Dental Board of Nova Scotia
Submission to the Law Amendments Committee
Regarding Bill 256 (Patient Access to Care Act)
March 27, 2023**

Dear respected members of the Committee:

On behalf of the Provincial Dental Board of Nova Scotia (PDBNS), I thank you for the opportunity to speak to the proposed Patient Access to Care Act (PACA). I would also like to commend government for turning its attention to healthcare in such a focused way and to thank members of the opposition for their support of these initiatives.

Specifically, I applaud you for the various initiatives around improving access to care. There are unquestionably several factors limiting access to oral healthcare for many Nova Scotians. The timing of this Bill coincides nicely with other initiatives at the provincial and federal levels aimed at improving access to oral health care, particularly for marginalized groups.

MANDATE OF THE PROVINCIAL DENTAL BOARD OF NOVA SCOTIA

The mandate of the PDBNS aligns with that of other Nova Scotia health regulators: to protect the public interest and safety, in our case specifically in the delivery of dental care. One of the critical ways we do this is by ensuring that we issue licenses only to individuals with the necessary knowledge, skills, and abilities to practise dentistry competently, safely, and ethically. When a Nova Scotian is reclined in a dental chair, they have a right to know that the practitioners working on them are competent to practise safely.

With your indulgence, I would like to present an overview of one of the areas in which we fulfill this mandate of public protection, specifically as it pertains to the assessment of the educational background of applicants from various jurisdictions. Then I will describe how Section 8(1)(d) of this Bill will impact our ability to fulfill this important role. I would also like to express that the PDBNS is supportive of and aligns with the feedback provided by the Network of Regulated Health Professionals.

ACCREDITATION

Across Canada, dental regulatory authorities rely heavily on qualified third parties to aid in determining the competence of applicants. One such organization is the Commission on Dental Accreditation of Canada (CDAC) which has a rigorous process for accrediting all oral health educational programs. Co-incidentally, the undergraduate and graduate programs in Dalhousie's Faculty of Dentistry are undergoing their accreditation survey visit as we speak this week. All dental education programs are subject to such site-visits every 7 years, in which a team of surveyors descends on the school and performs a thorough, in-depth assessment of the educational content and processes, after having reviewed extensive documentation provided by the programs. From my past experience both as a part-time dental educator at Dalhousie and as an accreditation surveyor elsewhere, I can report that

dental schools take the accreditation process very seriously and work extremely hard to meet or exceed the minimum requirements to maintain accreditation.

As the dental regulator in Nova Scotia, when we receive a licensing application from a graduate of an accredited institution, we can have confidence in their educational background, which is one key factor in determining competence.

THE GLOBAL CONTEXT OF DENTAL EDUCATION

We understand that health education varies widely around the world in many ways, including qualification for admission, scope of subject matter, and teaching pedagogies and methodologies. Certainly, there are likely jurisdictions where the quality of dental education meets or exceeds that in Canada, and others where it may not. For example, there are dental schools in which students graduate without having ever performed any dentistry on actual patients. This contrasts with Canadian schools in which students spend two full years treating patients daily under supervision.

MUTUAL RECOGNITION AGREEMENTS FOR ACCREDITATION

It is simply impossible for dental regulators to know what standards are upheld by every single non-Canadian dental education institution. For this reason, Canadian dental regulators and their partners have developed innovative approaches to assessing international applicants. At the end of the day, we want to license every qualified and competent practitioner who wishes to contribute to the delivery of oral healthcare in Nova Scotia.

One of the ways we have opened pathways to licensure for graduates of dental schools outside Canada is through the development of mutual recognition agreements (MRAs) with other countries. To date CDAC has developed such agreements with dental accreditation bodies in 4 other countries: the US, Australia, New Zealand, and Ireland. These accreditation bodies have done deep dives into each other's accreditation requirements and processes. The result is that dental education programs in these countries are deemed to be accredited in Canada and their graduates follow the same pathway to licensure in Nova Scotia as graduates of Canadian programs.

Notably, this reciprocity is maintained through ongoing dialogue and evaluation of each other's accreditation standards and processes. The development of such agreements is not a "one and done" exercise. It requires experts in dental education and accreditation who are continually reassessing to ensure the standards are comparable in these jurisdictions.

It is also worth noting that there are ongoing initiatives to develop MRAs with other jurisdictions in the future.

OTHER PATHWAYS TO LICENSURE

For graduates of dental training programs which are not accredited in Canada (i.e., not in Canada or one of the four other countries with MRAs), Canadian dental regulators rely on the National Dental Examining Board of Canada (NDEB) which has a dedicated Credential Verification Department with a team of experts in this field.

Since 2011, the NDEB has offered a series of three assessments which give dentists from non-accredited programs the opportunity to demonstrate equivalence to graduates of accredited programs with respect to the knowledge, judgement, and psychomotor skills necessary for the safe practice of dentistry. Once deemed equivalent, a graduate of a non-accredited dental school follows the same pathway to licensure as Canadian graduates. Alternatively, these dentists can choose to complete a degree completion ("gap-training") program at a Canadian faculty of dentistry.

Earlier this year, the Canadian dental regulators engaged with the Association of Canadian Faculties of Dentistry to secure federal funding to explore the development of additional pathways to licensure, the goal being to further enable qualified individuals obtain licensure while ensuring public protection and safety.

SUCCESS OF THESE INITIATIVES

These initiatives have been quite successful in facilitating entry into the profession for dentists trained outside Canada. Between 2010 and 2022, the number of newly licensed dentists in Canada trained in Canadian programs is equivalent to the number trained internationally. In Nova Scotia since 2019, 25.5% of newly licensed dentists had received their training outside Canada. (This is according to analysis of our registration data by the Health Workforce Planning Division of Nova Scotia's Department of Health and Wellness, as well as data we submitted to the Office of the Fair Registration Practices Act.) This makes it clear that as health regulators we are not being protectionist gatekeepers, but rather are supporting measures to facilitate entry into the professions for qualified individuals without wavering on our commitment to public safety.

What all these various pathways and initiatives outlined have in common is that they are necessarily complex and require people with expertise in the areas of dentistry, dental education, credential verification, and accreditation who turn their focused attention to these matters on an ongoing basis.

It is also worth noting that some of the larger Nova Scotian health regulatory authorities (such as medicine and nursing) may have the capacity and expertise to fulfill some of these functions independently. However, smaller regulators like the Provincial Dental Board and many others do not have the human resource capacity or expertise to perform the important tasks related to credential verification and assessment which are essential for public safety. We require partnerships with trusted third parties who have the expertise and human resources needed.

SECTION 8(1)(d) OF THE PATIENT ACCESS TO CARE ACT

This brings me, finally, to Section 8(1)(d) of the proposed Act. This section would give the Governor in Council the power to make regulations to prescribe jurisdictions for the purpose of this Act. In simpler terms, government alone would have the unilateral ability to determine from which international jurisdictions applicants must be deemed equivalent to applicants trained in Canada.

I was very pleased to hear Minister Thompson, in her address to the Legislature last week, allude to the partnership and interdependence between government and Nova Scotia's health regulators.

I respectfully note that Section 8(1)(d) of the proposed Act, does not acknowledge this important and necessary relationship, making no reference to the role of regulators in this matter. I would respectfully ask the Committee to consider amending this section to enshrine the requirement of government to work with health regulators and their partners when prescribing jurisdictions.

In matters of Nova Scotians' healthcare, we count on government to work closely with the experts in various fields. To do less could, in time, have serious unintended consequences and could negatively impact public protection.

Once again, I thank you for the opportunity to be here today, and I thank you for the work you do on behalf of Nova Scotians.

Respectfully Submitted,

A handwritten signature in black ink that reads "Doug Mackey". The signature is written in a cursive, flowing style.

Dr. Doug Mackey, DDS
Registrar Provincial Dental Board of Nova Scotia



NSCSW

NOVA SCOTIA
COLLEGE OF
SOCIAL WORKERS

Presentation to Law Amendments – Bill 256- PACA

March 27th, 2023

Who We Are

The Nova Scotia College of Social Workers (NSCSW) exists to serve and protect Nova Scotians by effectively regulating the profession of social work. We work in solidarity with Nova Scotians to advocate for policies that improve social conditions, challenge injustice and value diversity. Learn more about the College at nscsw.org/about.

Introduction

The NSCSW is concerned with process and direction that professional regulation is taking in Nova Scotia. My presentation today is an invitation for critical reflection and evaluation of how we ought to change our health and social care systems, particularly with regard to the safety and care of the most vulnerable in our society. This requires an honest appraisal and a clear understanding of how these systems exist within their broader political context.

The Nova Scotia College of Social Workers (NSCSW) holds a unique position amongst the self-regulating health professions in Nova Scotia, as social workers interact with society's most vulnerable and marginalized populations. In addition to our understanding of policies and regulations, social workers also have a deep understanding of the regulatory environment in which we and our clients operate - allowing the profession to be well-positioned to provide meaningful input into provincial policy decisions that can improve outcomes for those we serve. With our commitment to promoting best practices, advocating for social policies that lead to social justice, and upholding ethical standards within the profession, the NSCSW plays an essential role in advancing a unique regulatory lens rooted in the values of the profession. While our organization is not directly impacted by Bill 256, as regulators and observers to this process, we felt it was important to add our voice to this important piece of public policy.

To be clear the NSCSW does not oppose what the Bill intends to achieve, nimbleness in regulation and a focus on access to health care are paramount to the public interest. Our organization has worked over the last 6 years to increase the number of Registered Social Workers by enabling tele-practice for social workers registered in other jurisdictions, fast tracked applications while maintaining public safety for additional screening checks and is currently updating our process for the approval for private practitioners to focus on right touch regulation. In addition, we have and continued to make massive efforts to address the calls for anti-racism policies and justice in the delivery of healthcare. As you have heard today from many regulators, access to health care is a shared priority, one that many of us have been working on for years.

However, our college is deeply concerned about the enactment of any legislation that enables interference in independent regulatory affairs, as independence from government is a key requirement for upholding and protecting the public interest, particularly the interests of society's



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most vulnerable. What is the most troubling about this Bill is the intent of Government, through regulation to expand the scope of practice of an entire profession, with only a duty to consult the regulators required. Consultation of course is not binding. And if it is not meaningful, it is ineffective. The recent experience and the lack of any consultation on this Bill, provides no assurance to regulators that the expansion of a profession's scope will consider the concerns of regulators. There are other provisions of this current Bill that if enacted, would create the context for unregulated practice, which is a major concern for the safety of public.

The history of regulation of professions in Canada is important piece to this reflection. When professional self-regulation was coming online in Canada, there was a focus on quality assurance and the protection of human rights. However, researchers have demonstrated consecutive government worldviews have stressed the importance of free markets, deregulation, and privatization. It has become a dominant force in public policy making since the 1980s and its influence can be seen in many aspects of modern life. Through this worldview regulation is viewed as a barrier that stifles innovation and reduces competition and access. This trend can be felt in the modernization of health regulation, where governments are changing the definition of the public interest away from service quality and towards open competition and cost reduction. The NSCSW holds the view that this approach undermines important protections for workers, consumers, and the environment while leading to greater income inequality between rich and the poor. The trust that members of the public place in health professionals is of paramount importance, as it ensures trust and safety in the services provided. However, there is growing lack of trust in government-related services a reflection of our society's rising inequality, and it is essential that we make efforts to address this issue if we are to effectively improve health outcomes in Nova Scotia.

Nova Scotians have been crystal clear that health care reform cannot wait. Ensuring that everyone has access to quality healthcare is an admirable and commendable goal that our organization shares with this government and Nova Scotians. However, our college is concerned that in the goal for access we are politicizing both problems and solutions that can and ought to be solved through collaboration. Collaboration that is rooted in maintaining trust, quality services and increasing access.

The process chosen by the government to enact this Bill sets a troubling tone, one that in our opinion was not necessary to resolving the collective challenges that we face. It has subjected independent regulatory bodies to increased politicization and if not amended it threatens the independence of regulatory bodies and subjects them to future partisan agendas, that may not align with public interest.

I trust that the members of law amended committee will appropriately amend the Bill, so that it can achieve its goals, while at the same time maintaining the integrity and the independence of regulatory bodies. It is our believe that not doing so, will continue a trend that drives inequality and inequity leading to declining outcomes in health and social care. At this point in our history, it is fundamental that we all work to strengthen democratic process, not weaken it. The current political climate continues to see a growing trend towards retrenchment of democratic process, where the decision-making powers that impact, the public interest are left to a few people, and

too often it is left to people who have political agendas that are not in the public interest; particularly the interests of the vulnerable and marginalized. Historically when power is entrenched into the hands of a few; marginalized and vulnerable populations bear the brunt of the negative consequences.

Based interpretation of Bill 256, the NSCSW has identified the following main concerns:

1. Reference to training in the purpose section of the legislation.

It is of utmost importance that the purpose of an Act is expressed with clarity and precision as it is a key tool when considering the interpretation of all its sections and regulations. Unfortunately, the purpose of the Bill remains hazy which poses a problem for the College. While it aims to better serve the public in numerous ways, the language used to convey its goals lacks clarity. For instance, it states that the purpose is to ensure "all health professionals can work to the full extent of their training...." However, who exactly are these "health professionals" remains undefined leading to ambiguity throughout the legislation. As such, it is imperative that the purpose of the Bill is expressed in a way that is free from any obscurity and understood easily and without any confusion.

While using the word "training" may seem straightforward, it's actually a vague term that doesn't guarantee someone's competence in their field. Just because a health professional received training doesn't automatically mean they're competent in every aspect of their practice. Competence is about the ability to combine knowledge, skills, and judgement to practice in a safe and ethical manner. This is what allows health professionals to work to their full individual scope of practice, which is recognized by professional self-regulation. It's important that legislation not solely focus on training as a measure of competence and instead recognize the importance of a complete skill set in healthcare.

The statutes establishing the health profession regulators in this Province use the language of "competencies", "competent", "individual scope of practice" and "scope of practice of the profession" when addressing the extent to which registrants may engage in the provision of a particular service. In Schedule "B" to Bill 256, the terms "individual scope of practice" and "scope of practice of the profession" are defined for purposes of the *Act Respecting Medical Certificates for Employee Absences Due to Sickness or Injury*. The same definitions should be included in the *Patient Access to Care Act*.

Statutes such as the *Nursing Act* include the concept of "expanded scope of practice" and through clause 45(1)(f) of that Act, there is a clear statement indicating registrants must practice only within their individual scope of practice and any expanded scope of practice authorized by the legislation.

To the extent Bill 256 introduces the concept of an expanded scope of practice, the language from the *Nursing Act* offers a useful template.

This Bill should use language that is understood and adopted by the regulated health professions in this Province and should not introduce undefined terms like "training".

To be clear, the Network is supportive of registrants practising to their full individual scope of practice. The language of the Bill should reflect that.

RECOMMENDATION:

Revise wording of section 2 of Bill 256 as follows:

Existing wording	Proposed wording
<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 training and continuing the reduction of administrative burdens in health care, including incenting companies to reduce their administrative demands on health professionals.</p>	<p>The purpose of this Act is to improve patient access to care <u>and promote public safety</u> by further opening the Province to out-of-province health professionals, ensuring all health professionals can work to the full extent of their <u>individual scope of practice</u> 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 <u>registrant</u> of a regulated health profession is educated, authorized and competent to perform; [Adopted from Schedule B to Bill 256]</p>

2. The concept of "expanded scope of practice area"

In theory, the College is all for the Government's aim of enabling healthcare professionals to make the most of their specific scope of practice. It's a noble goal that we fully endorse. Nonetheless, we are concerned about how section 7 defines

"expanded scope of practice area." It seems to suggest that individuals could end up performing services that fall outside of their professional realm, so long as they personally think they have the competencies to do so.

This means that individual health professionals may take autonomous decisions on what falls within their professional power. The lack of clarity in the act means that some practitioners may operate outside of the accepted limits of their profession with no regulation in place. This means that regulators cannot create standards of practice or investigate complaints regarding these services, leaving patients at risk of receiving substandard care. The result? Unregulated practice that may cause more harm than good.

RECOMMENDATION:

An expanded scope of practice for a health professional must remain within the overall scope of practice of the profession. Regulators must maintain the ability to regulate services within expanded scopes of practice. Changes to expanded scope of practice should only occur following careful consideration and in consultation with the Network.

3. Waiver of requirements for applicants in "good standing"

The College fully supports the aim of making it easier for qualified healthcare professionals to register and obtain licenses. However, we have some reservations about the potential impacts of Bill 256. Specifically, the vague language around what exactly constitutes "good standing" for applicants from other jurisdictions. This is a crucial consideration since the meaning of this term varies widely across different regions and fields.

By stripping regulators of their power to verify important criteria like a clean criminal record, good character, knowledge of local laws, and liability insurance, section 5(2) puts the public at risk. Even disciplinary history from other jurisdictions cannot be taken into account, leaving potential dangers unchecked. These changes may ultimately damage the public's faith in professional regulation if left unchanged. It's imperative for amendment to take place to ensure the safety and confidence of everyone involved.

RECOMMENDATION:

If this provision is to remain in Bill 256, the concept of "good standing" must either be reconsidered or defined. One potential is to include some of the same requirements as set out in the Atlantic Register announced by the Council of Atlantic Premiers with respect to physicians (full licensure to practise without conditions, restrictions, undertakings, or supervision).



Proposed language for sections 5(1) and (2).

Existing wording

Proposed wording

5 (1) 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.

(2) 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 good standing in any jurisdiction prescribed by the regulations.

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 Canadian Free Trade Agreement Implementation Act, or any agreement entered into between the Government and the government of that other province of Canada;
- (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.

"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;

"extra-provincial regulator" means any association, college, board, committee,



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	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;
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4. Governor in Council may expand scope of practice areas by regulation.

The NSCSW believes that working with Government to find creative solutions for expanding scopes of practice is crucial. With the Regulated Health Professions Network Act already in place, the Network sees great potential in combining Government resources with profession-specific knowledge to achieve this goal.

What the NSCSW is fundamentally opposed to is intent of Government, through regulation to expand the scope of practice of the entire profession, with only a duty to consult the regulators required, this presents significant concern. Consultation of course is not binding. And if it is not meaningful, it is ineffective. The lack of any consultation on this Bill, provides no assurance to regulators that the expansion of a profession's scope will take into account the concerns of regulators.

The College notes that fulsome legislative mechanisms to modify regulators' scopes of practice already exist pursuant to the *Regulated Health Professions Network Act* and Regulations. Section 17 of the *Regulated Health Professions Network Act* establishes a process wherein regulators may enter into agreements regarding scope of practice where:

- a) the scope of practice of a regulated health profession overlaps with the scope of practice of one or more other health professions;
- b) two or more health professions share certain competencies; or
- c) there are circumstances involving the interpretation of a health profession's scope of practice.

Moreover, section 17 includes notification, consultation, and overall Ministerial approval provisions.

In addition, section 18 of the *Regulated Health Professions Network Act* already establishes a process whereby a regulator may seek a modification to its scope of practice of the profession. The process is further detailed at section 3 of Regulated Health Professions Network Regulations. As with section 17, this process provides



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for notification, consultation, as well as Ministerial and Governor-in-Council oversight and approval.

The process to modify the scope of practice of a profession pursuant to section 18 of the *Regulated Health Professions Network Act* was used in 2017 – 2018 to expand the scope of registered nurses and licensed practical nurses to include the recommendation, administration, and provision of naloxone:

<https://novascotia.ca/just/regulations/regs/rhpmmod.htm>.

RECOMMENDATION:

Endorse the Network's ability to expand scopes of practice pursuant to existing statutory mechanisms within the *Regulated Health Professions Network Act*.

5. Processing of “completed applications”

The College recognizes the importance of streamlining the registration and licensing processes, and fully supports the intention behind subsection 5(3) of Bill 256. Our goal is to ensure that applicants from other jurisdictions receive timely treatment once their application is received by the regulator.

To that end, we welcome the introduction of a 5-business day processing window for completed applications. We firmly believe that this timeframe can be met by our members, provided that all outstanding inquiries and issues are addressed prior to submission.

We are dedicated to supporting the efficient and effective functioning of regulatory systems, and look forward to continuing to work towards this aim. However, we believe section 5(3) in Bill 256 could use some refinement for practical reasons. See, without a clear definition of “completed application”, there's a lot of room for confusion. Professionals and reviewers can end up at odds about what constitutes a finished submission, and even different industries may have their own individual requirements

RECOMMENDATION:

A workable definition of “completed application” is necessary. The legislation must be clear to both manage regulators and applicants' expectations. Applicants also need to know what a completed application is.

6. Application fees

For many regulators, the processing of applications is a resource intensive exercise and applications fees are a significant source of revenue for regulators.



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It has been mentioned the possibility of the Government reimbursing regulators for lost revenue incurred from not charging fees for registration and licensing applications, but there's no guarantee that this will actually happen unless it's explicitly stated in the Bill. Additionally, there's some confusion about whether the Bill only prohibits application fees, or if it also applies to registration and licensing fees. It's important for there to be clear and concise language in the legislation to avoid any misunderstandings.

RECOMMENDATION:

Include language in the legislation to reflect Government's intent to reimburse regulators for fees.

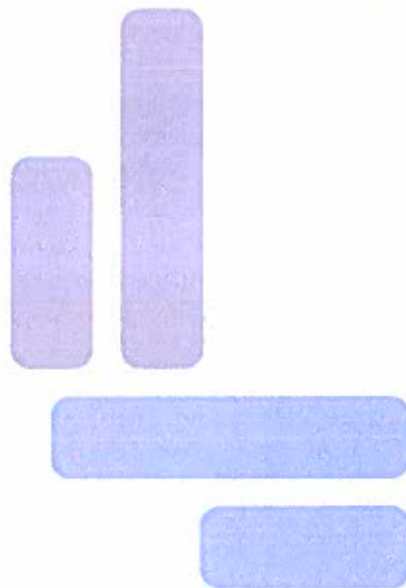
7. Regulation-making authority to prescribe jurisdictions

The NSCSW supports the need easier for out-of-province healthcare professionals to work in Nova Scotia. It makes perfect sense that more licensed practitioners mean more access to healthcare for Nova Scotians. It's important to make sure that those incoming professionals are just as qualified as those already practicing in our province. We need to compare education and training standards and make sure everyone is on the same page. Practice is an intricate and labour-intensive exercise. The proposed vetting process for prescribing jurisdictions is entirely unclear. The NSCSW is strongly opposed about the Governor in Council having the power to waive registration and licensure criteria for all professions in a given jurisdiction. While it may work for one profession, it could be dangerous for another. This could lead to a lack of competent professionals and ultimately adversely impact public safety.



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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 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,



Sue Smith, Chief Executive Officer and Registrar
Nova Scotia College of Nursing
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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-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 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.



Nova Scotia College of Chiropractors

Submission to the Law Amendments Committee – Review of Bill 256

March 24, 2023

The College of Chiropractors of Nova Scotia holds public safety in health care as its primary focus and mandate. Ensuring well educated, competent practitioners that provide health care services within their scope of practice is a core priority for the Nova Scotia College of Chiropractors. The reality of a lack of health care services and providers in our growing population is a vital focus for the Government of Nova Scotia and can not be ignored. As partners in providing safe, effective and appropriate health care to all Nova Scotians, we must find the way to meet both of those key mandates, together.

Bill 256, cited as the Patient Access to Care Act, proposed on March 21 is an opportunity for government and regulators to work together to improve access to health care in Nova Scotia. The College of Chiropractors of Nova Scotia was one of the first signatories of the Agreement on Internal Trade over a decade ago to facilitate movement of licensed professionals in good standing across Canadian jurisdictions. The chiropractic profession has an international educational accrediting body (Council on Chiropractic Education International) that looks to enhance portability of trained, competent chiropractors throughout Canada and the world. We continue to support these efforts to enhance mobility of competent practitioners in our country and internationally.

The College of Chiropractors of Nova Scotia advocates for the safe and effective delivery of health services within each profession's fullest scope of practice and competency. The chiropractic profession has recently advocated for access to prescribe radiology studies in hospitals in NS to improve wait times and services for Nova Scotians who require x-ray. These services are already within the chiropractic scope of practice and competency profile. We can help shorten wait times and allow for earlier diagnosis for Nova Scotians to improve overall health services delivery.

In addition, the chiropractic profession recently submitted a brief to the Superintendent of Insurance outlining ways in which the profession can contribute to patient care and reduce the burden of redundant paperwork on our medical colleagues. We applaud the changes in language to allow all health care providers to provide work related documentation within their scope of practice. Working together, patients win.

The College of Chiropractors is tasked with ensuring chiropractic practitioners in Nova Scotia are practicing with competency within their scope of practice. To achieve that aim at our highest level, clarity is critical. Our registrants require clear direction on requirements for competencies as well as clear delineation of the scope of practice they must follow. As regulators, we must be capable of assessing and monitoring these competencies in order to enforce the public protection role. To that end, there are sections of the proposed Bill 256 which are open to different interpretations around scope of practice for individual practitioners. In further revisions or subsequent regulations, we request that these are clear and defined for the public, for practitioners and for regulators.

Specifically, we request clarity of Section 3, definitions:

""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"

One might read this to interpret that expanded areas of practice apply to the profession as part of the training and assessment of practitioners within the profession. Alternatively, it might be interpreted to allow a particular registrant with some additional or former education to have an individual scope that expands beyond the profession. In the second case, regulation of that activity would be challenging in both credentialing and in monitoring for competency.

Perhaps an alternative to better reflect the first interpretation could read something like:

"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 its definition but is within the professional competence of registrants of that profession"

Further to the interest of clarity, the term "good standing" could be defined more specifically in section 5(2):

"(2) 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 good standing in any jurisdiction prescribed by the regulations."

Previous work in enhancing labour mobility for chiropractors has shown this to be inconsistently applied in other jurisdiction and in some areas not used in regular terminology. Defining the applicant more specifically to note they are practicing under an unrestricted license without censure and without ongoing complaint or criminal investigation or finding would be more consistent with our goal of public protection.

The College of Chiropractors of Nova Scotia will make all necessary changes to enhance mobility for applicants in a timely manner and ensure that due diligence continues to protect the public from those who cannot demonstrate appropriate competency. Improving health care in Nova Scotia can not be attained unless our workforce is competent, safe and able to achieve registration with appropriate application requirements administered as promptly as possible.

The College of Chiropractors looks forward to working with the Governor in Council to establish regulations that allow chiropractors to continue to provide safe and competent services to Nova Scotians with expansion of scope to serve Nova Scotians to our full level of training and competency in examination, diagnosis, and patient care management. There are opportunities for responsible regulators and responsible government to create incredible opportunities to reimagine health care and provide optimal services for Nova Scotians.

Thank you for the opportunity to comment on Bill 256. Providing excellent and competent health care and health care providers to Nova Scotians must be the focus for us all as we find solutions together.

The College of Paramedics of Nova Scotia

March 27, 2023

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

Dear Members of the Law Amendments Committee:

RE: College of Paramedics of Nova Scotia Submission RE Bill 265 – Patient Access to Care Act

I am the Executive Director and Registrar for the College of Paramedics of Nova Scotia. I have been in this position since the inception of the College and a paramedic in Nova Scotia since 1992.

First, we would like to thank the Law Amendments Committee through the Chair, the Honourable Brad Johns, for providing the opportunity to speak on behalf of the College of Paramedics of Nova Scotia regarding Bill 256.

1. The College of Paramedics of Nova Scotia is the professional regulator of the paramedic profession in Nova Scotia. The College is established pursuant to the *Paramedics Act*, which was proclaimed on April 1, 2017. Pursuant to the *Paramedics Act*, the College is statutorily mandated to serve and protect the public interest in the practice of paramedicine. It is from this public interest lens that the College offers its comments regarding Bill 256.
1. In principle, the College of Paramedics of Nova Scotia supports Bill 256 *The Patient Access to Care Act's* purpose. However, we agree with the Nova Scotia Regulated Health Professions Network's (the Network's) position that the proposed legislation could benefit from some amendments, increased clarity, and revised definitions to better reflect the terms used in existing regulatory statutes.
2. Within this submission, the College intends to express its concerns related to the legislative process of Bill 256 as well as some of the consequences regarding provisions of the Bill as they relate to the registration and licensure of applicants from other jurisdictions.
3. First, let me address the concern about the legislative process and our College's experience with seeking amendments to the *Paramedics Act and Regulations*.
4. Recognizing it is redundant to say; the Governments Self-regulated Professions Policy has a stated objective to ensure that the Treasury and Policy Board receives complete, accurate and relevant information upon which to make decisions respecting self-regulated professions and to improve the quality and consistency of submissions requesting new and amended legislation.
5. To receive complete, accurate and relevant information upon which to make decisions regarding Bill 256 consultations should have occurred with key stakeholders, including professional associations, unions, health care associations, regulatory bodies and the public.

6. Having been founded on April 1, 2017, the College of Paramedics of Nova Scotia is still relatively young. However, within our first six months of operation, we identified several aspects of our legislation that impacted our ability to operate effectively and efficiently.
7. To address the significant concerns identified, we approached the Government about taking the necessary steps to amend our legislation; through consultations with the Government we identified over 50 stakeholder groups to consult with. AND WE DID SO!
8. While we recognize Bill 256 does not request the formation of a new self-regulated profession or amend a specific regulators current legislation, the Bill is worthy of consultation because it impacts components of the healthcare professions' regulatory responsibilities. (Registration and Licensure, Scope of Practice).
9. However, it is our understanding that there was minimal if no consultation regarding Bill 256. This approach could be seen to create an erosion of trust between the Government and the regulated health professions.
10. Due to the speed at which Bill 256 is moving through the legislature, the College of Paramedics staff could not engage its Council in discussions regarding the language within the Bill. The Government missed an opportunity to receive feedback from regulated registrants and its own Government appointed public representatives on the Council.
11. When Government grants a profession the privilege to self-regulate, it establishes a regulatory framework and provides the authority needed to develop, implement, and enforce rules to protect the public and ensure registrants provide services competently and ethically.
12. The Governments stated primary purpose for permitting self-regulation is to address the risks of harm in the provision of healthcare services and to serve the public interest.
 - 12.1. Self-regulation is granted to professions when there are real and substantial risks of harm to clients/patients. Due to the specialized nature of the professions, self-regulation is the most efficient and effective means of addressing such risks.
13. We interpret this to mean that the Nova Scotia Government recognizes that the profession knows itself best and is in the best position to regulate in the public interest.
14. I am here today representing the College of Paramedics of Nova Scotia to serve and protect the public interest in the practice of paramedicine by addressing some of the wording within Bill 256.
15. With the limited amount of time for speaking today, I will address only the aspect of the legislation as it pertains to registration and licensure process.
16. Our College can and does register and license a first-time applicant within 2 to 5 business days after the applicant has submitted all the requested documentation and information.
17. The College has a straightforward online application process, where it connects its electronic application to all of the Colleges registration and licensing policies.

18. That stated, the College carefully screens and assesses each applicant it receives to ensure the applicant possesses the competence, character, and capacity to safely and practise paramedicine in Nova Scotia. This is one of the primary ways in which the College safeguards the interests of Nova Scotians. Since its inception, the College has denied several applicants registration and licensure because of public safety concerns that surfaced during the application process.
19. We cannot over emphasize the risks posed to the public if paramedic applicants are not screened effectively against the criteria for registration and licensure.
20. Every day in Nova Scotia, paramedics are called upon to work in very unstructured environments with access to the province's most vulnerable populations.
21. Just before the College's inception, a paramedic was charged and convicted of sexually assaulting a vulnerable senior citizen, while in uniform and on duty.
22. Before this, there were two other well-known cases. One paramedic was convicted of possessing child pornography, while the other attempted to lure a minor.
23. The requirement of good character is indispensable to the professions ability to self-regulate. Paramedics, as regulated health care professionals, have a special relationship with members of the public, rooted in mutual trust, confidence, and respect which is critical to effective practice.
24. Good character connotes moral strength and includes trustworthiness, integrity, honesty, reliability, governability, candour, empathy, and honesty, amongst many other indications of good character. The purposes of the good-character requirement include protecting the public, maintaining high ethical standards, and maintaining public confidence in the paramedic profession.
25. Integrity, honesty, and governability are fundamental qualities of any individual who seeks to practise as a member of the paramedicine profession. If a patient doubts a paramedics trustworthiness, an essential element in a patient-paramedic relationship will be missing. Regardless of how competent the paramedic may be, if personal integrity, honesty, or governability is lacking, the paramedic's usefulness to the patient and reputation within the profession, may be destroyed.
26. The College continually identifies and effectively manages applicants of concern. These applicants include those terminated by their employer, with recent regulatory professional conduct histories, recent weapons charges, theft over \$5000, and assaults, including sexual assaults.
27. Since the inception of the College almost 6-years ago, there have been no fewer than 16 out of approximately 600 individuals (approx. 3%) denied registration and licensure with the College, had voluntarily withdrawn their applications because of concerns that were identified, or had a registration decision placed on their file that followed them into the College should any professional conduct issues arise.
28. These actions during the registration and licensing processes protect the public.
29. However, the language currently proposed in Bill 256 will impact our ability to screen applicants for:

- 29.1. Criminal convictions.
- 29.2. Good character.
- 29.3. Incapacity.
- 29.4. Incompetence.
- 29.5. Possession of professional liability insurance.
- 29.6. Language proficiency.

30. An inability to screen applicants for these matters will inadvertently and unnecessarily place the public at risk.

31. It is for these reasons and the others described in the Joint Submission to the Department of Health and Wellness, Bill 256 – Patient Access to Care Act, submitted by Marjorie Hickey, Ryan Baxter and Raylene Langor, on behalf of the Nova Scotia Regulated Health Professions Network dated March 26, 2023, that the College of Paramedics of Nova Scotia supports the position described by the Network.

Again, we thank the Law Amendments Committee through the Chair, the Honourable Brad Johns, for providing the time to speak on behalf of the College of Paramedics of Nova Scotia regarding Bill 256.

Sincerely,



Karl Kowalczyk ACP BBA
Executive Director/Registrar

Enclosure(s): Joint Submission to the Department of Health and Wellness, Bill 256 – Patient Access to Care Act, submitted by Marjorie Hickey, Ryan Baxter, and Raylene Langor, on behalf of the Nova Scotia Regulated Health Professions Network dated March 26, 2023.



**Nova Scotia College of
Optometrists**

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March 27, 2023

Nova Scotia College of Optometrists response to the proposed Patient Access to Care Act

Thank you for the opportunity to comment on the proposed Patient Access to Care Act. We are overall encouraged with the theme of what the Government has proposed. I am confident as this day moves along you will receive viewpoints from many of the Regulators of the Health Professions in Nova Scotia. Due to time constraints, we did not have the opportunity to review this proposed Legislation with our College Board and legal counsel. Therefore, we will include our voice with the submission from the Health Regulatory Network response who you will be presenting this afternoon. However, one specific area that we hope for eventual clarification is in regard to the acceptance of candidates from jurisdictions outside of Canada. This would pertain to section 5 subsection 2, section 6 and section 8 (1) subsection d.

Optometry is one of the few regulated health professions who do not have an educational program within the province of Nova Scotia. Almost 50% of Canadian optometrists are educated in the USA. So, while we of course recognize the qualifications of graduates from the 2 Canadian schools of optometry we also accept the qualifications from 24 American schools.

Outside North America however the competency, skill set, and scope of practice can vary significantly.

We are a small College with 155 members. Our resources to assess the educational criteria of international applicants is limited. We do, however, recognize the importance of allowing new Canadians the opportunity to practice their chosen profession in our province. To this end, the NSCO, along with our provincial counterparts, have created a credentialing assessment program for non-North American trained optometrists.

In keeping with a Regulator's priority of protecting the public and requiring competency in its members, we request and hope that this Act will have provide individual Regulators the flexibility and opportunity in determining which applicants from non-Canadian jurisdictions are permitted to provide care to the residents of Nova Scotia.

Respectfully submitted,

Dr. Sheldon Pothier,
Registrar

Dr. Carl Davis,
Legislative Chair of the Nova Scotia
College of Optometrists.



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 (1)

The following recommended revisions apply to s. 5 (1)

- 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 (1).

- 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.



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,

A handwritten signature in black ink, appearing to read "J. Hemeon".

Jennifer Hemeon
Executive Director

380 Bedford Highway, Suite 301, Halifax, NS B3M 2L4

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Submission of the Nova Scotia Federation of Labour



The Nova Scotia Federation of Labour Represents 70,000 workers from various unions in Nova Scotia.

While we welcome measures to restrict the use of sick notes, we are concerned about several of the items contained within Bill 256.

We have heard time and time again from our worker members. Instead of staying home and recovering, workers are forced to sit in walk in clinics with cold and flu symptoms to get a sick note for their employer. It puts a burden on the health care system, and on the health of the worker.

These restrictions mean that more and more workers are forced to show up to work sick because they simply can't afford to stay home.

Non-consecutive absences

Unlike the Federal standards, this government's bill allows employer to demand a note if the employee took at least two non-consecutive absences of as little as one day each due to sickness or injury in the preceding year.

In practical terms, this will mean employers will easily get around the prohibition on medical notes for sickness/injury absences lasting 5 or fewer consecutive working days.

We recommend and urge the government to delete section 5(1)(b) in Schedule B.

5 (1) An employer may not require a certificate with respect to an employee's absence from work due to the employee's sickness or injury unless

*(a) the absence continues for more than five consecutive working days;
or*

(b) the employee has had at least two non-consecutive absences of five or fewer working days due to sickness or injury in the preceding 12 months.

Qualified health care practitioner

This bill also puts conditions on the qualified health practitioner who is authorized to provide medical certificates. It specifies that a qualified health professional who is providing a diagnosis, treatment or care to the employee:

(a) with respect to the sickness or injury that is causing the employee's absence from work;

(b) that falls within the scope of practice of the profession of the qualified health professional; and

(c) that falls within the individual scope of practice of the qualified health professional.

The federal legislation doesn't have any of these requirements. It simply defines health care practitioner as a person lawfully entitled, under the laws of a province, to provide health services in the place in which they provide those services.

We'd therefore recommend that section 5(2) in its entirety be replaced by following phrase:

(2) A certificate permitted to be required under subsection (1) may be issued by a qualified health professional who is providing a diagnosis, treatment or care to the employee

- (a) with respect to the sickness or injury that is causing the employee's absence from work;*
- (b) that falls within the scope of practice of the profession of the qualified health professional; and*
- (c) that falls within the individual scope of practice of the qualified health professional.*

"(2) A certificate permitted to be required under subsection (1) may be issued by a qualified health professional." A qualified health professional could then be defined simply along the lines of the Canada Labour Code.

Accordingly, we'd delete section 10(1)(a) and (b), which allows the government to make regulations to define 'qualified health professional'.

10 (1) The Governor in Council may make regulations

- (a) excluding classes of persons for the purpose of the definition of "qualified health professional" in Section 2;*
- (b) prescribing classes of persons for the purpose of the definition of "qualified health professional" in Section 2;*
- (c) excluding persons or classes of persons from the application of this Act;*
- (d) for the purpose of Section 8, respecting administrative penalties for contraventions of this Act, including*
 - (i) prescribing the form and content of the notice of an administrative penalty,*
 - (ii) respecting the determination of amounts of administrative penalties, which may vary according to the nature or frequency of the contravention, and*
 - (iii) respecting any other matter necessary for the administration of the system of administrative penalties provided for under this Act;*
- (e) defining any word or expression used but not defined in this Act;*

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

It is also our contention that no employee should be on the hook for the cost of a medical certificate required by employers, if an employer requires it they in turn must pay for it.

Sick notes can also create an unnecessary financial burden on workers whose employers require them. For-profit companies like Maple, which more and more Nova Scotians have been forced to rely on for their health care, charge up to \$69 for a sick note.

Employers that require sick notes should have to reimburse workers for the cost of supplying them.

I also personally believe that if Employers were on the hook for these fees, they may think twice about how much they are truly required.

DEFEATED

Bill # 256
Patient Access to Care Act

**CHANGES RECOMMENDED TO THE
LAW AMENDMENTS COMMITTEE**

PAGE 1, Clause 2 -

- (a) line 1 -** add “and promote public safety” immediately after “care”;
- (b) line 3 -** add “individual scope of practice and” immediately after “their”.

DEFEATED

Bill # 256
Patient Access to Care Act

**CHANGES RECOMMENDED TO THE
LAW AMENDMENTS COMMITTEE**

PAGE 2 - delete Clause 7 and substitute:

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

DEFEATED

Bill # 256
Patient Access to Care Act

**CHANGES RECOMMENDED TO THE
LAW AMENDMENTS COMMITTEE**

PAGE 2, paragraph 8(1)(b), line 1 - delete “practitioners” and substitute “regulators to authorize registrants”.

WITHDRAWN

Bill # 256
Patient Access to Care Act

**CHANGES RECOMMENDED TO THE
LAW AMENDMENTS COMMITTEE**

PAGE 3, paragraph 8(1)(g), line 1 - add “, including “good standing”” immediately after “Act”.
