JOINT SUBMISSION TO LAW AMENDMENTS COMMITTEE

RE: BILL NO. 323 – *REGULATED HEALTH PROFESSIONS ACT*

Submitted by: Marjorie Hickey, KC and Ryan Baxter

on behalf of the
Nova Scotia Regulated Health Professions Network

October 16, 2023

McINNES COOPER

The Nova Scotia Regulated Health Professions Network (the "**Network**"), created by statute as the body that brings together the 21 health regulators in the Province, supports and shares the objectives of Bill 323 – the *Regulated Health Professions Act* (the "***Act***").

The Network views the objectives of the *Act*, principally, to be the following:

- achieving consistency across the regulation of the health professions;
- modernizing many of the statutes that haven't been updated for many years to reflect current expectations of regulators;
- improving the transparency and accountability of regulators to the public; and
- utilizing resources efficiently to ensure professions of all sizes benefit from consistent, effective regulation.

These are important objectives, and the Network is pleased to see progress is being made through the introduction of this *Act*.

The Network has worked closely with Government over the past few years, as the Department of Health and Wellness consulted regarding the concepts it intended to include in this legislation. The Network provided considerable feedback to the Department of Health and Wellness on these concepts. The Network appreciates that the Department consulted with it.

The Network notes, however, that consultation on concepts is very different from being able to see and review the specific sections and wording of the proposed legislation. This Bill is a lengthy – it is 63 pages printed. It is complex. It impacts 21 existing regulated health professions and requires amendments to 46 separate statutes.

This legislation presents a generational opportunity to improve how the regulation of health professions operates in this Province. It is important to do this; but it is more important to get it right.

The framework of this legislation is such that the *Regulated Health Professions Act* is the foundational Act under which all health professions will be regulated through a series of regulations – some that apply to all professions, and some regulations that will apply to only particular professions. These regulations will unfold over roughly the next 3-year period. Those regulations will only be as good as the statutory foundation that permits those regulations to be made. Regulations, of course, cannot override an Act.

Only a small number of sections of this Act are intended to come into effect on Royal Assent. The bulk will take years, and only will happen after the regulations are made. So, why the rush?

It is critical that the 21 regulated health professions that will be impacted by this legislation are afforded a reasonable opportunity to properly review, analyze, and consider whether the provisions as drafted will enable the type of regulatory regime that is contemplated, and which is supported.

In that regard, time has not been our friend. This legislation was introduced on Thursday. Network participants have had one business day to consider it. This is simply not sufficient in the context of such impactful legislation.

The legislation is modelled after the *Nursing Act*, which of course was designed for nurses. While many of the sections of the *Nursing Act* are transferable to other regulators, some may not be, and time has simply not permitted consultation with each regulator to determine which provisions may not be directly transferable.

Accordingly, our main ask today is to give the time that is needed by the Network and each of its regulators to address this complex legislation in a way that will enable it to fulfill its objectives and the government's objectives. One business day simply is not enough.

The matter is further complicated by the fact that the national conference on professional regulation is happening this week in Vancouver, and representatives of many regulators are in attendance in person and unable to participate in the Law Amendments process today. An additional opportunity for submissions to this Committee is needed to make this legislation as good as it can be, and needs to be, given the many different professions impacted.

Permit us to give a few examples to show that further time and work is needed:

Students

Section 62(3)(a) permits students to practice without any form of licensing as long as the students' school has authorized such practice. That works for nurses, but we have not had time to canvass all members of the Network to determine if that works for each of the 20 other professions. It is a significant delegation of authority for a regulator to say that if a school permits, a student can engage in practice. The Network needs to ensure there are no unintended consequences or risks to the public regarding a provision of this nature.

Time to complete a Professional Conduct decision

Subsection 103(e) requires a Professional Conduct Committee to issue its decision within 30 days of the conclusion of the hearing.

Most matters that reach the Professional Conduct Committee stage are complex, often involving questions of law, including the application of the Canadian *Charter of Rights and Freedoms*. Some hearings last a day – while others last several days, several weeks, or even months. Committee members serve this role while usually also occupying full time positions as health professionals.

30 days is not a realistic timeline, given the expectations set by our courts to provide detailed reasons for all these decisions that must stand up to judicial scrutiny. Inserting a timeline of this nature will make it very difficult to attract competent committee members who will be deterred by this unrealistic requirement for a written decision.

Ministerial authority to issue direction to regulators

Section 20(1) provides that the Minister (with the approval of the Governor in Council) may direct how a regulatory body must exercise its mandate if it is in the public interest to do so; or where the directive would provide for matters related to health, safety or quality assurance in the practice of the profession.

Everything regulatory bodies do is in the interest of health, safety, or quality assurance in the practice of the profession, so this type of enabling provision is exceptionally broad.

Subsection 20(4) does helpfully provide that Minister may not issue direction related to specific registrants in the professional conduct, reinstatement, or fitness to practise process, but makes no mention of individual registrants or applicants involved in the registration or licensing processes. This omission is very concerning to regulators – is it an error, or is it intentional?

It is of concern to members of the Network that this omission exists to enable the Minister to override the criteria established by regulators to ensure applicants meet specific registration and licensing criteria. Again, the Network is unsure whether this is a drafting error or intentional.

Coming into force

Section 167 states that sections 16 to 22 apply to an existing regulator. In other words, these sections come into effect on Royal Assent.

However, these sections use words that are defined in such a way to suggest they cannot apply. For example, they refer to "regulatory bodies" which are defined to be those designated under regulations made under section 4, which will not be in effect as of the date of Royal Assent. Accordingly, there is significant confusion and uncertainty regarding which sections will in fact be able to be in place as of the date of Royal Assent.

Cost to regulators

Finally, sections 20, 21, and 22 give significant authority for the Minister and Governor in Council to charge the costs of its intervention to the regulators themselves, despite such intervention not being at the regulators request or within its control.

The principal source of revenue for regulators is the registration and licensing fees from their registrants. Costs for registration and licensing may need to rise to offset these potential new costs to be borne by regulators. This will not be an incentive for health professionals to seek registration and licensing in this Province.

Conclusion

We point out these areas as examples where the Network believes more time is needed to look at these individual sections, to collaborate and consult between regulators and the Department on the wording, and to make the changes that will enable the RHPA to be the type of foundational legislation for change that this generational opportunity provides.

Network members are prepared to work quickly with the Department to improve these areas of the legislation before the end of this legislative session, as well as to review and correct several other discrete sections of the legislation we have not had time to discuss with you today, but which are set out in full in the Appendix document attached to our submission.

The Department of Health and Wellness issued a press release regarding this proposed Act last week. The Minister is quoted within the release as stating that the new legislation will allow regulators to "quickly and efficiently" change as needed. To be clear, it will be a significant challenge to achieve the Minister's goal of quick and efficient change if the anomalies the Network has highlighted are not addressed now.

Good legislation is made from collaboration and consultation.

The Network supports the objectives of the Act and several regulators are already working on initiatives to achieve the same objectives. Additional time is needed to ensure that this new legislative framework will:

- work no matter the profession being regulated;
- provide clarity and ease of administration and implementation; and
- benefit and protect the public.

APPENDIX

Nova Scotia Regulated Health Professions Network submissions to Law Amendments Committee regarding Bill No. 323 – *Regulated Health Professions Act*

SECTION 2 – DEFINITIONS

Proposed amendments	Rationale
"**approved education program**" means an education program approved by a ~~regulatory body~~ Board that qualifies an applicant for registration in the regulated health profession governed by that regulatory body;	The current definition lacks clarity with respect to the approver of education programs. For clarity, replace "regulatory body" with "board". This change makes the approval consistent with other aspects of registration and licensing which are approved by the board (see, for example, subsection 12(1)(l) of the Act.
"**designation**" means a title authorized by the regulations for use by a registrant;	Designation appears to have two distinct meanings within the Act: a scope of practice designation and a title. The current definition of designation is not workable when the term is used to reference a scope of practice designation. For example, consider the definition within the Act of "scope of practice of the designation", which means the services authorized for practice by a registrant holding a particular designation. Consider removing the definition of "designation" to avoid confusion.
"**existing regulator**" means a college, board, council or association of a health profession in the Province that existed as a health profession regulator under legislation before becoming, or becoming part of, a regulatory body under the regulations under this Act;	Add commas before and after the phrase "or becoming part of".
"**incompetence**", in relation to a registrant, means a lack of competence demonstrated in the registrant's care of a client or delivery of ~~regulated~~ health services that, having regard to all the circumstances, rendered the registrant unsafe to practise at the time of such care of the client or delivery of regulated health services or that renders the registrant	The definition of "incompetence" definition refers to delivery of "regulated health services" - not a term otherwise used in the Act and not defined. The term "health service" is used in Act, particularly in definition of "private health facility".

unsafe to continue in practice without remedial assistance;	This suggests "regulated health services" are something different from "health services" that may be provided in a private health facility, without explaining difference. Only the term "health services" should be used throughout the Act to avoid confusion. Further, use of term in this definition is problematic as it would require a person to be providing "regulated health services" before a finding of incompetence could be made.
"**licence**" means a licence issued under this Act to a registrant authorizing the registrant to engage in practice in accordance with the terms of the licence, and includes a conditional licence and such other ~~category~~ categories of licence as may be prescribed;"	The singular use of the word "category" suggests there may be only one other category of licence permitted. Further, if the Act is not to explicitly reference categories of licences in Act, references to "conditional" licence should be removed.
"**licensing sanction**" means (a) the imposition of conditions or restrictions on a licence by a complaints committee or a professional conduct committee or an equivalent body from another jurisdiction, but does not include conditions or restrictions imposed through the process set out in Section ~~87~~ 89 or through an informal resolution process under this Act;	This aspect of the definition of "licensing sanction" includes an incorrect section reference. The definition refers to section 87, which deals with settlement agreements. The correct reference is to section 89, which deals with interim action.
"**regulatory processes**" means those processes conducted under this Act, the regulations or bylaws by a statutory committee or the registrar;	Various processes with the Act, such as the initial registration and licensing process, are conducted by the registrar. Further, subsection 60(1)(b) of the Act contains a duty for registrants to co-operate with respect to regulatory processes. This duty should include cooperation with the functions assigned to the Registrar. Lastly, section 136 of the Act creates a duty of confidentiality with respect to regulatory

	processes. The Registrar has a significant role in receiving information in the complaints process. This information should be similarly protected.

SECTION 7 – BOARD COMPOSITION

The Act contains several references to the board composition. First, subsection 7(1) states that a board shall consist of at least seven and not more than 11 persons. Next, subsection 7(2) states that subject to the regulations, the number of public representatives on the board must be as close as possible to half of the board.

Then, subsection 12(1)(c) states that the board may make bylaws setting the number of members and composition of the board. Further, subsection 13(b) permits the Governor in Council to make regulations prescribing the number or percentage of public representatives on a board.

The overlapping provisions within the Act relating to board composition, particularly with respect to public representatives, are confusing. We recommend that these provisions be streamlined in enhance clarity regarding board composition.

SECTION 12 – BYLAW MAKING AUTHORITY OF THE BOARD

Proposed amendments	**Rationale**
12(1) Subject to this Act and the regulations, a board governs, controls and administers the affairs of its regulatory body and may make bylaws (j) determining additional content of the registers and records to be kept for each <u>licensing</u> category and designation ~~of licence~~;	There is no such thing as a "designation of licence". Reference should be to licensing category and designation.
12(2) Where permitted under a regulation made under clause 14(c), the board may make bylaws (k) respecting the scope of practice, <u>including expanded scope of practice</u>, as permitted by the regulations;	Section 40(c) of the Act permits a registrant to practise within any expanded scope of practice that may be approved by the registrar for that registrant in accordance with the process set out in the bylaws. However, the Act is silent with respect to by-law making authority with respect to the process of expanded scope of practice .

The word "category" is used elsewhere in the Act without reference to "licensing category" – this should be changed for clarity and consistency – see, for example, subsections 12(1) (m),(n),(ac).

In addition, the following provisions should delete the reference to "designation of licence" and refer only to "category of licence": subsections 36(5) and 37(3).

Professional corporations

Subsections 12(2)(b) and (c) provide bylaw making authority respecting both private health facilities and professional corporations. These are two separate and distinct regulatory matters that should not be combined into one bylaw making provision. By combining them into the same sections, it suggests there is a relationship between the two. These should be separated.

Further, subsection 12(2)(g) references bylaw making authority respecting the disposition of shares in a private corporation. It is unclear why this is here as the Act does not otherwise mention any authority over private corporations. Without the time to review this with the Department of Health and Wellness, we again do not know if unintended consequences may be created.

SECTION 13 – REGULATION MAKING AUTHORITY

Proposed amendments	Rationale
13 The Governor in Council, on the recommendation of the Minister after consultation with the existing regulators or regulatory bodies of the relevant professions, may make regulations (o) respecting the content and service of a notice of hearing for the professional conduct ~~and fitness to practise~~ processes~~s~~;	There is neither a hearing nor a notice of hearing involved in a fitness to practise process.

SECTION 14 – RELATIONSHIP BETWEEN A REGULATOR AND HOSPITAL

There are different entities that play different roles in terms of how a regulated profession is practised. The regulator sets the broad parameters for the scope of practice of the profession. The registrant within this broad scope of practice recognizes their own specific education and experience and practices within what is called their individual scope of practice.

Employers, like hospitals, apply their own internal employment parameters indicating the specific role for which a person is hired.

Under the Act, subsection 14(y) creates the ability to make regulations respecting the provisions of the Act and regulations that apply to hospital settings and the practice of a profession in a hospital. We do not know what this means. This was not an area of prior consultation.

Generally, matters addressing practices in hospitals are not addressed in health professions' legislation. The Network is concerned about the co-mingling the roles of hospitals and regulators through this regulation making authority. Further clarity is needed.

SECTION 16 – RELEASE OF REGISTRANTS' PERSONAL INFORMATION

Subsection 16(5) creates the obligation on the part of the registrar to provide the Minister with the personal information of registrants, without defining what is meant by personal information. Subsection 16(6) goes further and provides that the registrar shall direct registrants to provide information in the form and within the time specified by the Minister.

Registrants provide sensitive and personal information to regulators, including information related to diversity, equity, and inclusion. Registrants provide such information in recognition that regulators' privacy policies protect the disclosure of personal information. However, this provision sets an obligation on registrars to provide this information, with no requirement for the consent of the registrant. It is expected this provision will create concern for many registrants who do not intend government to have access to the type of personal information that may be collected by regulators for regulatory purposes only.

This provision requires further review and discussion that is simply not available within this one business day turnaround time.

DISTINCTIONS AS TO WHICH BYLAWS AND REGULATIONS APPLY TO WHICH REGULATORS

Through a combination of section 14 and 12(2), there is a distinction created between regulatory bodies, such that only certain regulatory bodies can make bylaws on items such as records of professional corporations and entry to practice requirements.

There is a further distinction established through sections 13 and 14, where regulations under section 14 may apply to only certain regulators. Yet, this is the section that enables regulations to be made about such basic regulatory matters as "establishing designations and licensing categories". The ability to establish designation and licensing categories should be made available to all regulatory bodies, and not just some. The rationale behind this is not clear, and there is concern there may not be regulation making authority for all regulators to establish the type of licensing categories that may be relevant to their particular professions.

JOINT PANELS

A key new provision in the Act is the ability to draw members of regulatory committees from pools of people from different professions. This is a laudable process. However, the provisions respecting Joint Panels and Pools in sections 23 - 26 remain unclear, as all information respecting them will be set out in regulations whose content remains unknown.

Section 23 is written permissively, stating a regulatory body *may* use a joint panel for any statutory committee. However, the regulation making authority under subsection 13(n) refers to the *mandatory use* of joint panels. To further confuse matters, subsection 32(2) refers to a quorum of

a committee (either a Registration and Licensing Committee or a Registration and Licensing Review Committee) consisting of a public representative and other who hold *such designations as are set out in the bylaws.* It is unclear how these provisions fit together in terms of the sourcing of the joint pools and panels.

REGISTRATION AND LICENSING

Subsection 27(1) and section 28 of the Act confuse and conflate the concepts of registration and licensing, by requiring separate *registers* for each category of *licensing.*

Subsections 27(2) and (3) contemplate the creation of two registers: the "register" and the "conditional register".

This type of language is too prescriptive for the overarching legislation that regulates all professions. There should be flexibility in the regulations for each regulatory body to determine the types of registers that should be maintained. The key point from a public interest perspective is what type of licence the professional holds, as that is what determines their scope of practice and any particular conditions or limitations on their practice. These sections should be revised to read:

27(1) The registrar for each regulatory body shall keep the registers for each ~~of the categories of licence~~ designation overseen by the regulatory body.
27(2): no changes
27(3): Delete, together with other references in the Act to the conditional register. The conditional register should be addressed in either the general by-law making authority under section 12, or the general regulation making authority under section 13, as follows: "respecting the creation of other registers, categories of licences and designation". [See the language of subsection 13(2)(l) of the Act, which is similar, but requires expansion.]
28 A registrar shall, in accordance with the regulations and bylaws, keep separate ~~registers and~~ records for each licence category and designation defined in the regulations.
34 An applicant for registration on any register ~~other than a conditional register~~ shall submit an application in accordance with the criteria set out in the regulations

Categories of licenses

There is no section in the Registration and Licensing provisions that explicitly sets out the categories of licences as "practising" and "conditional", yet various sections make reference to them as if they are the only categories.

Subsection 12(2)(l) permits regulatory bodies to make bylaws "prescribing further registration and licensing categories and designations", yet the Act only addresses the two categories: practising and conditional, and does not make provision for the application of all registration and licensing processes to any other category of licence.
If the intent is to open the door through by-laws to other categories of licences, this needs recognition in the Act. The easiest solution would be to set out the criteria for various licences and their renewal in the regulations.

Registration and Licensing Review process

The Act contains detailed provisions respecting the Registration and Licensing Review process. Where this process is derived from the *Nursing Act,* and there has been little experience with it, it would be preferable to include the details of this review process in the regulations, to allow easier amendments in the future.

Dispositions of Registration and Licensing Committee process

The Registration and Licensing Committee should enjoy the same authorities as the registrar in determining the outcome of an application (see subsections 36(1)(a) – (c).

> (a) approve the application and issue the registration, licence or renewal of licence if the registrar determines that the criteria have been met;
>
> (b) deny the application if the registrar determines that the applicant does not meet the criteria;
>
> (c) limit the duration of or impose conditions or restrictions on the registration, licence or renewal of licence if the registrar determines that the objects of the regulatory body require the imposition of such limits, conditions or restrictions; or

Subsection 37(3) of the Act addresses the approval of an applicant by the Registration and Licensing Committee; however, there is no provision authorizes the Registration and Licensing Committee to deny an application or impose conditions or restrictions. While section 38 addresses what is to occur where a Registration and Licensing Committee denies or imposes conditions or restrictions, the Act does not contain explicit authority for the Committee to deny or impose.

Surrendering of a licence

Subsection 41(2)(b) and 45(2)(e) both reference the surrendering of a licence in accordance with the Act. However, the Act is silent with respect to the process of surrendering a licence, or the circumstances wherein the surrendering of a licence may be appropriate.

PROFESSIONAL CONDUCT PROCESSES

The Complaints Committee's authority to require the respondent to do certain things, such as submit to a medical assessment, should be moved from section 84 to subsection 82(1) of the Act, as these are actions that are taken prior to the Complaints Committee's final disposition of the matter under section 84.

In section 85, where there is reference to failure to comply with direction from either the complaints committee or a professional conduct committee, the committee taking action about that non-compliance, should be the committee the imposed the direction. This section should read:

> 85 Where a respondent fails to comply with requirements under clause 84(1)(b) or otherwise fails to comply with any direction from a complaints committee or a professional conduct committee, the relevant ~~complaints~~ committee may suspend or restrict the respondent's licence until the suspension or restriction is lifted, superseded or annulled by the ~~complaints committee or the professional conduct~~ relevant committee ~~respectively~~.

In clause 89(1)(e) the last part of that clause needs to be moved to reflect its application to all of (a) to (e), and not just to (e) as follows:

> 89 (1) Notwithstanding any other provision of this Act, where a complaints committee finds there are reasonable and probable grounds to believe that
>
> (a) a respondent is exposing or likely to expose the public, clients, the profession or the registrant to harm or injury; and
>
> (b) intervention is required prior to the disposition of the matter by the complaints committee or the professional conduct committee,
>
> the complaints committee may, at its discretion, pending or following the completion of an investigation,
>
> (c) suspend the respondent's licence;
>
> (d) impose restrictions or conditions on the respondent's licence; or
>
> (e) where a respondent does not hold a current licence,
>
> suspend the ability of the respondent to obtain a licence, until the suspension, restrictions or conditions are lifted, superseded or annulled by the complaints committee or the professional conduct committee, as the case may be.

In section 112, it would be helpful to clarify that it is only after a decision has been rendered on sanction that an appeal lies to the Court of Appeal. Further, since either party may appeal a point of law, reference in subsection 112(2) should be made to both sections 108 and 110.

The issue of when an appeal may be brought has become the subject of judicial consideration in recent cases, and the legislation should provide clarity on the point. Subsection 112(1) and (2) should read:

(1) A party may appeal the ~~findings of~~ any aspect of the professional conduct committee's decision on a point of law to the Nova Scotia Court of Appeal upon the finalization of the committee's decision under section 108 or subsection 110(4).
(2) A notice of appeal must be served upon the other party not later than 30 days after service of the final decision of the professional conduct committee under section 108 or subsection 110(4).

Subsection 103(e) requires a Professional Conduct Committee to issue its decision within 30 days of the conclusion of the hearing. Most matters that reach the PCC stage are complex, often involving questions of law such - as the application of the *Charter*. Committee members serve this role while usually also occupying full time positions as health professionals. It is not reasonable to set this timeline. This will make it very difficult to attract competent committee members, who will be deterred by this commitment.

FITNESS TO PRACTISE PROCESS

We suggest that subsection 128(3) read:

(3) Upon receipt of a request under subsection (1) or subsection 127(4), the fitness to practise committee shall convene a meeting with the registrant and may...

When a similar provision was applied in a matter before a current regulator, the omission of reference to this subsection was problematic.

TRANSITIONAL PROVISIONS

Subsection 171(3) should refer to former Acts, regulations and bylaws, since different regulators set examinations under differing authorities:

171(3) An examination required for registration or licensing purposes under a former Act, regulations or bylaws of an exiting regulator is an approved examination for the same purpose under this Act, unless provided otherwise in the bylaws.

Similarly, subsection 172(2) should also make reference to requirements in place under a former Act, regulations or bylaws.

The meaning of subsection 177(c) is unclear.

October 17, 2023

Office of the Legislative Counsel
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PO Box 1116
Halifax, NS B3J 2X1

Email: Legc.office@novascotia.ca

Dear Chief Legislative Counsel,

Re: Bill No. 323 - Regulated Health Professions Act

On behalf of the Canadian life and health insurance industry, I am writing to encourage the province of Nova Scotia to create the Regulated Health Professions Act. By replacing 21 acts currently in place for self-regulated healthcare professions, there would be a common regulatory framework like those in the provinces of Ontario and British Columbia.

The CLHIA is a voluntary trade association with member companies that account for 99 per cent of Canada's life and health insurance business. In Nova Scotia, the life and health insurance industry provides some 760,000 Nova Scotia residents with supplementary health benefit coverage. In 2022, the industry reimbursed roughly $180 million for paramedical and other healthcare goods and services - which includes the reimbursement for massage therapy services.

In addition to the 21 healthcare professions included in the proposed Regulated Health Professions Act, I encourage the province of Nova Scotia to consider making massage therapy a regulated profession. This would follow the lead of those provinces who have already regulated the profession (Ontario, British Columbia, Newfoundland and Labrador, New Brunswick), and other provinces (Alberta, Saskatchewan and Manitoba) that have recommended regulation or are considering regulation. Bill 323 would provide a better opportunity for the regulation of the massage therapy profession.

Group benefit plans include coverage for services of many of the healthcare professionals governed under the proposed Regulated Health Professions Act. In addition to providing greater clarity for insurers, regulation of healthcare providers helps to ensure that the services that they provide are delivered in accordance with minimum standards of practice, and this enhances the protection of the public generally.

Section 22 of the *Income Tax Act, 2000* provides a limited tax credit in respect of medical expenses as defined in section 118.2 of the *Income Tax Act* (Canada). The federal act defines eligible expenses to include the services of "medical practitioners", including massage therapists, but only if such practitioners are regulated in the jurisdiction in which they provide services. We believe that it would be beneficial for residents of Nova Scotia to also have access to this tax credit as it would help mitigate some of the burden of seeking massage treatments.

Thank you for your attention to this important issue. We would be pleased to have this letter posted on the public website and distributed to members of the Law Amendments Committee. Please feel free to contact me at 613-449-0679 or sburns@clhia.ca if you have any questions.

Sincerely,

Sheila Burns
Director, Health and Disability Benefits

NSAND | NOVA SCOTIA ASSOCIATION of NATUROPATHIC DOCTORS

October 15, 2023

NSAND STATEMENT RE: REGULATION

To: Office of the Legislative Counsel of Nova Scotia
Re: Bill 323 Regulated Health Professions Act

The Nova Scotia Association of Naturopathic Doctors (NSAND) fully supports Bill No. 323, the Regulated Health Professions Act, which received its first reading in the Nova Scotia Legislature on October 12, 2023.

NSAND has been actively engaged in providing feedback throughout the development of this legislation. We are pleased to see a bill that fosters the ongoing growth and modernization of all regulated health professions while ensuring the best interests of the public at heart.

Access to primary care in Nova Scotia is a crucial topic for all healthcare providers. Naturopathic Doctors are well-equipped to contribute to improving access to primary care, and our members are ready and enthusiastic about participating in the continuous efforts to ensure that every Nova Scotian has access to a primary care provider.

We would like to thank the committee for their work. We look forward to our continued work with the Department of Health and Wellness on improving access to healthcare in Nova Scotia.

Sincerely,

Teresa Donovan

Teresa Donovan
President of NSAND

NSCC
NOVA SCOTIA COLLEGE OF CHIROPRACTORS

Board of the Nova Scotia College of Chiropractors
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October 15, 2023

Mr. Gordon Hebb, Chief Legislative Counsel
Legislative Counsel Office
1809 Barrington Street
Halifax, Nova Scotia

BY EMAIL: legc.office@novascotia.ca

Dear Mr. Hebb:

Re: Bill No. 323 – Regulated Health Professions Act

The profession of Chiropractic has been a self-regulatory profession in Nova Scotia since 1972. The Nova Scotia College of Chiropractors was established by The Chiropractic Act in 1999 with the express purpose of regulating the profession in the public interest. We take very seriously the honor and responsibility of self-regulation.

Over these 50 plus years, the Nova Scotia College of Chiropractors has diligently represented the public interest in establishing registration requirements, standards of practice, code of ethics, continued education standards and a robust quality assurance program that includes one of the first peer assessment processes for health care regulation in Nova Scotia. The College has successfully defended the people of Nova Scotia from the potential harm of an individual attempting to practice without registration or licensure. The College has maintained high standards of professional integrity and conduct in investigating complaints and disciplining registrants as necessary to ensure patients and the public can maintain a high level of trust in the services and expertise of Nova Scotia's chiropractic profession.

The Nova Scotia College of Chiropractors would like to formally note that the short legislative time frame for Bill 323 (Regulated Health Professions Act) prohibits our lawyers, administration, and Board from a fulsome review of the proposed legislation at the Law Amendments Committee discussions today. With less than one business day to review, research and respond to the 241 clauses of the proposed Act, we will only comment in broad terms for consideration.

The Nova Scotia College of Chiropractors supports the concept of common legislation applicable to all regulated health professions. This is not a new concept and has been effectively applied in Ontario, for example, for over 25 years. More recently adopted in Alberta, the transition of individual self-regulatory boards within a common framework has also been successful. Common processes of registration and appeal, complaints and discipline, fitness-to-

practice parameters and quality assurance programs will allow all the regulated health professions better opportunities for utilizing current best practices, sharing learning opportunities and an improved clarity in communicating key elements of regulation to the public.

The Nova Scotia College of Chiropractors would like to note its concern that there is much of key importance left to regulations and not noted in the Act, particularly as it related to operational components critical to self-regulation. There is reference to continued operation of regulatory bodies as well as reference to amalgamation of regulatory bodies and to the establishment of multidisciplinary regulators. If a common foundation in regulation of all health professions is the goal, the potential for different professions to have different structures seems inconsistent.

The Nova Scotia College of Chiropractors would like to draw the attention of the government and legislature to the strong track record of the College in enforcing high standards of care and conduct in protecting Nova Scotians for over 50 years. In addition, the Nova Scotia College of Chiropractors has the financial and administrative resources, as well as a highly functioning Board of Directors which includes two public members, already in place to continue its work in the public interest. We look forward to implementing the new framework which enhances our current operations at the Nova Scotia College of Chiropractors as a self-regulated profession.

Sincerely

Dr. Michelle MacDonald
Chair of the Board, Nova Scotia College of Chiropractors

Any further questions or requests for information can be forwarded to:

ATTN: Mr. John K. Sutherland
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Ms. Lisa Misener
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