

Proposals to Amend the *Health Professions Act* to Improve Regulatory Effectiveness and Efficiency:

Response Template

Thank you for taking the time to read and consider the discussion paper: *Improving Regulatory Effectiveness and Efficiency: Proposals to Amend the Health Professions Act (HPA)*. Your feedback on the 17 proposals set out in this paper will help inform the development of amendments to the HPA.

Please provide your feedback through the following template. If you wish to attach additional documents in support of your comments, please feel free to do so.

Feedback from (Name of Organization):	Alberta College & Association of Chiropractors
Name and title of person completing this template:	Dr. Todd Halowski, Registrar
Email address of person completing this template:	thalowski@albertachiro.com

Organization:

Proposal #	Do you support this proposal: Yes Or No? If more than one option is offered, please indicate your preferred option. Please provide the reason for your position.	Other Concerns, Comments or Qualifications
1. Enhance the ability of government and regulated health professionals to respond to public health emergencies	<ul style="list-style-type: none"> In theory yes, though it is unclear what additional abilities government and/or the Minister require as the Public Health Act already provides power to “modify” or “suspend” a provision in the HPA for a public health emergency. Given the potential content that could be included in standards of practice and the impact on regulated members and the public, the Minister’s authority to amend or create new standards of practice without engaging in a consultation process should be limited to the existence of a public health emergency. 	<ul style="list-style-type: none"> As regulated health professions already have standards of practice in place that support the safe provision of care, we would request the opportunity to work collaboratively with Alberta Health and Alberta Health Services to proactively plan on how to leverage this training and further engage the broader regulated health workforce to help relieve stress to the AHS system for the

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	<ul style="list-style-type: none">• Further, the amendments or new standards should only be in effect for the duration of the public health emergency.• Consideration should be given to Ministerial obligation to notify the affected college(s) of the proposed amendments or new standards, and an abbreviated consultation period (at a minimum 48 hours for notification to colleges for immediate feedback to the Minister related to key impacts and unintended consequences). This should give the Minister significant flexibility but also ensures some limited feedback opportunity in the best interest of Albertans.	current pandemic and future situations that may arise.
2. Mandate the separation of colleges from professional associations and labour unions.	<ul style="list-style-type: none">• No, the ACAC does not support the proposal to separate colleges and associations.• The Alberta College and Association of Chiropractors is a joint organization that understands its primary mandate is protection of the public.• This means that association activities are undertaken through a regulatory lens to ensure protection of the public remains paramount and all association activities are aligned with the college regulatory responsibilities.• The joint organization model provides operational efficiencies for both Government and regulated members in dealing with one organization. Government-mandated separation creates unnecessary red tape and costs for the regulated members.	<ul style="list-style-type: none">• If government has concerns around the joint organization (college and association) model, those concerns should be articulated to the joint organizations and specific expectations and reporting requirements should be set to ensure those concerns are addressed.• Additionally, if concerns only apply to one or two joint organizations, they should be addressed with those specific organizations instead of eliminating the option for everyone.

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		<ul style="list-style-type: none">• The White Paper does not specify the types of activities that are considered to be a function of a professional association. The extent of the prohibition being contemplated is unclear. Clarity on “appropriate cooperation” between colleges and associations is required. If “association activities” are broadly defined, so as to prohibit colleges from engaging in activities not specified in the HPA, then the implications would be significant.
3. Enable and enhance the regulation of multiple professions within colleges (amalgamation).	<ul style="list-style-type: none">• The ACAC strongly opposes forced amalgamation given the varying educational and competency requirements, scopes of practices and care delivery nuances that exist among professions.• The ACAC supports the proposal that regulation of a new profession within an established college be the preferred option, provided the established college has the ability to assess practice fit alongside existing competency and practice standards with the end goal of proceeding or declining amalgamation based on criteria such as training standards and professional competency to enforce mandate of the college for protecting the public. Examples exist where, on the surface, amalgamation may appear	<ul style="list-style-type: none">• There is nothing in current legislation that currently precludes voluntary amalgamation now, so we question what changes are considered needed.• While we support the language of “enabling”, the key concern remains that forced amalgamation will likely be problematic. A case-by-case fit assessment needs to happen rather than sweeping measures.• Rather, a discussion around considerations for amalgamation and incentives or

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	appropriate but upon deeper investigation the fit is untenable for all.	<p>supports for doing so might be a more successful approach to answer the concerns of government.</p> <ul style="list-style-type: none">• An example where amalgamation and language matters in practice would be around “manipulation”.• There are significant differences in training that the general public may not understand (example: one year vs. seven years of training for some professions). The general public is not able to distinguish differences in practice and the high standards of practice that must be met. Bringing professions together that use similar language with significantly different education and training can be confusing to the public generally.
<p>4. Establish a centralized registry of health professionals in Alberta.</p> <ul style="list-style-type: none">• <u>Option 1:</u> To enable the establishment of a centralized health professional registry that would be maintained on the government website. This registry would include member information from all colleges.	<ul style="list-style-type: none">• The ACAC is not opposed to this proposal, though it seems to increase government bureaucracy for a resource that likely won't be highly utilized by the public.• The government already has this information as part of the Provincial Provider Registry (PPR). This information could be included on the government website page that speaks to regulated health professions.	<ul style="list-style-type: none">• If the concern is that a member of the public may have to visit several websites to determine which college is responsible and whether the practitioner was regulated or not, information could be reorganized on the existing website to assist the public in finding the information easily.

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	<ul style="list-style-type: none"> While the PPR is an existing source for the information, we stress the need for the government to strip sensitive and personal provider data from the publicly available database. 	<ul style="list-style-type: none"> Consideration should be given to “how” the publicly available, searchable database is created, particularly as it relates to the PPR daily data draw and how the information stripping takes place and then made available to the public. The concern lies in ensuring that the information is current and accurate at all times. We don’t want to be in a situation where College and government registries differ.
<p>4. Establish a centralized registry of health professionals in Alberta.</p> <ul style="list-style-type: none"> <u>Option 2:</u> Government would oversee the registration of health professionals and responsibility for professional registration conducted by a single agency established by government. 	<ul style="list-style-type: none"> NO, the ACAC does not support this proposal. The resources required to organize the registration of health professionals would create a new and significant bureaucracy – creating governmental red tape and cost that doesn’t currently exist – that doesn’t address the concern stated in the proposal. Registration of health professionals is markedly different than other registrations (e.g. a driver’s license), with significantly higher consequences if it isn’t handled correctly. Technical expertise at the level required across dozens of disciplines would be cumbersome, costly and difficult to replicate internal to government with the same level of technical expertise that currently exists in the individual college registration system. 	<ul style="list-style-type: none"> The courts have recognized on a number of occasions that whether or not an applicant is qualified to engage in the practice of the profession is a technical question and that colleges have the technical expertise necessary to make determinations about entry to practice. Conversely, there is no evidence that an independent agency would have the necessary expertise, with respect to the registration requirements applicable to each of the regulated professions, that would enable the agency to make better or

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	<ul style="list-style-type: none">• This proposal would negatively affect College finances, as registration and renewal are the primary sources of income.• In addition, this proposal duplicates other roles currently in existence, namely the newly-formed Fair Registration Practices Office.	more efficient decisions about registration.
<p>5. Revise the current professional complaints and discipline processes.</p> <ul style="list-style-type: none">– <u>Option 1:</u> Establish a centralized agency to receive and triage complaints or concerns about the provision of health services. This body could receive complaints involving regulated health professionals within Alberta Health Services, facilities licensed under the <i>Mental Health Services Protection Act</i>, persons in care, private practice, etc. Complaints would be triaged to the appropriate college or employer to deal with. Complaints could also go directly to colleges or an employer, with a feedback loop to the centralized agency.	<ul style="list-style-type: none">• Assuming this proposal speaks only to the administrative receipt and triaging of complaints, meaning a call/complaint is received and immediately redirected to the appropriate college, thus ending the agency engagement, the ACAC would not be opposed to this proposal. Of the proposals presented it would be our preferred option.• However, if the receipt/triage included assessment of the complaint before referral we would oppose this proposal.• We oppose the feedback loop to the centralized agency because it is a duplication of reporting. Colleges already have to track and report complaints/concerns to the Minister on an annual basis. The Minister may request real-time updates regarding a complaint at any time. This creates new bureaucratic red tape.	<ul style="list-style-type: none">• The proposals seem to be built on the premise that the complaint and discipline system is broken. If there is inconsistency in application of complaints processes and reporting, then we suggest the government address that with the colleges.• Creating a centralized agency creates new bureaucracy and cost to Albertans.• Rather than create a new agency/bureaucracy, why not establish a number that Albertans can call that can help them figure out which college or employer to contact and provide them the contact number? This addresses the navigation concern without creating a whole new agency/bureaucracy.

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<p>5. Revise the current professional complaints and discipline processes.</p> <ul style="list-style-type: none"> - <u>Option 2:</u> Establish a centralized agency <u>to address patient concerns/complaints</u>. This agency would handle and resolve complaints about any regulated health professional. This agency would be the first line in dealing with the patient and the patient's complaint; however, if a complaint dismissal decision was appealed, an investigation was required, or disciplinary action was required, the agency would make a referral to the appropriate college and the college would be responsible for these matters. 	<ul style="list-style-type: none"> • No, the ACAC does not support this proposal. • This creates a new and significant government bureaucracy that will invariably require more resourcing than expected. • The hand-off provision will be used frequently, which means patients will have a disruption in process as part of the transition, adding complexity and frustration. It will also increase timelines for managing the complaint. • It will increase costs of defence for registrants and the colleges, as registrants will likely engage legal counsel at the outset. This will also make the process more contentious for all parties involved. 	<ul style="list-style-type: none"> • The proposal seems to be built on the premise that the complaint and discipline system is broken. If there is inconsistency in application of complaints processes and reporting, then we suggest the government address that with the colleges. • If a centralized agency is created, we see this potential overhaul necessitating the creation of a quasi-judicial hearing and appeal system in government through an overarching agency. • We see this as a challenge on several fronts including increasing costs, extending timelines to work through complaints funneled from all colleges to one system, engaging complainants and potential complainant exposure and privacy concerns. • What problem is this option trying to solve? There is no evidence to suggest that the entire system is not working. • Should the agency be able to address the complaint/concern, what is the reporting back to the college for its ability to

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		<p>maintain a complete history of the registrant?</p> <ul style="list-style-type: none"> • This represents a growing shift away from professional self-regulation, which has not occurred anywhere else in Canada. • We understand the department fields calls from complainants who are unhappy about the outcome of their complaint dismissal or hearing tribunal decision. That is not surprising if the outcome was different than what they were seeking. It does not mean the system is broken or the process wasn't faithfully and ethically undertaken.
<p>5. Revise the current professional complaints and discipline processes.</p> <ul style="list-style-type: none"> – <u>Option 3: Establish a centralized complaint and discipline agency within government to address all complaints, appeals investigations and hearings.</u> Colleges would no longer have any responsibility in practitioner conduct and discipline. 	<ul style="list-style-type: none"> • No, the ACAC does not support this proposal. • This creates a new and significant government bureaucracy that will invariably require more resourcing than expected. • Complaints often are in respect to clinical issues, which staff with no clinical training have difficulty interpreting. Moving interpretation to a government body where clinical training and experience isn't part of the evaluation of the decision-making behind the actions in question will lead to ineffective complaints management. 	<ul style="list-style-type: none"> • The proposals seem to be built on the premise that the complaint and discipline system is broken. If there is inconsistency in application of complaints processes and reporting, then we suggest the government address that with the colleges. • If a centralized agency is created, we see this potential overhaul necessitating the creation of a quasi-judicial hearing and appeal system in

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		<p>government through an overarching agency.</p> <ul style="list-style-type: none"> • We see this as a challenge on several fronts including increasing costs, extending timelines to work through complaints funneled from all colleges to one system, engaging complainants and potential complainant exposure and privacy concerns. • Again, what problem is this proposal trying to solve? No evidence exists to suggest the entire system is not working. • How would this agency report back to the colleges for them to maintain a comprehensive overview of a registrant's record and suitability of practice? • This represents a fundamental shift away from professional self-regulation to government regulation, which has not occurred anywhere else in Canada.
<p>5. Revise the current professional complaints and discipline processes.</p> <ul style="list-style-type: none"> – <u>Option 4: Enhance current HPA provisions</u> to be more patient-centred. A patient focus should not be taken to mean that the individual interests of a 	<p>Preferred option, with mixed responses to Attachment 2</p> <p>1.a. NO – As complaints can be appealed to the Courts and are part of a formal record, they should only be submitted in hard copy form. Additionally, it is well-documented that people post information</p>	<p>1.a. Concerns received via email are already actioned. Sometimes the Complaints Director will recommend that these concerns would be better</p>

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<p>specific patient should be given priority over the interests of all other parties. The focus of this option will be on increasing transparency, patient involvement and efficiency of the existing complaint and discipline process under the HPA as set out in Attachment 2 to the Discussion Paper.</p>	<p>differently and with much less accountability in digital platforms than in writing. In the digital age people leave reviews on social media and digital platforms without a second thought. With online submission, colleges could be inundated with frivolous complaints that effectively diminish capacity to execute the complaints process in a meaningful way.</p> <p>1.b. NO – The Complaints Director already supports complainants in the process. The ACAC would need more clarity to understand what this aims to accomplish before being able to support.</p> <p>1.c. YES – The complainant should always be aware of the status of the case, and the HPA already has requirements in place about notifications. The ACAC already employs monthly touchpoints that exceed the 60-day touchpoints mandated by the HPA. We are not sure what else is being considered so are unable to comment further.</p> <p>2.a. YES – The ACAC supports this sharing of information.</p> <p>2.b. NO – The ACAC would need more information on what is considered “significant allegations of professional misconduct” before supporting. Informal resolution can be a valuable tool for managing complaints for both patients and registrants.</p> <p>2.c. NO – There are a number of concerns with this proposal.</p> <ul style="list-style-type: none">• A registrant’s privacy would be violated, especially when a complaint is dismissed or	<p>handled as a complaint and work with the person to make this a formal complaint.</p>

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	<p>there is no finding of unprofessional conduct through the hearing process.</p> <ul style="list-style-type: none">• Witnesses are less likely to participate or be forthcoming if their comments in the investigation can be released. This may result in more complaints being dismissed because the investigation can't proceed properly. It may also result in civil litigation against witnesses, further dampening participation. <p>2.d. YES – As long as government sets clear expectations and provides training resources to meet these expectations, the ACAC supports this proposal.</p> <p>2.e. YES – The ACAC already publishes all hearing decisions and informal admissions of unprofessional conduct for 10 years.</p> <p>3. YES – This aligns with public protection and provides a critical avenue for concern and complaint resolution.</p> <p>4. YES – This aligns with public protection.</p> <p>5. NO – Without more information about what this might mean, we do not support this proposal.</p> <p>6. NO – We cannot support without more detail about what these miscellaneous amendments might represent.</p>	

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6. Strengthen existing laws aimed at banning Female Genital Mutilation or Cutting (FGM/C) in Alberta.	<ul style="list-style-type: none">• YES – The ACAC would support any measure that aims to eliminate this practice.	<ul style="list-style-type: none">• The challenge with this proposal is around reporting. If FGM/C is performed by regulated health professionals who come from communities where this is a culturally accepted practice, the reporting is likely to be limited. If the regulated health professional was recruited by the government, the credibility that comes with that recruitment may increase barriers to reporting, making it even harder to discover and prosecute.• While this is not in chiropractic scope of practice, there may be a medical necessity to perform a procedure that could be deemed contrary to this proposal. On that medically necessary practice exemption, we would defer to appropriate professions to assess the proposal and in consideration of Section 268 of the Criminal Code, which currently exists and provides that “everyone commits an aggravated assault who wounds, maims, disfigures, or endangers the life of the complainant”. “Wounds” or “Maims” is further defined to include excision of the labia or clitoris.

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7. Authorize the performance of restricted activities through Lieutenant Governor regulation rather than professional regulations.	<ul style="list-style-type: none">• No, the ACAC does not support this proposal.• The process of authorization of performance of restricted activities is purposely deliberative to ensure protection of the public.• Fulsome consultation is a core component of this process to consider, understand and evaluate the impact of changes to patient care and the health system overall.	
8. Move the provisions for restricted activities as set out in Schedule 7.1 in the Government Organization Act (GOA) to the HPA and repeal Schedule 7.1.	<ul style="list-style-type: none">• Yes, the ACAC supports this proposal.	<ul style="list-style-type: none">• Length of time for reviewing and amending HPA provisions has been a challenge in the past, so we would hope that this could be addressed moving forward.• The White Paper notes that a full-scale review of the restricted activities provisions is planned in the years ahead. This should be a priority activity for the government since the list of restricted activities needs updating and modernization, and some of the difficulties with the language could be addressed.
9. Amend the common provisions of the HPA to address matters that are currently addressed uniformly among health professional regulations.	<ul style="list-style-type: none">• Yes, the ACAC supports this proposal.	

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10. Enable colleges to address the operation of their continuing competence programs within standards of practice.	<ul style="list-style-type: none">• Yes, the ACAC supports this proposal. It allows continuing competence programs to evolve in a timely manner.	
11. Enable colleges to address the use of professional titles within standards of practice.	<ul style="list-style-type: none">• Yes, the ACAC supports this proposal.• It will allow colleges that have provisional practitioners without needing to open the regulations.	
12. Provide for the approval of professional regulations by the Minister rather than the Lieutenant Governor in Council.	<ul style="list-style-type: none">• Yes, the ACAC supports this proposal because of the goal of streamlining the process.	
13. Enable colleges to propose to the Minister that the HPA be amended to enable its regulated members to provide professional services through a professional corporation.	<ul style="list-style-type: none">• Yes, the ACAC supports this proposal.	
14. Address miscellaneous HPA amendments that have been proposed over the past several years but have not been introduced.	<ul style="list-style-type: none">• Yes, the ACAC supports the miscellaneous amendments in Attachment 4.	

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15. Provide that the <i>Health Information Act</i> will apply to all regulated health professionals under the HPA.	<ul style="list-style-type: none"> • YES – the HIA should apply to all registered health professions equally. • NO – the HIA should not designate Colleges as custodians for the purpose of taking responsibility for patient records that have been abandoned. • Designating Colleges custodians of abandoned patient records will incentivize registrants to abandon the patient records and subsequent responsibility. It will also increase costs for colleges to manage the various patient record systems that are used. 	<ul style="list-style-type: none"> • The ACAC currently requires registrants to designate a custodian for their patient records before they are allowed to change their status. Additionally, the designated custodian must verify in writing that they accept the custodianship of the files. This process works very well for patients, who have a clear pathway on how to get their files.
16. Enable the Minister to establish ad hoc advisory committees under the HPA.	<ul style="list-style-type: none"> • Yes, the ACAC supports this proposal. 	<ul style="list-style-type: none"> • We would hope that any advisory committees under the HPA would include significant representation from the colleges.
17. Formally establish the Alberta Federation of Regulated Health Professions (AFRHP) under the HPA.	<ul style="list-style-type: none"> • UNSURE about support because of uncertainty of implications of this proposal. • The ACAC is a staunch supporter of the AFRHP and is grateful that Government recognizes the value as well. 	<ul style="list-style-type: none"> • Should the government proceed with this proposal, we would encourage a model similar to that in Nova Scotia where the “federation” body is legislated under a separate Act from the colleges and governance remains focused on professional and government representation. • If the government brings the “federation” under the HPA then clarity is required on council public membership, representation of colleges, and other governance matters separate from the manner in which colleges are governed.

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Are there other changes to the HPA that you would recommend? Please describe.	N/A	
Do you have any additional comments?	<p>We appreciate the opportunity to be both challenged in our thinking about health professional regulation as well as provide comment on the proposals provided for discussion. While improving regulatory effectiveness and efficiency is critical to ensuring patient protection, and the ACAC is committed to continuous improvement as a regular course of action, some of the proposals had little information about what issues exist that prompted suggestions for improving. Without understanding the problems government may have identified, it was difficult to provide informed feedback.</p> <p>At the heart of our considerations of the above proposals presented is the question of why the government is considering some of these changes and what problem needs to be solved. Self-regulation has been, and remains, a valuable function of our health system in Canada and Alberta. Re-imagining solutions to problems and emerging expectations for public protection (like Bill 21- Protecting Patients Act) is desired and we believe we can address government or public concerns as partners in care to bring decades of experience, technical expertise, and practice knowledge as the college with delegated responsibility for public protection and practice standards for chiropractors in Alberta.</p>	