



New Legislation Enables Collaborative Health Profession Regulation

Marjorie Hickey, Ann Mann, Bruce Holmes




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Outline


- Context of health profession regulation (HPR) in Nova Scotia
- History of Network and legislation
- Overview of collaborative self regulation model
- Review of key legislative provisions
- Questions and discussion



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HPR in Nova Scotia

- 21 self-regulating health professions/21 statutes
- Legislation and governance is very similar
- Professions and regulatory bodies widely vary




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History of the Network

- Informal network since 2007
- Interprofessional regulatory collaboration under active consideration since 2007
- Provincial Department of Health and Wellness active and supportive partner
- 2007 - first formal terms of reference
- Includes government reps as *ex officio* members




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Network Activities

- Joint response on new fairness legislation
- Position statement on interprofessional collaboration
- Pandemic planning and management
- Consulted on new legislation
- Consulted by Health Authorities on changes in health system delivery and impact on professional practice



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New Legislation for Network

- Received government funding to explore concept of collaboration in HPR
- Conclusion: statute was required to achieve desired results
- December 2012: *Regulated Health Professions Network Act* passed
- September 2013: Act proclaimed
- November 2013: part-time executive director hired



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Health Care Policy Context



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The Core Ideas


- Each health profession retains their own statute and autonomy
- All health professions must belong to the statutorily created Network
- Network promotes best practices, provides common voice and supports collaboration in regulation
- Professions decide if and when they will collaborate in specific regulatory functions



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Key Legislative Provisions

Purpose of the Act:
To improve the system of health professions' regulation for all Nova Scotians




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Key Legislative Provisions

Purpose of the Network:
To foster and enable collaboration among regulated health professions in a manner that upholds and protects the public interest, through enhanced self regulation of the health professions




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Overview of Legislation

- Incorporates the Network
- Creates regulation and by-law authority
- One member: One vote
- Maintains statutory autonomy for each profession but allows sharing of information that otherwise would be confidential within each College



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“Musts” vs. “Mays”

Very few mandatory provisions

- All 21 health professions must be members
- There must be an annual meeting
- Network representatives must be the CEO, registrar, ED or similar position for each regulated profession



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Informal Collaboration

The statute promotes informal collaboration:

- sharing of best practices
- development of collaborative policies, tools and resources
- training of individuals or committee members
- Research and dissemination of matters of interest



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Informal Collaboration


- Capacity building for network members that may benefit from experience of others
- Communicating with government and others regarding matters of common interest, including matters relating to patient safety, quality improvement of health care delivery or general improvement of the regulation of health professions



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Collaborative Regulatory Processes

- The Statute also enables more formal collaboration through identified collaborative regulatory processes
- A collaborative regulatory process is a process that is voluntarily available to members of the Network to enhance or to act in substitution for regulatory processes available under the members' governing statutes.




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Collaborative Regulatory Processes

Three collaborative regulatory processes are identified in the Act (with room to add through regulation):

- Formal interpretations or modifications of scopes of practice
- Collaborative investigative processes
- Collaborative registration review processes




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Scopes of Practice

A collaborative regulatory process can be used when professions seek **interpretation** of their scopes of practice, or where they seek a **modification** to their scope of practice



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Interpretation of Scopes of Practice

The relevant Network members may enter an agreement respecting interpretation of their respective scopes of practice when:

- a) The scope of practice of a profession may overlap with the scope of practice of one or more other health professions;
- b) Two or more health professions may share certain competencies; or
- c) In such other circumstances involving the interpretation of a professions' scope of practice as two or more Network members may agree



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Interpretation of Scopes of Practices

Process for reaching agreements:

- Affected health professions agree
- Agreement provided to Minister and all Network representatives
- Minister may order a revocation of the agreement within 60 days; agreement does not take effect until that time
- All Network members have opportunity for input



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Modifications in Scope of Practice

Example:

Is local injection of oral anesthetics in dental surgery within the scope of practice of an RN?

Process:

- Consultation with Network members
- Consultation with other relevant stakeholders
- Public notification of proposed modification with opportunity for feedback



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Modifications in Scope of Practice

- Direct advice to the Minister of proposed modification
- Consultation with additional stakeholders identified by the Minister
- Where agreement not reached with relevant Network members, process ends and traditional legislative process available
- Where agreement reached with relevant network members, Minister may deny the proposed changes or recommend modification to cabinet for approval by regulation




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Scope of Practice Processes

Anticipated benefits:

- Formalized interpretation of scopes of practice allows for more effective healthcare delivery planning
- Promotes interprofessional collaboration through greater recognition of shared competencies




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Scope of Practice Processes

Anticipated benefits (cont.):

- Process for modifications of scopes of practice much quicker than traditional legislative changes
- Effective tool to respond to healthcare emergencies



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Collaborative Investigation of Complaints

May be used where:

- a) there are related complaints involving members of more than one profession; or
- b) use of a collaborative investigation will assist in the investigation of a complaint; or
- c) in any other circumstance where collaboration is in the public interest.



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Collaborative Investigative Process

Existing statutory barriers to disclosure to other Colleges eliminated at front end of complaint



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Forms of a Collaborative Investigative Process


- One or more members may conduct the investigation in whole or in part on behalf of one or more other network members
- Separate investigations but a common investigative plan
- Joint conduct of a common investigation that will be the investigation for each under respective statutes



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Upon Completion of Collaborative Investigative Process


- Information shared among investigative bodies of participating Network members
- Investigative bodies carry out assessment of investigative material and proceed under own statute to process the complaint
- Collaborative investigative process; not a collaborative hearing process.....yet....

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Collaborative Investigative Process

Anticipated advantages:


- Use of a common investigation eliminates "witness fatigue" arising from multiple interviews
- Provides consistent investigative information to various investigating bodies
- May save time and money

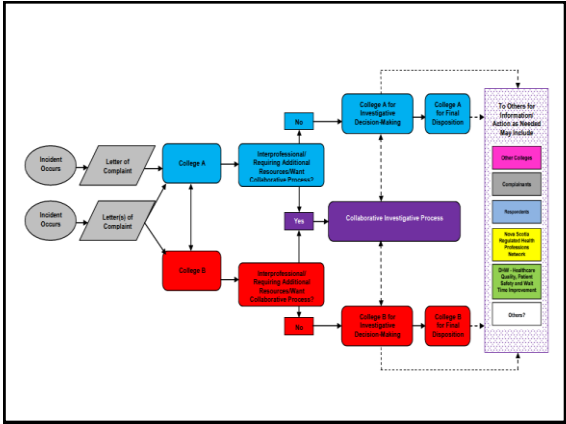
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Collaborative Investigative Process

Anticipated advantages (cont.)

- Enables lesser resourced professions to access experience of others
- Public better served through potentially more timely, cost-effective and thorough interprofessional investigation

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Potential Opportunities for Collaborative Regulatory Processes


- Quality assurance processes
- Complaint review committee
- Others?


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Evaluation


Logic model based on collective impact
 Five conditions for success of collective impact

1. Common agenda
2. Shared Measurement
3. Mutually Reinforcing Activities
4. Continuous Communication
5. Backbone organization


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Evaluation: Logic Model

1. Components
2. Activities
3. Reach
4. Outputs
5. Short Term Outcomes
6. Intermediate Outcomes
7. Long Term Outcomes
8. Impact




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Evaluation: Impact

Healthier and Safer Nova Scotians




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Rationale for the NS Approach

- Builds on existing collaborative history and initiatives
- Enables true collaboration
- Will produce collaboration that matters
- Will encourage further collaboration
- Saves costs and time



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Specific Benefits

- Facilitated sharing of experience, knowledge, specialized skill, regulatory capacity
- Greater consistency in meeting common problems and opportunities




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Specific Benefits

- Reduced duplication and wasting of resources
- A more consistently dependable system of public protection
- Enhanced public confidence



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Questions



Discussion



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Speaker Contact Information

Marjorie Hickey, QC
McInnes Cooper
Marjorie.hickey@mcinnescooper.com

Ann A. Mann, Executive Director/Registrar
College of Licensed Practical Nurses of Nova Scotia
ann@clpnns.ca

Bruce Holmes, Executive Director
Nova Scotia Regulated Health Professions Network
bruce.holmes@nsrhpn.ca <http://www.nsrhpn.ca/>



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