

PROPOSALS TO AMEND THE HEALTH PROFESSIONS ACT TO IMPROVE REGULATORY EFFECTIVENESS AND EFFICIENCY: DISCUSSION PAPER

ALBERTA HEALTH

TABLE OF CONTENTS

<i>Introduction: Issues and Scope</i>	1
<i>The Alberta Health Professions Regulatory Model:</i>	2
The HPA	2
Restricted Activities	2
Professional Regulations	2
<i>Proposed Changes to The HPA</i>	8
Proposals to enhance professional governance and discipline	8
Proposals to enhance the transparency of restricted activities	11
Proposals to enhance professional regulatory consistency and efficiency	12
Proposals to Enhance Collaboration and Engagement	14
<i>Attachments</i>	15
Attachment 1	15
Attachment 2	16
Attachment 3	17
Attachment 4	18
Attachment 5	22

INTRODUCTION: ISSUES AND SCOPE

Under the *Health Professions Act* (HPA), colleges are delegated responsibility to govern their members in a manner that serves to protect the public interest. The HPA came into force in 2001 and several provisions within the Act are now outdated and need to be modernized to increase the efficiency and effectiveness of the legislation. In addition, it has become increasingly difficult for colleges to update and maintain professional regulations, leading to workforce challenges.

The objective of this discussion paper is to propose legislative amendments to improve the regulatory effectiveness and efficiency of the HPA, and to seek interest group feedback on these proposals. We recognize that the current HPA is outdated and in need of updating. The discussion paper is intended to challenge your perspectives on the current regulatory system and to generate thought and discussion about ways to improve it.

As you review the discussion paper, we encourage you to have collaborative discussions with your colleagues and provide us feedback indicating your support, concerns and other ideas that you may have for improving the effectiveness and efficiency of the current regulatory system.

In addition to proposals to increase effectiveness and efficiency, this paper also proposes:

- enhancing the ability of government and regulated health professionals to respond to public health emergencies;
- strengthening the prohibitions on the performance of female genital mutilation or cutting (FGM/C)
- extending the *Health Information Act* (HIA) to all regulated health professionals;
- enhancing professional governance and discipline;
- enabling professionals in addition to physicians, dentists, chiropractors and optometrists to provide services through professional corporations; and
- enhancing provisions for engagement and collaboration.

The paper is being circulated to health professional regulatory colleges and other interested parties for feedback. A template is provided to help organize responses. Please submit your comments by <date> by email to Andrew.Douglas@gov.ab.ca and Dona.Carlson@gov.ab.ca. Any questions can also be directed to Mr. Douglas and Ms. Carlson.

THE ALBERTA HEALTH PROFESSIONS REGULATORY MODEL: A BRIEF OVERVIEW

The HPA

- The HPA (https://www.qp.alberta.ca/570.cfm?frm_isbn=9780779815012&search_by=link) can be divided into two major sections:
 - Common provisions (Parts 1-9) that address general requirements for governance, registration, continuing competence, professional conduct and other matters that apply to all professional colleges under the Act.
 - Individual Professional Schedules (Part 10) for each college under the Act that establish the college, describe the practice of regulated members of the profession, list the titles reserved for regulated members and address any transitional issues involved in moving from the previous legislation.
- Each schedule under the HPA corresponds to a college, which may govern one or several health professions. Attachment 1 lists the 30 colleges that are or will be included in the HPA and the professions they govern.

Restricted Activities

- Restricted activities are health services that may only be provided by persons authorized in regulation to perform a restricted activity or by persons permitted to perform a restricted activity under the supervision of a person so authorized. Currently, restricted activities are defined in Schedule 7.1 to the *Government Organization Act*.
- Regulations authorizing the performance of restricted activities may be made by councils of regulatory colleges and approved by Lieutenant Governor in Council or by the Minister of Health.

Professional Regulations

The HPA delegates to college councils the authority to make regulations to govern its regulated members. A professional regulation will typically address:

- college registers
- competence requirements for entry to practice
- other entry to practice requirements
- the performance of restricted activities
- the college's continuing competence program
- renewal of practice permits
- the use of professional titles
- alternative complaint resolution
- gathering and release of information about regulated members
- reinstatement of registration following cancellation of registration under Part 4 of the Act

PROPOSED CHANGES TO THE HPA

Proposals to enhance professional governance and discipline

Proposal #1 *Enhance the ability of government and regulated health professionals to respond to public health emergencies.*

The pandemic has demonstrated that the HPA requires provisions to enable the Minister and colleges to be flexible to respond to public health emergencies in the future.

- It is proposed that the HPA be amended as follows:
 - Enable the Minister by order to:
 - Vary requirements under Parts 2, 3, 3.1 and 4 of the HPA and any regulations under the legislation, if necessary to respond to a pandemic or other public health emergency
 - Direct colleges to take any necessary actions with respect to standards of practice and professional guidelines, including but not limited to creating new or varying existing standards and guidelines.
 - Based on current experiences with the pandemic, governments will need to focus on provisions for continuing and long-term care. To support initiatives to enhance the health care system's ability to care for the elderly and the disabled, it is proposed that priority be given to the rregulation of health care aides.

Proposal #2: *Mandate the separation of colleges from professional associations and labour unions and enhance the operation of governing councils and hearing tribunals.*

The HPA permits combined colleges and associations, but prohibits professional colleges serving as bargaining agents for their members (unions).

- It is proposed that the HPA be amended as follows:
 - Colleges will no longer be permitted to function as professional associations.
 - Individuals who are engaged officers or senior employees within a professional association or a labour union representing members of a regulated health profession may not also serve as members of a council or registration or competence committee of a college for that health profession.
 - Separation should not preclude appropriate cooperation between colleges and associations, e.g.: developing continuing competence training programs

Proposal #3 *Enable and enhance the regulation of multiple professions within regulatory colleges (amalgamation).*

There are several colleges that include multiple professions. Also there are multiple colleges that regulate similar professions – including three nursing colleges and five colleges governing dental practitioners.

- It is proposed that the HPA be amended to:
 - Enable the amalgamation of existing colleges.
 - Provide that where new professions apply for regulation, that regulation within an established college be the preferred option.

Proposal #4: *Establish a centralized registry of health professionals in Alberta.*

At present, there are 28 colleges registering health professionals under the HPA. A member of the public who has concerns about a health practitioner may have to visit several websites to determine which college was responsible and whether the practitioner regulated or not.

- It is proposed that the HPA be amended as follows:
 - Option 1: 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.
 - Option 2: Government would oversee the registration of health professionals and responsibility for professional registration conducted by a single agency established by government.

Proposal #5: *Revise the current professional complaints and discipline processes.*

Currently, a person has many avenues within the current health system to make a complaint about a health practitioner or the provision of health services. Complainants often encounter challenges in trying to determine the appropriate avenue to make a complaint.

- To make the complaints process more patient-centred, it is proposed that the HPA be amended as follows:
 - Option 1: 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 *Mental Health Services Protection Act*, 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.
 - Option 2: Establish a centralized agency to address patient concerns/complaints. 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.

- Option 3: Establish a centralized complaint and discipline agency within government to address all complaints, appeals investigations and hearings. Colleges would no longer have any responsibility in practitioner conduct and discipline.
- Option 4: Enhance current HPA provisions to be more patient-centred. A patient focus should not be taken to mean that the individual interests of a 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.

Proposal #6: *Strengthen existing laws aimed at banning Female Genital Mutilation or Cutting (FGM/C) in Alberta.*

According to the World Health Organization, FGM/C refers to “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.” Under section 268 of the Criminal Code, FMG/C is considered a form of aggravated assault, subject to a term of imprisonment for a term not exceeding 14 years. See Attachment #3.

It is proposed that the HPA be amended as follows:

- That the definition of “sexual abuse” within the HPA be amended to include the procurement or performance of FGM/C; and
- That a reference to section 268 of the Criminal Code of Canada be included in the list of criminal code provisions for which a person, if convicted, may not apply for the practice permit to be reissued and the registration reinstated.

Proposals to enhance the transparency of restricted activities

Proposal #7: *Authorize the performance of restricted activities through government regulation (LGIC), rather than professional regulations.*

Restricted activities are currently authorized through individual professional regulations that require LGIC approval.

- It is proposed that the HPA be amended so that authorizations for restricted activities are set out in one common LGIC Restricted Activity Regulation. Within this regulation, there would be separate sections for each college.
- This would allow government and professional colleges to address changes to multiple scopes of practice across professions if required.

Proposal #8: *Move the provisions for restricted activities as set out in Schedule 7.1 in the Government Organization Act into the HPA and repeal Schedule 7.1.*

Restricted activities are currently set out in Schedule 7.1 in the *Government Organization Act*, which creates challenges for keeping restricted activities current.

- It is proposed that the HPA be amended to move restricted activities into one of the initial provisions of the HPA.
- At this time, no changes to the restricted activity list are proposed. However, government recognizes restricted activities are outdated and some of its provisions need updating. The department is planning to do a full-scale review of restricted activities in the coming years.

Proposals to enhance professional regulatory consistency and efficiency

Proposal #9: *Amend the common provisions of the HPA to address matters that are currently addressed uniformly among health professional regulations.*

There are several provisions in professional regulations that are common across all professions.

- It is proposed that the HPA be amended as follows:
 - Where matters are being addressed consistently within regulations across professions, that these matters should be addressed in the common provisions of the HPA.
 - Attachment 3 describes the proposed changes in more detail. Where possible and appropriate, the approach should be enabling.

Proposal #10: *Enable colleges to address the operation of their continuing competence programs within standards of practice.*

The details for implementing continuing competence programs are embedded in college regulations. Since college regulations are updated infrequently, keeping continuing competence programs current is a challenge.

- It is proposed that the HPA be amended as follows:
 - The HPA would require that each college in accordance with standards of practice must establish a continuing competence program for its regulated members that:
 - would provide for member participation in a program of self-directed professional development; and
 - provide for the assessment of practitioner competence through practice visits, examinations, interviews or other means.
- The HPA would continue to address the confidentiality of the continuing competence program and provisions for referral to the complaints director, based on information from practice visits and other assessments.
- It is also proposed that the HPA be amended to specifically enable:
 - The registrar, registration committee or competence committee to impose conditions upon or suspend a member's practice permit;
 - The council to review such decisions at the request of the regulated member at any point within the continuing competence program.

Proposal #11: *Enable colleges to address the use of professional titles within standards of practice.*

The use of professional titles is currently specified in professional regulations.

- It is proposed that the HPA be amended as follows:
 - Colleges would be enabled to address the use of professional titles in standards of practice, including:
 - Titles as set out in the college's schedule.
 - Titles referenced in section 128 of the HPA.
 - Section 128 (12) would be amended to enable social workers, occupational therapists, registered nurses, and registered psychiatric nurses to use the title "psychotherapist" (in accordance with standards of practice).

- Section 128 would be amended to enable colleges to use the designation “provisional” in combination with a protected title that has been reserved for that college to identify practitioners who are provisionally registered and have not yet met requirements for full registration.

Proposal #12: *Provide for the approval of professional regulations by the Minister rather than the Lieutenant Governor in Council (LGIC).*

Professional regulations currently require LGIC approval. If other proposals in this paper go forward, much of what was addressed in regulation will be addressed within the common provisions of the HPA, in standards of practice, and LGIC regulations (restricted activities).

It is proposed that the HPA be amended so that professional regulations are approved by the Minister rather than the LGIC. As a result, there will be significantly less demand for Cabinet time and professional regulations will be focused on operational requirements and be of less impact to the public.

Having professional regulations approved by the Minister, should not change how regulations are developed. They will still be initiated by college councils, circulated for review and comment, drafted by Legislative Counsel, and once approved filed as regulations.

Proposal #13: *Enable colleges to propose to the Minister that the HPA be amended to enable their regulated members to provide professional services through a professional corporation.*

Only certain regulated health professionals can establish a professional corporation. This prevents most regulatory colleges from regulating their members business practices.

- It is proposed that the HPA be amended as follows:
 - Colleges would have the authority to make proposals to the Minister to enable its regulated members to provide professional services through a professional corporation.
 - This would expand professional corporations beyond the current physicians, dentists, chiropractors and optometrists.

Proposal #14: *Address other HPA amendments that have been proposed over the past several years but have not been acted upon.*

Over the past several years colleges and other health system groups have brought forward suggested amendments to the HPA to respond to issues they are experiencing and to increase effectiveness and efficiency of professional regulation.

It is proposed that the HPA be amended to address proposals that have been brought colleges, the Alberta Federation of Regulated Health Professions (AFRHP) and other interest groups. Some of the college and AFRHP proposals are addressed elsewhere in this paper. The additional changes proposed by the AFRHP are listed in Attachment 4.

Proposal #15: *Provide that the Health Information Act (HIA) will apply to all regulated health professionals under the HPA.*

The HIA does not apply to all regulated health professions.

- It is proposed that the HIA be amended as follows:
 - To designate all regulated health professionals as custodians under that Act.
 - The designation would be by reference to the HPA rather than by reference to specific professions (to facilitate onboarding of new professions).
 - To designate Colleges as custodians for the purpose of taking responsibility for patient records that have been abandoned by a regulated member.

Proposals to Enhance Collaboration and Engagement

Proposal #16: *Enable the Minister to establish ad hoc advisory committees under the HPA.*

The *Red Tape Reduction Implementation Act, 2019* repealed provisions in the HPA establishing the Health Professions Advisory Board.

- It is proposed that the HPA be amended as follows:
 - Minister be specifically authorized to establish advisory committees under the HPA.
 - This is important as there may still be a need for the Ministry to obtain expert advice in the future.

Proposal #17: *Formally establish the Alberta Federation of Regulated Health Professions (AFRHP) under the HPA.*

The AFRHP works closely with government and colleges to enhance public protection, advance healthcare regulation and to provide direction, expertise and leadership on health and related public policy. However, the AFRHP is not an established body under the HPA like colleges are.

- It is proposed that the HPA be amended as follows:
 - That the AFRHP, a corporation under the *Societies Act*, is continued as a corporation under the HPA with the same name and with a mandate to:
 - Promote regulatory best practices through cooperation and collaboration among health professional regulatory colleges.
 - Provide a forum for consideration and review of professional and regulatory issues.
 - Enable effective communication among professional colleges.
 - That the AFRHP have an advisory role; that is to provide advice to the Minister on the Minister's request with respect to matters related to the HPA, including changes to restricted activities, authorizations to perform restricted activities and the regulation of new health professions.
 - That the AFRHP would also have the right to be consulted on any amendments to the HPA.

ATTACHMENTS

Attachment 1

Colleges established under the HPA		
Schedule	Acronym	College Name
1	CAAA	College and Association of Acupuncturists of Alberta ¹
2	ACAC	Alberta College and Association of Chiropractors
3	ACLXT	Alberta College of Combined Laboratory and X-Ray Technologists
3.1	CCTA	Association of Counselling Therapy of Alberta ²
4	CADA	College of Alberta Dental Assistants
5	CRDHA	College of Registered Dental Hygienists of Alberta
6	CDTA	College of Dental Technologists of Alberta
7	ADA+Ct	Alberta Dental Association and College
8	CAD	College of Alberta Denturists
9	CHAPA	College of Hearing Aid Practitioners of Alberta
10	CLPNA	College of Licensed Practical Nurses of Alberta
11	CMLTA	College of Medical Laboratory Technologists of Alberta
12	ACMDTT	Alberta College of Medical, Diagnostic and Therapeutic Technologists
13	CMA	College of Midwives of Alberta
14	CNDA	College of Naturopathic Doctors of Alberta
15	ACOT	Alberta College of Occupational Therapists
16	ACAO	Alberta College and Association of Opticians
17	ACO	Alberta College of Optometrists
18	ACoP	Alberta College of Paramedics
19	ACP	Alberta College of Pharmacy
20	PAC+A	Physiotherapy Alberta College + Association
21	CPSA	College of Physicians and Surgeons of Alberta
21.1	CPPA	College of Podiatric Physicians of Alberta
22	CAP	College of Alberta Psychologists
23	CDA	College of Dietitians of Alberta
24	CARNA	College and Association of Registered Nurses of Alberta
25	CRPNA	College of Registered Psychiatric Nurses of Alberta
26	CARTA	College & Association of Respiratory Therapists of Alberta
27	ACSW	Alberta College of Social Workers
28	ACSLPA	Alberta College of Speech Language Pathologists and Audiologists

¹ The CAAA currently operates under the *Health Disciplines Act*.

² The CCTA is not in force as the professional schedule is not yet proclaimed.

Attachment 2

Attachment to Proposal 5 Enhancing transparency and patient focus in complaint and discipline process

1. Include provisions to facilitate patient focus and involvement.
 - a. Enable online complaints.
 - b. Obligate the complaints director to assist the complainant (where appropriate), at various stages throughout the complaint and disciplinary process.
 - c. Ensure that the complainant is advised of significant events in the progress of the complaint from initiation to final decision.
2. Include provisions to ensure transparency and fairness of the discipline process
 - a. Include provisions to enable health professional colleges to share information with Alberta Health, AHS, HQCA and other health regulators.
 - b. Limit informal resolution to matters that do not involve significant allegations of professional misconduct.
 - c. Provide for the release of investigation reports to complainants (appropriately redacted) when a complaint is dismissed or after the hearing and appeals are concluded. Also, explicitly permit release of the report to the hearing tribunal.
 - d. Phase in requirements that investigators, complaint directors, and tribunal members must meet competence and training requirements.
 - e. Mandate the publication³ on the College website for a period of at least 10 years of all disciplinary decisions, but allow for the redaction of the member's name in certain circumstances, except for decisions involving cancellation or suspension.
3. Update the ACR provisions
 - a. Retitle as Alternative Discipline Process (ADP).
 - b. Enable the ADP process without complainant participation (provided the complainant agrees).
 - c. Provide for complainant updates (see above).
 - d. Mandate publication of decisions (see above).
 - e. Add provision for complainant to make an impact statement to the Complaint Review Committee (CRC).
4. Expand requirements for employers to report terminations and suspensions, and behaviour that may include sexual abuse or sexual misconduct, to include decisions made under the Medical Staff Bylaws.
5. Explore enhanced roles in the HPA complaints/discipline process for the Health Advocates Office and Ombudsman.
6. Other miscellaneous amendments to clarify and update this part of the Act.

³ Publication of a decision includes information about the nature of the complaint. Information that a member's registration has been cancelled or suspended would also be entered on the public register while that information was current. Also, as disciplinary decisions in response to complaints involving sexual abuse or sexual misconduct must involve cancellation or suspension, these decisions will always be subject to publication.

Aggravated assault

- **268 (1)** Every one commits an aggravated assault who wounds, maims, disfigures or endangers the life of the complainant.
- **Marginal note: Punishment**

(2) Every one who commits an aggravated assault is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years.
- **Marginal note: Excision**

(3) For greater certainty, in this section, “wounds” or “maims” includes to excise, infibulate or mutilate, in whole or in part, the labia majora, labia minora or clitoris of a person, except where

 - **(a)** a surgical procedure is performed, by a person duly qualified by provincial law to practise medicine, for the benefit of the physical health of the person or for the purpose of that person having normal reproductive functions or normal sexual appearance or function; or
 - **(b)** the person is at least eighteen years of age and there is no resulting bodily harm.
- **Marginal note: Consent**

(4) For the purposes of this section and section 265, no consent to the excision, infibulation or mutilation, in whole or in part, of the labia majora, labia minora or clitoris of a person is valid, except in the cases described in paragraphs (3)(a) and (b).
- R.S., 1985, c. C-46, s. 268
- 1997, c. 16, s. 5

Marginal note: Unlawfully causing bodily harm

269 Every one who unlawfully causes bodily harm to any person is guilty of

- **(a)** an indictable offence and liable to imprisonment for a term not exceeding ten years; or
 - **(b)** an offence punishable on summary conviction.
- R.S., 1985, c. C-46, s. 269
 - 1994, c. 44, s. 18
 - 2019, c. 25, s. 94

Attachment 4

Attachment to Proposal #9: Matters addressed in regulations to be addressed in the HPA		
Provision	Current Requirements	Proposed Changes
Good Character	<p>Increasingly regulations now include</p> <ul style="list-style-type: none"> • a menu listing what evidence of good character may be required and leaving it to the Registrar to select what evidence is appropriate in the circumstances, • provisions to obtain and consider additional information from other sources and ensuring that applicants are fully informed and are able to respond to such information. <p>Recent changes introduced with Bill 21 (Protecting Patients) address some aspects of good character within the HPA, specifically criminal record checks, information about previous unprofessional conduct, conditions on practice and judgements in civil actions respected the applicant's practice (See 28(1)(h) to (m).</p>	<p>That 28(1) be amended to include a provisions for the registrar to request that an applicant provide evidence of good character, in addition to that which is now required as a result of the amendments introduced with Bill 21 (<i>An Act to Protect Patients</i>). This would include</p> <ul style="list-style-type: none"> (a) written references from colleagues which, if applicable, may be from colleagues from other jurisdictions in which the applicant is or was registered with an organization responsible for the regulation of [profession], and (b) any other relevant information required by the Registrar or Registration Committee. <p>In addition, the following provisions would be added after 28(1):</p> <ul style="list-style-type: none"> • A provision enabling the Registrar to contact any regulatory body responsible for the regulation of the same or different profession in Alberta or another jurisdiction to confirm the veracity and particulars of the applicant's information provided under section 28(1). • A provision enabling the Registrar when determining whether an applicant for registration as a regulated member is of a good character and reputation, to consider information other than that submitted by the applicant under subsection (1), including information from another regulatory body. • A provision that if the Registrar considers information other than that submitted by the applicant, the Registrar must give the applicant sufficient particulars of that other information and a reasonable opportunity to respond to the information.
Fitness to Practice,	Several regulations include provisions requiring applicants to provide evidence of fitness to practice.	That a provision be added to Section 28(1), requiring an applicant to provide

Provision	Current Requirements	Proposed Changes
	<p>Section 28(3) of the HPA addresses the situation where the Registrar is aware that an applicant may in the practice of the health profession create a danger to the public or be unsafe because of a disability or incapacity. However, there is nothing within this section to indicate how the Registrar may be made aware of the member's disability or incapacity.</p>	<p>evidence of fitness to practice on the request of the registrar.</p>
<p>Liability insurance, and English language competence</p>	<p>Virtually all professional regulations address requirements for liability insurance and English language competence. In both cases specificities are set by the council.</p>	<p>That provisions be added to section 28(1)</p> <ul style="list-style-type: none"> • requiring an applicant to provide evidence of having liability insurance of the type and amount set by council • requiring an applicant for registration as a regulated member to be reasonably proficient in English to be able to engage safely and competently in the practice of the profession, and enabling the Registrar to require the applicant to demonstrate proficiency in the English language in accordance with the requirements approved by the Council
<p>Equivalent Jurisdiction</p>	<p>Virtually all regulations enable the college to recognize equivalent jurisdictions whose regulated members may be registered in Alberta on the basis of having equivalent registration requirements.</p>	<p>That 28(2)(b) of the HPA be amended by the deletion of the reference to regulations.</p>
<p>Practice permit renewal</p>	<p>The HPA already addresses the basic process for renewal of a practice permit. Regulations address specific requirements linked to the continuing competence program, good character, fitness to practice, and liability insurance. If these requirements are moved to the HPA, then provisions for renewal could also be dealt with in the Act.</p>	<p>That section 40 of the HPA be amended to refer specifically to good character, fitness to practice, liability insurance, and English language competence without reference to regulations.</p> <p>That a provision be added to section 40 enabling a college to consider other requirements for renewal set out in regulation.</p>
<p>Alternative Complaint Resolution</p>	<p>Except for a few minor tweaks introduced by one college and now generally accepted when other professional regulations are amended, the provisions in regulation dealing with the processes for ACR are essentially boiler plate.</p>	<p>That Part 4, Division 2, Alternative Complaint Resolution) of the HPA be amended to include provisions to address</p> <ul style="list-style-type: none"> • the person conducting the ACR process, • the agreement respecting the procedures for and objectives of the ACR process

Provision	Current Requirements	Proposed Changes
Reinstatement following cancellation of registration under Part 4	<p>With Bill 21, government has already introduced some additional requirements that will impact reinstatement of registration in the context of sexual abuse. Initially, colleges adopted one of two approaches in regulation to address reinstatement:</p> <ol style="list-style-type: none"> 1. To refer applications for reinstatement to an <i>ad hoc</i> reinstatement committee established by the hearing director. Decisions of this committee were either not subject to appeal or appealable to the council. 2. To treat applications for reinstatement like applications for registration, with some additional requirements and refer them to the established Registrar or Registration Committee. Reinstatement decisions would also be subject to review by council like other registration decisions. <p>Most colleges have adopted the second approach and some who had previously adopted approach #1, have proposed shifting to approach number 2.</p> <p>In practice, the two approaches involve similar considerations; however, approach #2 avoids the administrative obligation of establishing a reinstatement review committee.</p>	<ul style="list-style-type: none"> • provisions for confidentiality, and • procedures for leaving the ACR process <p>That the HPA be amended to include a standard provision for reinstatement following cancellation under Part 4 of the Act.</p> <p>That applications for reinstatement be referred to the registrar who must consider the application in accordance with the provisions of Part 2 of the HPA and must specifically consider the following:</p> <ul style="list-style-type: none"> • the record of the hearing at which the applicant's registration and practice permit were cancelled; • activities undertaken by the applicant since the applicant's registration and practice permit were cancelled, including whether the applicant has met any conditions imposed under Part 4 of the Act before the applicant's registration and practice permit were cancelled; • whether the applicant is fit to practice does not pose a risk to public safety or to the integrity of the profession.
Collection of Information from applicants and regulated members	<p>Under the HPA, each registrar must collect information from applicants and regulated members as set out in</p> <ul style="list-style-type: none"> • section 33(3) of the HPA, • professional regulation under the HPA, and • additional information pursuant to regulations made by lieutenant governor in council. <p>While not identical, the information referenced in professional regulations are similar and all are collected on application, on renewal</p>	<p>It is proposed that the HPA be amended to include a master list that would identify the information that a registrar <u>may collect</u> from applicants or regulated members. This list would need to reflect the information currently collected in accordance with the various professional regulations under the HPA. While not every item in the list would be used by every profession under the HPA, the list would be sufficiently general that colleges would be able to select appropriate items.</p>

Provision	Current Requirements	Proposed Changes
	of a practice permit and whenever the information changes	This information would have to be provided on the request of the Registrar on application, on renewal of a practice permit and when there had been a change in the information provided.
Release of Information about regulated members	Some regulations include provisions for the release of register information for the purpose of maintaining a public register.	Since the HPA has been amended to mandate public registers on college websites, such provisions will not be required.
Release of information in accordance with section 119(4) of the HPA.	Section 119(4) addresses the information about a regulated member that a member of the public may obtain from a college. Regulations set the time frame within which this information must be provided.	That the variable time frames addressed in regulation be addressed for all professions in Section 119 of the Act as follows: <ul style="list-style-type: none"> - information about conditions, while condition is in effect, - information about suspensions, while suspension is in effect, - information about a direction under 118, while direction is in effect - information about cancellation, for at least 2 years (while provisions respecting former members apply) - information about scheduling of a hearing, until hearing has been completed - information about any order under Part 4 of the HPA, for a minimum of 5 years - the written decision and the testimony given before the hearing tribunal, except for that part of the testimony that was given while the hearing was held in private, for a minimum of 5 years.

Attachment 5

Attachment to Proposal 14 Other HPA amendments that have been proposed but not implemented

1. Further updates to the requirements for college websites
2. Provisions to enable colleges to access information held by Alberta Health, Alberta Health Services, and other employers, private insurers and others for purposes of quality assurance. Holders of the information would be required to make reasonable efforts to comply with the registrar's request.
3. A requirement that colleges advise the Alberta College of Pharmacists when a health professional who is authorized to prescribe Schedule 1 drugs and that member's registration or practice permit is suspended or cancelled or if conditions are placed upon the member's practice.
4. Provisions enabling access to publicly funded facilities for the purpose of a practice visit, inspection or investigation with reasonable notice, rather than operator consent as currently required.
5. An update to the registrar's responsibilities on receipt of an application for registration to require the registrar to respond more effectively and to align with the requirements of the *Fair Registration Practices Act*.
6. A provision that mandatory registration of supervisors applies only to regulated members who as supervisors provide clinical supervision.
7. An offence provision that would apply to any person who is subject to mandatory registration and knowingly practices a regulated health profession, without being registered.
8. A provision enabling the Minister (or a person authorized by the Minister) to apply for an injunction under the following circumstances:
 - An individual provides services contrary to the requirements in the HPA for mandatory registration or refuses to submit an application for registration when directed to do so by the registrar of a college (S 49).
 - An individual contravenes the provisions of section 128 respecting protected titles (S 130).
9. A general provision enabling the Minister (or person authorized by the Minister) to seek an injunction to enjoin a person from continuing to engage in any behaviour contrary to the HPA.
10. An update to provisions for liability protection for the Minister, college officials and agents acting under the HPA, that would also include the liability protection provisions set out in an unproclaimed amendment to the HPA passed in 2008.
11. An update, if necessary, to the unproclaimed provisions for abandoned records (in the aforementioned HPA 2008 amendment), to align with the *Health Information Act*.⁴
12. An update to the provisions for providing notices under the HPA to reflect current communication realities.
13. An amendment to clarify that the public interest is to be considered if the Minister recommends the appointment of an administrator for a college on the request of that college (See section 135.2).

⁴ Once the provisions of the 2008 HPA Amendment are incorporated within the current amendments, the 2008 HPA Amendment Act can be repealed.