

November 26, 2018

RE: Summary of feedback on the proposed regulation policies under the Health Professions Act

Dear CAAA Members:

By the original deadline of November 9, 2018 for feedback regarding the proposed regulation policies, a total of 17 submissions of feedback were received. Nine (9) of them were received prior to the in-person consultation, and eight (8) after the in-person consultation.

Of the feedback received, four (4) members used the Consultation Feedback Form and provided detailed feedback and suggestions. Four (4) members sent exactly the same email. Please note that the same emails were counted as separate responses in the summary attached.

On November 12, 2018, Council had a special teleconference meeting and approved to extend the deadline to Monday, November 19, 2018. Three (3) submissions of feedback were received after the deadline was extended.

A total of 95 members attended the in-person consultations. However, some members were unable to attend the in-person consultations. Below is a brief summary of the background information in developing the proposed regulation policies.

1. Reason and urgency of the transition

The reasons and urgency of the transition have been addressed to members on March 23, 2018 in Calgary; on March 28, 2018 in Edmonton; and on April 29, 2018 in Red Deer at the Annual General Meeting. As a matter of fact, transition to the Health Professions Act (the HPA) has been an identified priority by the Council since 2013. The major reason was that because the current Acupuncture Regulation under the Health Disciplines Act was not amended in a timely manner, some requirements in the current Acupuncture Regulation are very difficult to implement, for example:

Section 7, Permitted modes of practice

An acupuncturist may provide the services of acupuncture but in providing that service the only technical modes of practice that an acupuncturist may use are needle acupuncture, electro-acupuncture, moxibustion, cupping and acupressure.

Section 8, Care and treatment

- (1) An acupuncturist shall not undertake the care and treatment of a person unless
 - (a) that person has already consulted with a physician or, in the case of dental pathology, a dentist about the condition for which he or she is seeking care and treatment,
 - (b) that person has informed the acupuncturist that he or she has consulted a physician or dentist about the condition, and
 - (c) the acupuncturist has completed the patient consultation form prescribed by the Minister.

Section 9, Advice to patient

- (1) An acupuncturist shall not inform a patient by any form of communication that acupuncture cures diseases.

In contrast, the description of the practice by acupuncturists under the Health Professions Act, Schedule 1, Profession of Acupuncturists, as below, better reflects the practice of acupuncturists.

Practice

3. In their practice, acupuncturists do one or more of the following:
 - (a) Diagnose, treat and prevent diseases, disorders and dysfunctions using methods based on the holistic principles of traditional Chinese medicine and on using methods of stimulating acupuncture points and meridians;
 - (b) Provide restricted activities authorized by the regulations, and
 - (c) teach, manage and conduct research in the science, techniques and practice of acupuncture.

From communication with membership, the CAAA has not received any objection to the transition yet. During the whole consultation, ten (10) members expressed the desire to expand the scope of practice by acupuncturists with the transition. As a matter of fact, a couple of restricted activities (acupuncture point injection therapy and Tui Na) have already been included in the proposed regulation policies as advanced practice. However, since scope of practice must be supported by the education and it is government that approves the proposed regulation policies, the CAAA Council will act on legal advice with the transition.

2. Background facts

- In May 2013, an Ad Hoc Committee was appointed to work on the transition to the Health Professions Act. They reviewed the proposed regulation policies with Alberta Health and made minor changes. In October 2014, Alberta Health provided a timeline to complete the transition. Due to various reasons, the transition did not progress as planned.
- In 2016, there was a big change to council membership. The new council finished the review of the proposed regulation policies in December 2016 and made three major changes: addition of student membership; addition of acupuncture point injection therapy and Tui Na as advance practice in the scope of practice.
- In 2015, 2016 and 2017, Alberta Health presented to the CAAA Council regarding the difference in governance between the Health Disciplines Act and the Health Professions Act, and the requirements for the transition.
- In February 2018, the CAAA Council approved to retain Mr. James Casey for assistance with the transition. Mr. Casey is an expert in the field of regulation in healthcare sector and has successfully helped many professions to complete their transition. After reviewing the proposed regulation policies, Mr. Casey and his team provided a 33-page feedback.
- Given the importance of the transition, the CAAA Council appointed a Transition Task Force to revise the proposed regulation policies based on legal advice. The Task Force completed the revision by the end of May 2018.

- In June and August 2018, Mr. Lowell Ask, Task Force Chair, reported to the CAAA Council on the revised regulation policies.
- On October 9, 2018, the proposed regulation policies were circulated to members for internal consultation. For transparency, the complete and exact proposed regulation policies were posted on the CAAA website.
- On November 1, 2018, a document Understanding the Proposed Regulation Policies was posted on the CAAA website, and an email notification was served to all members. This document compared in detail the current regulation and the proposed regulation, and addressed some feedback the office has received.
- As planned, in-person consultations were offered on November 2, 2018 in Edmonton and on November 5, 2018 in Calgary. A total of 95 members attended.
- As next step, the Transition Task Force will review the feedback received and make recommendations to the CAAA Council. Legal advice will be sought as needed.

All members of the Ad Hoc Committee, Transition Task Force and the Council, previous and current, have made tremendous efforts in developing the regulation policies. They considered both the mandate to protect the public interests and the interests of the profession. The proposed regulation policies circulated for consultation was the **8th version**. Their contribution and dedication shall be respected and appreciated.

Attachment: Brief summary of consultation feedback

Of the 20 Submissions of feedback regarding the HPA transition, nine (9) were received prior to the in-person consultation sessions, eight (8) after the in-person consultation sessions, and three (3) during the extension.

# of members with this feedback	Feedback
1	Members have not been consulted in years
1	National survey in 2015 – not valid in Alberta, shouldn’t be considered as in person consultation
10	Advancement/protection of scopes – Eg: TCM Herbology, Injection therapy, HVM (High Velocity Manipulation)
2	Waiting to be able to advance scopes after HPA will take 10 plus years
2	CAAA not giving an answer about date of document submission to HPA
2	Student Memberships (1) – Need to hold students accountable outside of their schools
1	Student Memberships (2) – We should NOT add them as monitoring/policing is not possible
1	Student Memberships (3) - agree for it to be included in bylaws
2	Student Membership (4) – allow students to be members before examinations
1	Student Membership (5) – How will the CAAA deal with the hiring policy for

	supervisors? Does the supervisor need to be physically present?
1	What items are to be included not in regulation but in bylaws, standards of practice, code of conduct and who is writing these?
1	No terms of reference/criteria to define “fit to practice”
2	No terms of reference/criteria to define “English Language”
3	Dr. title (1) – How will CAAA determine what the advanced level of knowledge is?
4	Dr. title (2) – Grandfathering: will those who have studied for years be protected/added?
2	Agree to fully move forward to HPA
2	Training and Supervising – Some items derived from other professions, wording suggests one on one is necessary at all times
1	Renewal Requirements – Happy to see drop in hours and extension of time
1	Rush to HPA – Why not expand the scope first, then move to HPA when we are fully prepared?
3	Acupuncture term – Limit it to those with TCM background
5	Access to patient records/lab test results/x-rays etc. (Netcare)
4	Post- Secondary/higher education as a registration requirement
7	30 days not enough time to review HPA
1	Continuing Comp. and Prof. development – researchers and professional education roles : in most professions, they are able to claim hours spent working as their jobs require continuing education
1	Restricted Activities and External stakeholders – put HPA forward, then schedule consultations with external stakeholders
2	Need clarification of hours needed for professional development
1	The need for CPR training – should it apply to those who see most patients via the web?