

The

INSIDE STORY[®]

FEBRUARY/MARCH 2019

PART ONE of a two-part series

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EFFECTIVE SERVICES



DO NOT CROSS DO NOT CROSS DO NOT CROSS DO NOT CROSS

WE RELY ON REGULATED HEALTH CARE PROFESSIONALS

FOR PUBLIC SAFETY

AND EFFECTIVE SERVICES

BUT WHAT DOES 'REGULATED' ACTUALLY MEAN?

PART ONE

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DO NOT CROSS DO NOT CROSS DO NOT CROSS DO NOT CROSS

Just like an earworm—when you get a song stuck in your head that just won't leave—we've got the recent Globe and Mail investigative report about the regulation of chiropractors in Canada stuck in our head... and stuck big time. Is it trying to tell us something?

As you may recall from our coverage of the Globe's November 1, 2018, article in the December edition of *The Inside Story*, for over 10 years the College of Chiropractors of Ontario's leadership included vitalist chiropractors.¹ Vitalists promote unscientific treatments and treatments outside the chiropractic scope of practice. And the Globe reporters found similar issues with the regulation of chiropractors in other regions of Canada. This got us wondering whether this situation is unique to chiropractors or is Canada's regulatory model possibly putting us all at risk of ineffective, wasteful, and potentially harmful care? We set out to find out in this two-part series...

Not just any health professionals, regulated health professionals

It seems like every other day another news story pops up about a *regulated* health professional behaving badly. There are cases when someone poses as a regulated health professional without actually having the qualifications. For instance, there is the imposter in British Columbia the media dubbed "Dr. Lipjob," who forged a medical licence so she could inject Botox into duped customers.² However, for the most part, the concerning stories out there are about regulated health professionals, not posers. They actually have the required credentials and have been approved to practice by a regulatory body. Makes you think, just what does regulation actually mean in Canada?

WHICH HEALTH PROFESSIONS ARE REGULATED IN CANADA?

Which professionals are regulated varies by province. All areas of Canada require regulation of certain professions such as doctors, nurses, and dentists, but there is less consistency for others like naturopaths.

A provincial government may decide regulation is necessary if, for example, there have been a lot of issues with a profession. Alternatively, professions themselves can approach the provincial government to request regulation.

For example, the Office of the Ombudsman in British Columbia explains, "There are a number of health professions with a long history of self-regulation in the province. The physicians (since 1867), the nurses (since 1918), and the dentists (since 1886) are the most obvious examples. Some professions, such as the psychologists (since 1977), have been self-regulating for a surprisingly short time..."³

Serving and protecting the public

There are differences in each province as to which professions are regulated and how regulation is implemented. However, at the heart of regulating health professionals across Canada is the goal of serving and protecting the public. To achieve this, Canada (for the most part) has a self-regulation model. Much like it sounds, self-regulation means that the health professionals police themselves.

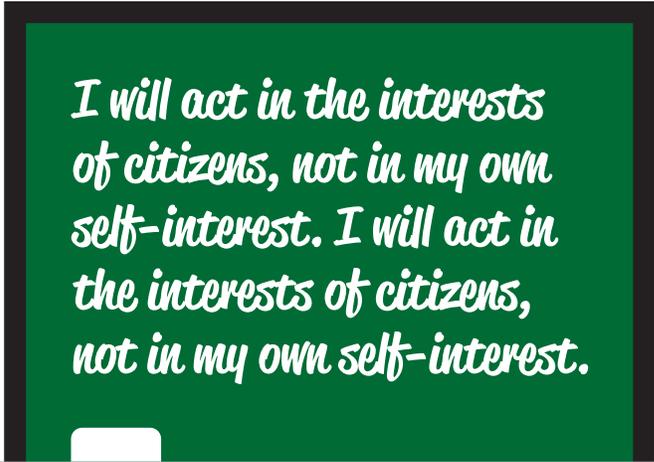
Historically, the self-regulation model emerged in the 19th century based on the ideal of trust; the government and the public trusted that the professionals would self-regulate to act in the interests of citizens, not in their own self-interest.⁴ As a result, professions were granted the autonomy to manage their own affairs via regulatory bodies. And, in turn, the regulatory bodies (typically called colleges) were charged with the responsibility of upholding the public interest. The same holds true today.

How does self-regulation work?

With the goal of serving and protecting the public, the government's focus is on regulating professions that could put the public at risk if not done by qualified professionals. Accordingly, to become regulated, a health profession must meet the government's "risk of harm" threshold.⁵ Basically, the profession must show that its duties, activities, and decisions could significantly impact patients' physical or mental health or pose the risk of doing so. Once regulated, although there are regional variations, typically each regulatory body self-regulates guided by a provincial act and a profession-specific act to:

- Determine the skills fellow members must possess and evaluate credentials
- Set standards of practice and ethical conduct for the profession
- Ensure that fellow members only undertake activities outlined in the profession's scope of practice
- Investigate complaints about members and take disciplinary action as needed

In the 1960s, questions began to arise—if not continue to pick up steam—calling for reform of the self-regulation model.⁶ But first, the proponents...



I will act in the interests of citizens, not in my own self-interest. I will act in the interests of citizens, not in my own self-interest.



APPROACH TO ENSURING PROFESSIONALS ONLY PRACTICE WITHIN THEIR SCOPE

Investigation and discipline

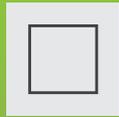
When a regulator receives a complaint, it decides on disciplinary actions if an investigation finds a member of the regulatory body practising in a way that is incompetent, unethical, illegal, or impaired by alcohol or drugs. Examples of discipline include:

- Supervised practice
- Restrictions on what or how they practice
- Suspension or removal of registration with the regulatory body

Transparency

Regulators attempt to provide transparency through:

- Disciplinary hearings, which are open to the public unless there are circumstances like issues of public security
- Publicly listing the health professionals' names officially registered with the regulatory body
- Public reporting of names of health professionals disciplined by the regulator and the disciplinary actions on the regulatory body website and/or annual report



THE GREAT DEBATE



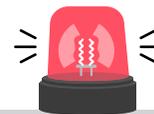
Proponents of self-regulation

Although there have been rumblings (some louder than others across Canada) about reform, many of the same arguments for the self-regulation model persist that resulted in its initial adoption in the 1800s.⁷ For example, proponents argue that self-regulation is in the public interest because it:

- **Establishes high-quality entry standards.** This protects the public by preventing those who are unqualified from practising because the required level of qualification is determined by those who know best: the professions themselves.
- **Ensures high-quality oversight of practice.** Following the logic of above, the skills and service quality of health professions is best judged by the professions themselves. For example, the idea that it's not possible for non-surgeons to accurately assess surgeons' very specialized skill set.
- **Cheaper for government.** Self-regulation allows the government to delegate and not have to pony up the resources to handle all the many aspects of regulation. The professionals themselves fund the regulatory bodies through annual registration fees.

Detractors of self-regulation

Harking back to the 1960s, the dominant view challenging the self-regulation model is that "while professional self-regulation has many advantages, professionals cannot be trusted to put the public interest above their own; as a result, there needs to be more government oversight to restrict professionals' excesses."⁸ Essentially, detractors then—and today—argue that conflict of interest is inherent to the self-regulation model, so it does not serve and protect the public. For example, conflict of interest can override public interest in many ways:



"There is increasing debate in Canada as to whether self-regulation should in fact, continue as the model for health professional oversight. High-profile malpractice cases in the medical, chiropractic, and nursing professions have fueled this debate. Questions are arising as to whether Canada's regulatory bodies consistently and fairly penalize regulated health professionals who commit unprofessional acts."

Ned Pojskic, GSC's leader of pharmacy & health provider relations

- **Personal self-interest** by taking advantage of power imbalance and/or patient vulnerabilities for personal gain as in the case of sexual assaults.
- **Financial self-interest** by establishing barriers to entry, decreasing competition, and creating monopolies.
- **Political self-interest** by having influence due to the profession's size, funding, and/or lobby power. As a researcher explains, "A privileged place in the market is a prize awarded to organized professional groups with connections and status who have managed to convince legislators that they deserve market privileges."⁹

TURF WARS

Also, proponents of self-regulation feel that the remedy for conflict of interest is requirements like board meetings that are open to the public and public representation within the regulatory bodies. However, detractors feel that the public members may not be viewed as equals with input that carries the same weight as the professionals who, in this instance, are supposed to be their peers.

Detractors also feel that the self-regulation model (remember it came about in the 19th century) does not have the necessary flexibility built into it to effectively address today's health issues. Specifically, that the way the health professions are defined in their scopes of practice doesn't reflect the overlapping skillsets that health professions actually use in practice today. And that it is precisely this overlap—in health care lingo, multidisciplinary skills—that are best-suited to help today's aging population and our high incidence of chronic conditions. What the outdated scopes of practice do is allow the professions to protect their interest or their “turf”—hence turf wars among the professions.

In addition, detractors feel that the mishmash of how self-regulation—and for that matter, how regulation overall is handled across Canada—does not provide the consistency necessary to best serve and protect the public. Some also feel that inconsistencies don't allow qualified professions to easily move across provinces or enable qualified immigrants to enter a profession in a standardized and timely way.

All this has led some researchers to label Canada “the last bastion of unfettered self-regulation in the world.”¹⁰ So what approach are other countries taking to regulating health professionals?

Oversight that is national and independent is the theme of the day

The United Kingdom and more recently, Australia, have reformed their regulation model by moving away from an emphasis on self-regulation. Now, although the professions have input, they are overseen by independent bodies at the national level.





United Kingdom

Prompted by a number of scandals involving regulated health professionals, including inappropriate behaviour even causing death, the U.K.'s regulatory system has undergone significant reform over the last 20 years.¹¹ Although there are nine regulatory bodies, they are not self-regulatory in that they do not function autonomously; there is a national independent body (as in, separate from the government and the regulators) charged with regulating the regulators. Sometimes referred to as a "super-regulator" or a "health watchdog," the Professional Standards Authority for Health and Social Care conducts an annual independent review of each regulator and reports the results to parliament.¹² In addition to reviewing how the regulators are performing, it also reviews how each regulator handles discipline. If it feels that the decision reached by the regulator and/or the discipline imposed is insufficient to protect the public, it has the authority to appeal to the courts.

WHICH PROFESSIONS ARE REGULATED?

Similar to Canada, both the U.K. and Australia regulate professions like doctors, dentists, nurses, and pharmacists. Plus, they regulate some that Canada has varied regulation on, such as naturopaths.

Australia

There used to be numerous territorial registration boards (called registration rather than regulation) with inconsistencies between regions, like the standards for entering and practicing a profession. Not to mention, Australia also had its share of scandals. To remedy the situation, reform began in 2008 as Australia started shifting away from state and territorial-based regulators to national registration standards overseen by now just 15 national boards.¹³ However, as in the U.K., these boards are not totally self-regulating. Independent oversight is achieved by having board-member candidates recommended by an independent agency (not connected to the government or the boards). Then to have a candidate approved to join a board, the appointment must be approved by another council made up of health ministers from each state and territory.

And then there is the United States...

The U.S. has some federal oversight for some health professions like doctors who have to meet both state and federal regulation, as well as oversight by health maintenance organizations. However, the U.S. model is not typically considered one to look to for ideas regarding reform. If nothing else, it's exceptionally complicated in a large part due to the many players involved in their overall health care system. To make a long story short, the primary responsibility for the regulation of health professions falls to each state in which the professional practises. State licensing boards issue new licences to professionals who meet the required qualifications and enforce standards of practice, including disciplinary acts.

To self-regulate or not to self-regulate?

So now what? Well, we've got a handle (more or less) on what self-regulation means in Canada. And we've also seen examples of countries that have moved away from an emphasis on self-regulation. Maybe it's time to ask the biggie: With the heart of self-regulation being to serve and protect the public, just how are the regulatory bodies doing?

If we based our answer on the *Globe* article and the chiropractors' regulatory bodies, we'd say not very good—at all. But is this incidence of putting the public at risk of unscientific practices the exception or the norm?

And, digging deeper, should serving and protecting the public really just be a matter of protecting against harm? Don't we also want to ensure our regulated health professionals actually do good—as in use evidence-based practice to improve health outcomes?

We're sure you are on the edge of your seat (if not, please just humour us). Look for our analysis in part two in the April edition of *The Inside Story*. Yes, a cliff-hanger—we couldn't resist.

Sources:

¹ Chiropractors at a crossroads: The fight for evidence-based treatment and profession's reputation, Paul Benedetti and Wayne MacPhail, *The Globe and Mail*, November 1, 2018. Retrieved February 2019: <https://www.theglobeandmail.com/canada/article-chiropractors-at-a-crossroads-the-fight-for-evidence-based-treatment/>.

² 'Dr. Lipjob' ordered to stop injecting botox, impersonating doctor, Manjula Dufresne, *CBC News*, April 25, 2018. Retrieved February 2019: <https://www.cbc.ca/news/canada/british-columbia/dr-lipjob-ordered-to-stop-injecting-botox-impersonating-doctor-1.4635618>.

³ Acting in the Public Interest, Self-Governance in the Health Professions: The Ombudsman's Perspective, British Columbia Office of the Ombudsman, May 2003. Retrieved February 2019: <http://collegeofdietitiansofbc.org/home/documents/2018/Special-Report24-Self-Gov-Health-Prof-Ombudsman.pdf>.

⁴ Professional Self-Regulation and the Public Interest in Canada, Tracey L. Adams, *Professions and Professionalism*, September 28, 2016. Retrieved February 2019: <https://journals.hioa.no/index.php/pp/article/view/1587>.

⁵ Health Professions Regulatory Advisory Council, Reports and Resources, Regulation of a New Health Profession under the Regulated Health Professions Act (RHPA) 1991, Health Professions Regulatory Advisory Council, 2011. Retrieved February 2019: http://www.hprac.org/en/reports/resources/RegulatingaNewProfession_CriteriaProcess_July2011.pdf and Ontario Paramedic Association website, *The Process*. Retrieved February 2019: <https://www.ontarioparamedic.ca/self-regulation/the-process/>.

⁶⁻¹⁰ Professional Self-Regulation and the Public Interest in Canada, Tracey L. Adams, *Professions and Professionalism*, September 28, 2016. Retrieved February 2019: <https://journals.hioa.no/index.php/pp/article/view/1587>.

¹¹ Healthy Systems by Country - United Kingdom – European Region, World Health Organization, February 2017. Retrieved February 2019: <https://www.who.int/health-laws/countries/gbr-en.pdf?ua=1>.

¹² Professional healthcare regulation in the UK explained, Michael Warren, Professional Standards Authority, April 10, 2018. Retrieved February 2019: <https://www.professionalstandards.org.uk/news-and-blog/blog/detail/blog/2018/04/10/professional-healthcare-regulation-explained>.

¹³ Australian health practitioner regulation agency website, National Boards. Retrieved February 2019: <https://www.ahpra.gov.au/National-Boards.aspx>.

SNEAK PEEK ... WITH MORE TO COME IN PART TWO



Take it away Ned (that's Ned Pojskic, GSC's leader of pharmacy & health provider relations).

"Although Canadian jurisdictions may continue to rely on the self-regulation model, it's clear that Canada needs a stronger model for oversight of the health regulators. While ultimately the provincial ministries of health could retain control, a much stronger and objective approach to oversight is necessary—similar to the U.K. model."

NUTRITION IN THE NEWS...

New Canada's Food Guide recommends what to eat *and* how to eat

On January 22, 2019, Health Canada launched the new Canada's Food Guide with the message that healthy eating is more than just the foods you eat. This reflects the guide's broader approach than in the past, as it provides scientific evidence-based guidance on not only what to eat—recommended healthy food choices—but also guidance on how to develop healthy eating habits.

In terms of making healthy food choices, the guide recommends that Canadians eat a variety of foods each day including regularly eating vegetables, fruits, whole grains, and protein foods (ideally plant-based protein more often than animal protein). Although the guide emphasizes the benefits of plant-based foods, it also recommends other nutritious foods like fish, shellfish, eggs, poultry, lean red meat, and lower-fat milk and yogurts, as well as cheese that is lower in fat and sodium. Water is recommended as the drink of choice.

Regarding developing healthy eating habits, the guide encourages Canadians to eat mindfully. Suggestions include making conscious food choices and taking time to eat, paying attention to hunger versus fullness, and avoiding distractions like eating while in front of a screen. The guide also encourages Canadians to cook more often as a way to reduce consumption of processed foods. And it suggests eating meals with others as a way to enjoy food and reinforce positive attitudes toward food, as well as promote good eating habits. It is available online with a range of resources to help put its recommendations in action: <https://food-guide.canada.ca/en/>.

NEW FOOD FOR THOUGHT ON CHANGE4LIFE



We've updated the Change4Life portal to reflect the new Canada's Food Guide. For example, now your plan members can do modules about navigating the food market and strategies for eating more fruits and vegetables, as well as about how to limit highly processed foods. Also, they can learn tips for staying hydrated.

Unlocking the potential of food

March is Nutrition Month with the theme *Unlock the Potential of Food*. "Unlocking" refers to the many ways food has the potential to enhance lives. For example, throughout the month, dietitians will be spreading the word that food has the potential to:

- **Fuel:** by planning and choosing healthy meals and snacks.
- **Discover:** by shopping for and preparing healthy meals with children, so they enjoy good health and develop healthy habits as they grow.
- **Prevent:** by understanding how food can help prevent chronic diseases like type 2 diabetes and heart disease.
- **Heal:** by learning how food can promote healing and how dietitians collaborate with other health care professionals.
- **Bring people together:** by making opportunities to bring family and friends together to enjoy and appreciate good food.

A range of resources are available including posters, fact sheets, recipes, and more at <https://www.dietitians.ca/Media/Nutrition-Month/Member-Resources.aspx>.

OBESITY-RELATED CANCERS RISING IN YOUNG ADULTS

Findings of a new study—*Emerging cancer trends among young adults in the USA: Analysis of a population-based cancer registry*—include that rates are increasing for some cancers related to obesity in younger American adults.

Researchers studied more than 14.6 million cases of 30 of the most common cancers—including 12 that are considered obesity related—from 1995 to 2014 in people ages 25-84 using five-year age cohorts. Results include that for six of the 12 obesity-related cancers (multiple myeloma, colorectal, uterine, gallbladder, kidney, and pancreatic) there was a steady increase in incidence over the years with larger increases in younger adults. For example, the incidence of pancreatic cancer rose 4.3% each year for 25- to 29-year-olds, but less than one per cent annually for 45- to 49-year-olds.

The obesity epidemic in the U.S. may be to blame in that today many young people are carrying excess weight earlier and for longer over their lives. Excess weight is associated with more than a dozen cancers and is suspected in many others. Accordingly, these findings may serve as a warning that the obesity epidemic could result in a significant increase of obesity-related cancers in the years to come.

To read the study, visit [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(18\)30267-6/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30267-6/fulltext).

MORE GOOD REASONS TO EAT YOUR VEGGIES

We all know by now that fruits and vegetables are good for you, but a new study shows that not only are they good for physical health, but also mental health. The study, *Lettuce be happy: A longitudinal UK study on the relationship between fruit and vegetable consumption and well-being*, analyzed data about food consumption from more than 40,000 people in the United Kingdom from 2009 to 2017.

As a longitudinal study, the data included answers from the same people each year to questions about how often and how much fruit and vegetables they ate in a typical week. In addition, the study controlled for other factors that may affect mental well-being, such as age, education, income, marital status, employment status, lifestyle, and health, as well as consumption of other foods such as bread or dairy products. Eating more fruits and vegetables—both quantity and frequency—enhanced mental health as people who ate more of them reported feeling happier, more purposeful, and less anxious.

To read the study, visit <https://www.sciencedirect.com/science/article/pii/S0277953618306907?via%3DiHub>.

OUT & ABOUT... *Events not to miss*

Benefits and Pension Summit

April 17, 2019, The Marriott Downtown at CF Toronto Eaton Centre

<https://www.benefitscanada.com/conferences/benefits-and-pension-summit>

Ned Pojskic will be speaking on a panel for a session called “The first six months of legalized cannabis in Canada.”

Dr. Clown Foundation’s 12th annual Bal Imaginaire benefit gala

May 2, 2019, Marché Bonsecours, Montreal, Qc

GSC’s president & CEO, **Zahid Salman**, is looking forward to being an honorary host for the Dr. Clown Foundation’s 12th annual Bal Imaginaire benefit gala. The event supports the Dr. Clown Foundation’s mission to support the incredible work of therapeutic clowns who bring joy, laughter, and imagination to the places and people that need it the most: hospitalized children, patients in general hospitals, and seniors in long-term care facilities.

February/
March Haiku

Serious questions
About oversight in our
Health system today

FITBIT WINNER

Congratulations to **E. MOK**, of **PORT COQUITLAM, BC**, the winner of our monthly draw for a Fitbit. Through this contest, one name will be drawn each month from plan members who have registered for Plan Member Online Services for that month.

Windsor 1.800.265.5615
London 1.800.265.4429
Toronto 1.800.268.6613
Calgary 1.888.962.8533

Vancouver 1.800.665.1494
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