



THE FEDERATION

CANADIAN FEDERATION OF CHIROPRACTIC REGULATORY AND
EDUCATIONAL ACCREDITING BOARDS

LA FÉDÉRATION

LA FÉDÉRATION CHIROPRACTIQUE CANADIENNE DES ORGANISMES
DE RÉGLEMENTATION PROFESSIONNELLE ET D'AGRÈMENT DES
PROGRAMMES D'ENSEIGNEMENT

Chiropractic Labour Mobility Forum

October 23–24, 2009

Calgary, Alberta

TABLE OF CONTENTS

KEY MESSAGES	2
NEXT STEPS	3
UPDATE ON CHAPTER 7 OF THE AGREEMENT ON INTERNAL TRADE (LABOUR MOBILITY).....	4
SCOPE OF PRACTICE AND INITIAL ENTRY TO PRACTICE REQUIREMENTS. 7	
PRIORITY ISSUES.....	12
ISSUE #1: CONTINUING COMPETENCE.....	12
ISSUE #2: ACCREDITATION	13
ISSUE #3: LAPSED/INACTIVE AND RE-ENTRY	14
ISSUE #4: FOREIGN-TRAINED SUBSTANTIAL EQUIVALENCE.....	16
ISSUE #5: EXAMS	18
OTHER ISSUES IDENTIFIED.....	21
APPENDIX.....	23
OPENING REMARKS	23
SESSION EXPECTATIONS	24
REFLECTIONS	26
CLOSING COMMENTS	27
PARTICIPANTS.....	28

Key Messages

When colleagues ask what happened at the Labour Mobility Forum, what can all of us say without hesitation?

- ✓ We listened to each other and heard each other.
- ✓ We have begun to process of trusting each other.
- ✓ We identified some action steps and it wasn't just talk.
- ✓ We have a much clearer understanding of the AIT process.
- ✓ We re-established some key priorities.
- ✓ We have a greater sense of cohesion among the regulatory boards.
- ✓ We agreed to take steps toward consistency.
- ✓ We supported the CCEB and CCEI structures and processes.
- ✓ We met HRSDC expectations for the meeting.
- ✓ It was a positive learning experience because it provided more tools to support negotiations between Quebec and France.
- ✓ We had an excellent process and an excellent facilitator and achieved a lot.
- ✓ We accomplished protection of the integrity and credibility of the profession.
- ✓ We kept protection of the public foremost in our minds.

Next Steps

What needs to happen over the next 30 to 45 days to maintain the momentum of this Forum?

Next Step	Accountability	Deadline
Draft a letter from all the regulatory boards to support CCBC and send to Blake Cameron for review.	Federation – Peter Waite	October 30, 2009
Review the letter and return to Federation for circulation to other regulatory boards.	CCBC – Blake Cameron	November 1, 2009
Circulate the letter to the other regulatory boards for review.	Federation – Peter Waite	November 3, 2009
Circulate Forum report to participants.	Federation – Peter Waite	November 6, 2009
Include in CCA newsletter a report on AIT, Forum results and related issues (to report to broad membership what leadership is doing with respect to labour mobility issues). <ul style="list-style-type: none"> - André-Marie Gonthier will include an update on Quebec/France Agreement. 	Federation – Peter Waite	November 7, 2009
Draft language around two key points of commitment: <ul style="list-style-type: none"> - Agree to initial entry to practice requirements with respect to accreditation and examination. - Agree to work towards harmonization of language wherever possible (e.g. regarding lapsed/inactive memberships, etc.) and to work together on other common issues. 	Federation – Peter Waite	November 10, 2009
Develop a common letter of “good standing.”	Federation – Renae Rogers	November 10, 2009
Report to Federation Board on international developments in light of the Forum discussion.	Federation – Robert Kitchen	November 28, 2009
Develop a proposed process to evaluate “substantial equivalency.”	ACAC – Deb Manz (lead) and others	Federation Board Meeting April 9-10, 2010
Obtain more information about AIT in each jurisdiction and consult with other professions.	All regulatory boards	Ongoing

Update on Chapter 7 of the Agreement on Internal Trade (Labour Mobility)

Benoit Gendron, HRSDC, and Vincent Athey, Alberta Employment, Immigration and Industry

Benoit Gendron reviewed the background, purpose and recent developments of Chapter 7 of the Agreement on International Trade (AIT). See report in Background document pages 9-36.

Vincent Athey added several points of clarification:

- AIT has a worker focus. A key goal of good labour mobility is to ensure that there are no complaints from workers.
- The labour mobility agreement should ensure clarity, transparency, consistency and fairness.
- The Charter of Rights and Freedoms stipulates that workers should be able to work wherever they want in Canada. The provinces and territories protect the public interest through their regulations.
- The labour market is changing. People are moving more, moving with their spouses, and working across provincial boundaries (either virtually or in reality). In addition, changing demographics will lead to changes in the health profession, including an increase in new positions filled by people trained outside the country.
- There are many paths to recognition and it is important not to focus only on one approach.
- A number of occupations are federally regulated. The inter-related nature of regulation and the labour force is integral to this process.
- If jurisdictions agree to differ on a particular point, they should identify what that difference is and how it will be handled within the terms of the agreement.

Discussion

Vincent Athey responded to questions raised by the group.

A participant asked for clarification of Article 706 regarding certification of workers — specifically the statement that “any worker who is certified in one jurisdiction is to be certified in any other jurisdiction without any additional training or assessments.”

Mr. Athey clarified that the new jurisdiction would be “recognizing the certificate, not the person.” The certificate from the home province will ensure, at a minimum, the occupational competencies for which the individual has been certified. Anyone deemed qualified in the competencies established in one jurisdiction will be deemed competent for those competencies in the other jurisdictions.

The approval process should not take too long. The premiers have stated that it should take a maximum of 30 days for someone to be registered when moving to a new province, and a maximum of 90 days when moving to Canada from another country.

Noting that Article 709 allows for provinces and territories to impose certification restrictions, limitations or conditions or refuse to certify a worker under certain circumstances, a participant asked if this would allow the regulatory boards to require certification exams. Mr. Athey said that regulatory boards would not be able to impose certification exams if the competencies in question were already demonstrated in another jurisdiction.

A participant asked if the federal government had any views on international mobility. In other words, if the premiers have agreed to set a common standard, does that mean that all the premiers have agreed with the standards articulated by BC? Mr. Athey clarified that the premiers had agreed simply to get their officials to come up with a common system of assessment.

Asked for a concrete example, Mr. Athey said that one key question is whether the individual comes from a school approved by the Province or one approved by the accrediting agency of the profession. Under the new agreement, individuals are not required to retake an exam as long as their school is certified provincially. When they come from a provincially certified school, people are certified to provincial standards that are accepted as equivalent by other provinces.

Asked how substantially different entry to practice requirements would be addressed, Mr. Athey said entry to practice requirements are determined by competencies. Each province determines those competencies. This group needs to compare the jurisdictions to identify those competencies and any differences.

A participant asked what would happen if there were a difference in performance requirements as measured by two different tools. What should be done if there is another tool someplace in the world that one regulatory board decides to accept: does that force other boards across Canada to accept it?

Mr. Athey responded that if the assessment tool applied to the same scope of practice, the regulatory boards would be required to accept those individuals if they later decided to change jurisdictions. He stressed that this would not result in a “lowest common denominator” approach: each jurisdiction needs to trust that if a regulatory body has accepted an assessment tool, that model of assessment is adequate. Once a person is certified in one jurisdiction, other jurisdictions should have confidence that the person has the competencies for which he or she was certified. The originating province has accepted full responsibility to ensure that the individual is operating at the standards of the home jurisdiction.

A participant noted that this leads to the issue of “vicarious liability”: if an issue arises, all the jurisdictions are “dragged into the pool of responsibility.”

Another participant asked for concrete examples of the cases in which a jurisdiction could maintain an additional material requirement as a condition for certification. Mr. Athey explained that one example of a legitimate objection to a person's movement into a new jurisdiction would be something that protects consumer safety. For example, in Alberta, a dental hygienist can prescribe narcotics and inject anesthetic, but dental hygienists in other jurisdictions cannot do so. When a dental hygienist comes to Alberta, he or she is issued a restricted license. When that person can demonstrate additional study or qualifications to perform the additional skills, the full license is issued.

He added that the jurisdictions do not necessarily have to agree on a uniform approach to everything; they can differ on some points and come to an agreement regarding how to deal with those differences. Provinces and territories have until June 30, 2010, to change their legislation. It should be noted that provincial/territorial governments can override what is decided by regulatory bodies.

Asked about the situation in BC, Dr. Cameron said that until the premiers agree to and articulate a national standard for applicants coming into Canada from outside the country, BC is stuck with the current legislation. The current legislation states that the Registration Committee can accept international applicants based on "substantial equivalence," which in this case could be graduating from an accredited programme — but not necessarily passing CCEB exams. In BC, any Registration Committee decision can be appealed to the Health Professions Review Board (a BC government agency). Currently one graduate of a US programme who did not pass one of the components of the CCEB exam has applied to the review board based on the principle of "substantial equivalence." Whatever decision is made will serve as the new standard in BC.

Mr. Athey noted that the framework established for labour mobility will not stipulate the assessment process — that still falls under provincial/territorial jurisdiction. The difference is that the jurisdictions will have to establish a common set of principles.

Asked about the possibility of a \$5 million fine under the amendment to Chapter 7 of AIT, Mr. Athey said that the Alberta government had interpreted this clause as meaning that the Provincial government would be responsible if an applicant was deemed unqualified to enter the jurisdiction and if that applicant challenged the decision and won. In the Alberta government's interpretation, the fine would only be applicable if someone raised the complaint and the Province refused to take action to address the issue. The regulatory body would not be liable for the \$5 million fine, but could still be held liable under a civil action with respect to loss of salary. To solve this type of problem, the Province would have to work with the regulatory board to clarify why the applicant was not accepted and to ensure that the decision was fair, consistent and transparent.

Scope of Practice and Initial Entry to Practice Requirements

Purpose: To identify whether any significant differences currently exist among jurisdictions in terms of scope of practice and initial entry to practice requirements, and to identify potential actions to address those differences.

Participants identified five significant differences among jurisdictions. They then broke into small groups to discuss the differences and make recommendations for addressing them.

Issues 1 and 2

Issue 1: Some regulatory boards accept only those programmes accredited by the Commission on Accreditation (COA) for purposes of initial entry to practice. Seven regulatory boards require “graduation” or “completed requirements for graduation” from a recognized or accredited programme.

Issue 2: Some regulatory boards will decide themselves on the acceptability of particular programmes. Four regulatory boards specify that the applicant must have obtained a degree or diploma from a jurisdiction-approved chiropractic programme.

Discussion summary

Seven regulatory boards require “graduation” or “completed requirements for graduation” from a recognized or accredited programme. Legislation on this issue may be set up differently in each jurisdiction. Some have umbrella legislation, while others do not.

All the jurisdictions have a policy of some sort specifying that they rely on the CCEB exam. If an individual presents a qualification other than the CCEB exam, most jurisdictions will ask an expert body (such as CCEB) to make a determination regarding the qualification.

If BC is instructed by its independent appeal body to change its standard to include a different qualification (such as the American national exam) this will expose all regulatory boards to a change in the standard (because BC registrants may move from province to province under AIT). The decision would not force a change in the requirements set by other regulatory boards, but the appeal bodies within those jurisdictions would likely make the same decision as that made in BC. This would lead to an eventual devolution of standards.

Each jurisdiction must understand that AIT will have a domino effect across the country. As soon as an independent appeal body in one jurisdiction makes a decision, it can be presumed that the same decision will be handed down by the appeal body in other jurisdictions.

Plan of action

The group proposed the following plan of action:

- Each regulatory board should deal with this issue by considering asking its own independent appeal body to make the decision. The outcomes will likely be the same in each jurisdiction, but by asking the appeal bodies to make the decision, the regulatory boards will obtain direction from the provincial government with explicit instructions to follow the new approach. This will protect the regulators from being held responsible for making a decision based on the judgment of another jurisdiction.

Additional discussion in plenary

Participants discussed whether it was considered appropriate to name an organization like CCEB within provincial legislation as a body that sets entry requirements. Some regulatory boards had been told that this was considered a sub-delegation of authority.

It was noted that if a regulatory board can prove that a new standard imposed through an appeal process is causing greater risk, they should inform their health minister of the issue.

A participant asked whether the NBCE (the US examining organization) would be prepared to open its doors to an independent audit. The answer was not known. The CCEB representative said that CCEB would have to consult its lawyers before undertaking such an audit.

Issue 3

Issue 3: There are different types of examinations. Some jurisdictions specify CCEB exams and others refer to exams approved by the jurisdictions' boards.

Discussion summary

Overview and history of accreditation of education programmes:

- The first chiropractic schools were located in the US and the first accreditation system developed there as well. The organization that is responsible in the US is now called the Council on Chiropractic Education or CCE. We refer to it as CCEUS to differentiate it from other chiropractic accrediting agencies.
- The Council on Chiropractic Education of Canada (CCEC) was founded in 1978, with a number of organizations as members, including the CCA, CFCRB and CMCC (the only programme in Canada at the time).
- In the 1980's the CCEC entered into reciprocal recognition agreements with the CCEUS, European CCE and Australasia CCE. This meant that the CCEC recognized

- the accreditation decisions of the CCEUS, European CCE and Australasian CCE and they recognized ours.
- The CCEC attended CCEUS meetings annually and monitored its policies, but had no real ongoing contact with the organizations in Europe or Australasia. The CCEUS did not have ongoing contact with those bodies either.
 - The CCEUS called an international meeting in 2000 of the four accrediting bodies to address the issue of quality assurance in the context of the existing reciprocal recognition agreements. The international representatives agreed that the lack of effective communication and monitoring was not acceptable from a quality assurance perspective and agreed to found the Councils on Chiropractic Education International (CCEI) to tackle this.
 - CCEI then established model international standards. This document is a framework only, not a detailed set of standards. It is seven pages long (compared to the Canadian standards document of 71 pages). The document is based on the common elements from the four standards documents of the member organizations.
 - The member organizations agreed to put an end to reciprocal recognition. In its place they established mutual recognition based on membership in, and adherence to, the international standards as well as additional policies developed by the CCEI board.
 - Following the amalgamation of the CCEC and CFCRB in 2007, the Commission on Accreditation (COA) is now a standing committee of the Federation. It is autonomous with respect to its accreditation decisions and directly accredits the programmes in Canada (CMCC and UQTR). Based on their membership in and adherence to the CCEI standards and policies, the Federation's Commission on Accreditation recognizes the accreditation decisions of the CCEUS, European CCE and Australasian CCE.
 - Thus, through the Federation's COA, we recognize the vast majority of chiropractic programmes around the world. This is an efficient system for evaluating the credentials of people coming in from other programmes.
 - The accreditation system validates the educational programme, but not the individual, so you still need the CCEB exams to deal with individual applicants for licensure.

Issues:

- Will the regulatory boards in Canada continue to rely on the accreditation decisions of the Commission on Accreditation (COA) of the Federation, and through it, the international decisions as well? Last year, the CCEUS threatened to break from the agreed-upon system.
- Who would provincial regulators rely on for accreditation, if one of CCEI member agencies is no longer a member? On what basis would a provincial regulatory body make a decision on the accreditation of a programme if a graduate of a programme outside the CCEI system of recognition makes application?
- If the CCEUS pulls out of CCEI, the Federation's COA will no longer have a reliable basis for recognizing the accreditation of US programmes. It will then be the

provincial/territorial responsibility to make a determination of substantial equivalence.

- So what? The problem is that students would find the easiest access to practice in Canada which would lead to devolution of entry to practice requirements.
- Then what? The provincial/territorial boards will challenge applications and force their governments to provide instruction to vary the standard. They will attempt to demonstrate lack of equivalency.

Plan of action and considerations

- The body that accredits a teaching programme must be a member of CCEI. However, CCEI Model Standards are a general template and if the CCEUS goes ahead with proposed changes to their US Standards, they may still meet the “letter” of CCEI requirements but will have eliminated many of the specific quantitative requirements from their current standards.
- Applicants must still pass the CCEB exams, so the jurisdictions still have a quality assurance mechanism with respect to individuals.
- When an issue arises at the provincial/territorial level, the jurisdiction should approach the national body (the Federation’s Commission on Accreditation). The regulatory boards will continue to follow the decisions of the Federation’s COA.
 - The common denominator is CCEI: all Canadian jurisdictions, including BC, can accept programmes whose accreditation is recognized by CCEI member agencies.

Issue 4

Some legislation has a sunset clause with regard to the clinical competency exam for initial entry to practice. The length of time varies among jurisdictions. If an individual has taken the exam but does not start practicing, the status of having completed the exam will sunset after one year in Alberta and Ontario, after two to three years in Saskatchewan, and after three years in BC.

Discussion summary

In Alberta, the ACAC asked CCEB to evaluate the impact on a graduate’s competency level if the person graduated and passed exams but postponed starting his or her practice. CCEB gave the expert opinion that because chiropractic skills require practice, some competencies would erode after 12 months if not used. In Alberta, this was considered a safety issue. The ACAC established a requirement that individuals would have to be licensed and practicing within 12 months of receiving their certificate from the CCEB process.

Plan of action

The group recommended the following plan of action:

- Present a rationale to all regulatory boards by confirming the expert opinion.
- Request that the regulatory boards take steps to establish policy or where possible/necessary, ask provincial/territorial governments to establish the one-year requirement in legislation or regulations. If required, petition for a legitimate objective to address the one-year requirement.

Additional discussion in plenary

It was clarified that the action plan identified above would apply only to initial entry to practice. Re-entry to practice would be discussed later in the meeting.

All the regulatory board representatives at the meeting agreed that their jurisdictions may be able to abide by the proposed action plan, but said that they would have to take the proposal back to their boards for approval.

Issue 5

Issue 5: Language proficiency requirements differ among jurisdictions. For example, Manitoba requires that the candidate must be fluent in English or French, while Ontario candidates must meet “speak and write” requirements in English or French.

The group agreed that this issue did not require further discussion.

Priority Issues

The group identified issues that might affect inter-jurisdictional labour mobility and grouped the issues into themes. Participants then broke into small groups to discuss the themes that had emerged. They returned to the large group with a summary of their discussion and recommended actions. [The initial lists of issues identified are presented as brainstormed by participants and may include more than one statement of the same issue.]

Issue #1: Continuing Competence

Issues identified

- CE requirements: important to use the same nomenclature and have the same standards
- Level of professional competence (and hence recognition) (mainstream versus outside)
- Standard for continuing competence

Discussion summary

Scope of discussion:

- For the purpose of this discussion, “continuing competence” refers to issues related to current members.
- “Continuing competence” is defined through a combination of clinical competency requirements and practice review processes.
- Clinical competency requirements include training and courses (continuing education). The majority of regulatory boards require some form of continuing education or continuing competence requirements (with the possible exceptions of PEI and Newfoundland & Labrador).

Issues discussed:

- Requirements for continuing competence vary between regulatory boards.
- An issue under discussion in many provinces is the question of ongoing competency evaluation (this is unresolved and will be an issue for future discussion).

Opportunities:

- Regulatory boards should share information/requirements with each other.

- There is potential for joint determination of baseline requirements (e.g. number of hours and what type).
- The regulatory boards should come to an agreement regarding implementation.
- The regulatory boards should embed the commitment in policy and where possible legislation/regulation.

Issue #2: Accreditation

Issues identified

- Graduates from a non-recognized (i.e. COA accredited) programme
- CCEUS accreditation on its own is not equivalent to CCEI
 - Who determines substantial equivalency and how?
- Applicant who has not graduated from a CCEI recognized programme
- Applicants from unaccredited programmes
 - We need to agree on what to do if someone comes in from one of these unaccredited programmes
- New programme in Canada that does not seek to be accredited by the Federation's COA

Discussion summary

The group identified two possibilities and made recommendations for each one:

- A new Canadian DCP (doctor of chiropractic programme) seeking accreditation from somewhere other than the Federation's COA:
 - All regulatory boards should defend the Canadian educational standards.
 - If there is an appeal, the regulatory boards should band together and fight it. This would cost money.
- Foreign applicants from an unaccredited programme:
 - There are programmes elsewhere in the world not accredited through one of the agencies complying with CCEI standards.
 - The first step would be to deny the application.
 - The second step would be to defend the decision during an appeal process.
 - The third step (if required) would be to look into individual cases and establish an assessment process at the national level. This too would cost money.

Issue #3: Lapsed/Inactive and Re-entry

Issues identified

- Lapsed practitioner
- Non-practicing categories versus re-entry into practice
- Assessment for re-entry to practice
- Lapsed practitioner
 - People who have let their license lapse in their home jurisdiction
 - Lack of consistency with re-entry to practice requirements
- Return to active practice
 - Lack of shared definition of “active practice”
 - Different requirements to demonstrate competency for people who are registered but have not been practicing
 - The Federation is working on model standards of practice that include pieces being discussed today, and can draft language and share it among the regulatory boards.
- Common registrant categories so we can more easily compare transferring registrants
- Variation in continuing education requirements for re-activating registration
 - Hours, CCEB exams, recertification exams, refreshers
- Education versus scope of practice among the different jurisdictions
- Membership status differs among jurisdictions
 - What is an active membership?
- Variation in time frames for inactive or lapsed practitioners
- Definition of lapsed registrant and qualifications for re-entry
- How are lapsed/inactive members addressed?
- How can different standards for recertification be handled?
- Need for (lack of) shared nomenclature

Discussion summary

- Focus of the discussion and terminology issues:
 - There is a significant nomenclature issue, with different jurisdictions using various terms in different ways (e.g. “lapsed,” “active,” “inactive,” “revoked,” “unregistered” and “not practicing”).
 - In this discussion on re-entry to practice, the group focused on people who have let their registration lapse. This group included people with or without outstanding issues. All would be dealt with in the same way (under the group’s recommended policy) regardless of how their registrations lapsed.

- The discussion did not include people who had continued their registration with some degree of restriction — those individuals would be dealt with differently.
- There is disparity among jurisdictional policies. The group decided to identify an “ideal” policy.
- Suggested ideal policy:
 - No restrictions would be placed on return to practice for those who have taken a hiatus of two years or less (although the practitioner would be subject to the same requirements as current active members).
 - For those who have taken a hiatus of two to five years, some additional training would be required. For example:
 - Additional continuing education
 - Record-keeping requirements
 - Jurisprudence
 - Peer assessment
 - For those who have taken a hiatus of five to 10 years, some additional training would be required, as well as demonstration of competence (perhaps with a CCEB test vehicle such as CCEB recertification).
 - General requirements:
 - All past or outstanding requirements from the previous jurisdiction would have to be addressed.
 - All current requirements for the new jurisdiction would have to be addressed.
 - The new jurisdiction would take into consideration all past disciplinary charges and actions.
 - An affidavit would be required regarding criminal convictions.
- AIT does not apply to someone who is no longer registered. One must be actively registered in one of the jurisdictions to have access to AIT.
- Definition of “active”:
 - The group defined an “active” practitioner as a fully licensed person with the right to participate in all activities of the profession.
 - Within the “active” category, there are a number of subcategories in each jurisdiction. Issues related to the individual’s specific status in his or her home jurisdiction may have to be considered before that person moves from lapsed to active practice in another jurisdiction.
 - Possible solutions to variations in “active” status among the jurisdictions:
 - Grant the individual a temporary license.
 - Give the individual 90 days to complete continuing education requirements before providing a full license.

- If another jurisdiction has offered the applicant a longer period of time to complete continuing education requirements, it is still possible to apply different requirements in the new jurisdiction.
- Additional considerations:
 - There is no way of confirming that an individual is actually practicing once he or she has registered. This was acknowledged as an ongoing issue for all regulatory boards.
 - Many newer pieces of legislation allow for people to be members of the regulatory organization but also allow for a separate certificate to practice. It is then up to the regulatory board to ensure that people are appropriately categorized, so that other regulatory boards know (when an individual applies to move to a new jurisdiction) whether that person is practicing actively.
 - Some regulatory boards inspect chiropractic offices whenever something changes (such as when a new practitioner comes in). This helps to catch the people that fall between the cracks.
 - Terms and conditions attached to the certificate of license must be well defined so that when the person decides to move, the scope of activities allowed under the certificate is clear.
 - Temporary registrations are available. The AIT probably does not apply to temporary registrations. The individual's registration would remain in their home jurisdiction while they came to work in the new jurisdiction temporarily. However, there should be clarity of language so that when one regulatory board grants a temporary registration it is clear about the status of the applicant from the home jurisdiction.
 - It is recommended that all regulatory boards move toward the common term "lapsed" for lapsed registrations.

Issue #4: Foreign-trained Substantial Equivalence

Issues identified

- Substantial equivalence
- Different certification criteria
 - What is the regulatory board using to assess?
- Foreign-trained practitioners from unregulated environments
- Substantial equivalence
- Extension of AIT-type arrangement to foreign jurisdictions
 - Taking AIT one step further to include NAFTA and Commonwealth countries
 - This is being put in place now between France and Quebec

- One jurisdiction accepting a foreign applicant or substantial equivalent
- Experienced international applicants and the requirements for registration

Discussion summary

The group identified four main concerns/challenges:

- International requirements to practice:
 - A key component is substantial equivalence.
 - Is someone from another country appropriately trained?
- Substantial equivalence:
 - What does it mean and what criteria/tools are being used to determine substantial equivalence?
- Legislation:
 - What and how much of an effect does legislation have on determining substantial equivalence?
 - How should this be addressed?
- The interprovincial agreement on substantial equivalence.

What is substantial equivalence?

- Mr. Athey clarified that there may be different processes for identifying competencies, but if a different process proves that someone has a specific competency, then it is substantially equivalent. If the performance levels measured in the new process are substantially different, the process is not substantially equivalent.
- Ultimately, the regulatory board decides what is substantially equivalent. If the regulatory board is challenged, the decision is made by the relevant governmental body (e.g. fairness commission, ombudsman, appeal panel or internal trade secretariat).

The current situation in BC:

- BC is being challenged to accept the NBCE exam as equivalent to the CCEB exam. An applicant is appealing the regulator's decision to deny entry to practice. The appeal is based on fact that the individual has passed the NBCE exam and parts A and B of the CCEB exam (while failing part C). The Registration Committee in BC (a three-person committee) decided that parts 1 and 2 of the NBCE exam are equal to part A of the CCEB exam.
- The CCBC intends to continue using the CCEB exam as its requirement and the Registration Committee will still demand that people have passed parts B and C of the CCEB exam. However, the Committee will also find equivalencies with parts 1 and 2 of the NBCE exam.
- CCEB has agreed to provide a letter stating that the individual has completed parts B and C of the CCEB exam, but will not provide a certificate of competency. CCEB

still wants to identify solutions that meet its member regulatory boards' needs, but this will take time and will require appropriate review.

Suggested solutions

- One international organization should oversee professional examinations and regulations (oversight — not implementation).
 - This would provide a coordination point and some global continuity.
- The International Chiropractic Examining Board (ICEB) could provide a high-level overview process that would ensure consistency with regard to substantial equivalency. (The ICEB is owned by the NBCE.)
- An international organization of chiropractic regulatory boards and ICEB could work together to develop a common agreement regarding substantial equivalency criteria and tools. National organizations would have input (FCLB, the Federation, CCA, CMCC, UQTR, NBCE, CCEB, ICA, ACA, ACC). The international organization of regulatory boards would ensure that a current database on “requirements to practice” is established.
- Consistent language/content should be established among all jurisdictions as garnered from national organizations.
- Shorter-term solutions should also be considered: the regulatory boards within Canada could use existing national resources to build a process for evaluating substantial equivalency.
- The substantial equivalency process should meet the following criteria:
 - Sustainable through any appeal
 - Has expert input
 - Has contributions from all jurisdictions and organizations that would be affected
 - Seen as reasonable and appropriate by legislators
 - Seen as fair and transparent
 - Leads to the same level of protection for the public as currently exists
 - Not an undue barrier to the principles that government has put forward
 - Has support from all regulatory boards
 - Affordable to implement
 - Reflects the best interests of the public and the profession

Issue #5: Exams

Issues identified

- NBCE exam may be set as acceptable equivalence by BC government
- Currently practicing in another country, but has not written CCEB

- Two categories: non-Canadians; and Canadians who have been licensed in Canada but have been practicing in an unregulated environment
- Two key elements for initial registration:
 - Accreditation
 - Examination
- Need one standard for initial entry to practice (one standard for the whole country)
- CCEB (if we are not all accepting CCEB exams)
- Accredited Doctor of Chiropractic programme (acceptance of credentials)
- Can a jurisdiction impose a jurisprudence examination?
 - Yes — anything that requires you to be aware of local laws and health system. But the examination cannot be onerous in terms of the time and expense required.
- Exams for Canadian practice needs (e.g. CCEB)
- The way regulators in one province consider the importance and relevance of Federation's COA, CCEI and CCEB
 - As a regulator, my personal point of view may influence the national-level discussion, and I could be disconnected from my membership base
- The fact that one registration committee has discretion on the conditions or requirements for registration
 - The goal is to get all registration committees on the same page
- Differences in jurisprudence exam standards

It was noted that nothing prevents a practitioner from holding licensure in two or more jurisdictions at the same time. Someone could be an active practitioner in one jurisdiction and hold a non-active license in another jurisdiction. Participants expressed concern that if such an individual got into trouble in one jurisdiction, he or she could just move to the other one. An Ontario participant said that province has a “non-resident” category which requires people to show that they are in good standing in their home jurisdiction before getting their full license. Another participant said that for people working in Lloydminster (a border town with licenses for both Alberta and Saskatchewan) a jurisdiction would learn about an issue in another jurisdiction only when it was time to renew the individual's license.

Participants discussed whether any checks and balances are in place in Canada to confirm whether someone has registered in multiple jurisdictions (and to ensure that people are answering the question honestly):

- There is no national database of registrants, but there is a public register in each jurisdiction.
- Registrars communicate informally, but privacy requirements limit the information that can be shared.
- Some professions have developed unique practitioner identifiers that are created either when the individual first enrolls in an education programme or (if educated outside Canada) when that person first applies to take the exams or to practice in one

of the jurisdictions. This unique identifier stays with the practitioner throughout their career. Using this unique identifier, people can go to a national database and view the information that is allowed to be shared, including where the practitioner is registered.

Discussion summary

Bylaws and policies should specify Canadian national competency exams, for the following reasons:

- Regulatory boards only have input into Canadian exams. Specifying Canadian exams ensures public protection.
- The Canadian exam is based on Canadian practice experience and a review of international curricula.
- There is no feedback on, or understanding of, other exams.
- There is no current reciprocity agreement with other international exams.
- An ongoing audit would be required to assess equivalencies.
- Even if Canadian jurisdictions had ongoing audits of other exams, they would have no direct input into the exams. If standards dropped and Canadian jurisdictions had agreed to accept the exams as equivalent, that equivalency would apply across the board without further review.

When a regulator's decision is appealed:

- The other regulatory boards should support the regulatory board undergoing an appeal by taking the following steps:
 - Write a letter signed by all regulatory boards requiring Canadian national exams.
 - Send the letter to every provincial ministry of health, to the Health Act Review/Appeal Committee, and to the AIT department in all provinces.

How can the regulatory boards meet government objectives for processing applicants?

- We can address government targets for timelines to process applicants, but we must retain the integrity of the profession and ensure public protection.
- The premiers are currently proposing a timeline of 90 days for processing international applicants.
- The regulatory boards are not imposing additional or higher criteria — just the same criteria that would be applied to Canadian-trained applicants.

Other issues identified

Governments and legislation

- Suspended practitioner
 - License suspended for disciplinary reasons
- Change in regional legislation
- Government pressure to respond to a very small group which could compromise the profession's standing
 - Some groups want to be “just as recognized” as chiropractors under the current standards
 - “Credential creep” could put pressure on schools and the profession, but is not a huge issue for chiropractic
 - There is concern that AIT is “reverse credential creep”
- Differences in legislation (Chiropractic Act)
- National register

Application criteria

- How will terms, conditions and limitations in one jurisdiction be addressed in another jurisdiction?
- Standard letters of good standing
- Enforcement of disciplinary decisions
 - A jurisdiction's disciplinary decisions should be enforced/upheld by the other jurisdictions
 - A jurisdiction can only evaluate and impose requirements based on what the individual has been disciplined for in another province. The new jurisdiction can choose to force the person to serve out higher or lower requirements/penalties for the issue.
 - The new jurisdiction cannot refuse the person entry solely on the basis of the individual having been disciplined.
- Inconsistency in requirements for background checks
 - Criminal background checks in Canada tracks convictions (not charges)
 - The US law enforcement system is fragmented (local versus national information) so the information can vary

General

- Lack of recognition among jurisdictions (including personality issues between jurisdictions)
- Lack of trust in each other as regulators

- When information from an applicant “doesn’t sound right”, why not contact that home jurisdiction for clarification?
- Communication between all registrars in Canada is crucial — the Federation is a great place to do that

Appendix

Opening Remarks

Dr. Robert Kitchen, President, CFCREAB

Dr. Kitchen welcomed participants and thanked HRSDC for providing the financial assistance to make the meeting possible. He welcomed Benoit Gendron from HRSDC and invited his participation in the discussions, noting that the issues to be discussed with respect to the chiropractic profession would also have been discussed by other professions working to meet the requirements of labour mobility while safeguarding the public through appropriate regulation.

A decade ago, CFCRB took the lead in bringing organizations together to create the first chiropractic mutual recognition agreement. This was a monumental step for the profession and resulted in 10 of 11 regulatory boards signing an agreement. More importantly, 11 regulatory boards were respecting uniform national initial entry to practice standards.

That process also led to a reconstitution of the CCEB, whose structure was amended to make the provincial regulatory boards its members. This then paved the way for the CCEB to take over the role of providing the clinical competency exams that had been run on a patchwork basis across the country.

Today, the provincial and territorial premiers have imposed a labour mobility requirement on all professions. This “serves us right,” said Dr. Kitchen, commenting that the professions in general (not just chiropractic) have not moved fast enough to meet the agenda set out by government. Government has now acted, and the chiropractic profession is playing catch up.

Inter-jurisdictional mobility is now an enforced reality and the question is how regulators can best protect the public. While the Federation has taken a leadership role in convening this labour mobility forum, it is now up to the organizations at this meeting to work together — these include the regulatory boards, examining board, accreditation agency, educational programmes and the national association.

Dr. Kitchen concluded by thanking all those involved in organizing the meeting.

Session Expectations

What needs to happen at this forum to make it worthwhile for me and for the organization I represent?

- Come away with some consistency with respect to AIT — that it will work nationally.
- Identify what could be the possible consequences, for our institution and programmes, of any agreement we come to today or tomorrow.
- Agree that, as an entry-to-practice requirement, all candidates must have graduated from an accredited programme.
- Be reassured that AIT will not be a “race to the bottom” and we won’t simply accept the lowest provincial standards.
- Have productive, respectful conversations.
- Be able to trust that the other provinces have the same high standards as we do, so that we are comfortable participating in an AIT agreement.
- Look at any potential current barriers to AIT and solve them so that we are in compliance.
- Achieve unity across Canada regarding initial entry-to-practice and in all other categories.
- Identify and embrace a set of entry-to-practice requirements that will protect the public and be fair to practitioners across Canada.
- Protect the integrity and credibility of the organization and not fall to the lowest common denominator for competency of practitioners that are members of our profession.
- Ensure that the integrity of the education for entry-level chiropractors in Canada is maintained, and protect its impact on the practice and quality of patient care.
- Be able to tell the people in my province that we have moved forward with actual accomplishments.
- Truly, really listen to each other.
- Arrive at a consensus on national examination standards required for entry to licensure.
- Understand the needs and wants of all regulatory boards.
- Have consistency for requirement to practice. Continue to enhance the credibility of our profession.
- Park the words “highest” and “lowest” when discussing standards and identify the most appropriate shared equivalent standards of practice.
- Achieve consensus on all the AIT issues, across the board.
- Achieve an outcome that is right for the profession.
- Create an environment where we don’t just listen, but hear what others have to offer, revelling in our similarities while respecting our differences.

- Help facilitate the regulatory bodies to resolve the issues related to AIT, and instil confidence enough in those who are not members of the Federation that they will re-join.
- When we talk about accredited programmes, talk about those recognized by the Canadian accreditation agency.
- Understand better the AIT and consequences for the profession in Quebec and in Canada, so that I can explain it to my members.
- Ensure that this will be a positive outcome and the profession will not lose its high-quality standards of practice, education and entry-to-practice requirements.
- Clarify and close the gap between what is fact and what is interpretation.
- Ensure we have consensus on minimum requirements for entry-to-practice, mainly for public protection.
- Be here with our “compromise hats” on.
- Learn and listen to each province to ensure that my mandate can continue without encroaching on the mandates of other provinces.

Reflections

What surprised us about what has taken place over the past day and a half?

- The meeting was fully engaging for the entire time.
- The facilitator kept us focused and on task.
- We made real progress.
- Vince Athey's input gave us momentum and helped us get past dead ends.
- We explored new ground.
- We can actually work together.
- We started being able to trust each other, to understand concerns and pre-occupations and to address them directly

What disappointed or concerned us?

- The Federation is not involved at this same level in other issues and should be (because this process worked so well).
- We have learned some things that might make it more difficult to maintain national standards (this is a concern, but it's an advantage to be aware of the issues).
- It was a concern to see how real BC's registration problems are.
- AIT is a potential detriment to standards and public safety.

What went especially well?

- We were all in the room
- Participants heard about BC's problems, supported us at the end of the day and are prepared to put a letter together to help us.
- We had a good, frank and most importantly, respectful discussion.
- We embraced our diversity.
- Everyone was well prepared.
- There was respect for the timetable.

What could we do differently next time?

- Allow more time for preparation (provide background information one month in advance).
- Schedule another day to further craft what we do.
- Hold the meeting in the centre of the country.

Closing Comments

Dr. Robert Kitchen, President, CFCREAB

Dr. Kitchen recalled that he had challenged participants at the beginning to work collaboratively, and said that this collaboration had happened. He noted that all the participants were still fully engaged at the end of a long meeting and congratulated everyone on their participation. He acknowledged that the group had identified many next steps and said he appreciated the work to be done by those who had committed to taking action on the next steps.

“Let’s keep up the work going forward,” he said. He invited BC and Alberta to attend the next Federation meeting on November 28, 2009, in Montreal.

He thanked John Butcher for facilitating the meeting, HRSDC for its support and funding, staff at the Federation their work in organizing the meeting, and the representatives of the regulatory bodies, programmes and national organizations for participating.

Participants

Regulatory Authorities

Chiropractic Registrar, Department of Community Services, Yukon Territory

College of Chiropractors of British Columbia

- Dr. Blake Cameron, Registrar

Alberta College and Association of Chiropractors

- Dr. Brian Gushaty, Registrar
- Deb Manz, CEO

Chiropractors' Association of Saskatchewan

- Judy Gilmour, Registrar
- Jim Stewart, Executive Director

Manitoba Chiropractors' Association

- Dr. Ernie Miron, Registrar
- Dr. John Toth, President — via conference call

College of Chiropractors of Ontario

- Dr. Frazer Smith, Registration Committee
- Joel Friedman, Director Policy & Research

Ordre des chiropraticiens du Québec

- Dr. Andre-Marie Gonthier, President
- Dr. David Hayes, Continuing Education Committee

New Brunswick Chiropractors' Association

- Mohamed El-Bayoumi, Executive Director
- Dr. Norm Skjonsberg, President

Council of the Prince Edward Island Chiropractic Association

- Dr. Darren MacLean, Registrar

Nova Scotia College of Chiropractors (Board)

- Dr. Joanna M. Christianson, Chair
- Dr. Lisa Richard, Registrar

Newfoundland and Labrador Chiropractic Board

Educational Programmes

Canadian Memorial Chiropractic College

- Brenda Smith, Vice President

Université du Québec à Trois-Rivières, Département de chiropratique

- Dr. Martin Descarreaux, Research Chair

National Stakeholder Organizations

Canadian Federation of Chiropractic Regulatory & Educational Accrediting Boards

- Dr. Robert Kitchen, President
- Peter Waite, Executive Director
- Dr. Renae Rogers, Consultant

CFCREAB Commission on Accreditation

- Dr. Drew Potter, Chair

Canadian Chiropractic Association

- Dr. John Corrigan, Secretary-Treasurer

Canadian Chiropractic Examining Board

- Dr. Dean Wright, Vice Chair
- Pat Frank, Chief Executive Officer

Governments

- Benoit Gendron, HRSDC
- Vincent Athey, Alberta Employment, Immigration and Industry