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Self-Regulating  
Health Profession Councils

# Orientation Manual

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## ■ Introduction

Serving as a representative to a self-regulating<sup>1</sup> health profession is a distinctive and unique experience that often presents complex but interesting challenges.

The goal of this document is to provide background information and other sources of information that will assist you to transition into your new position. **This document is intended to complement other orientation and documentation you will receive from your regulatory authority association.**

## ■ Self-Regulating Professions in Canada

Self-regulating professions have a long history in Canada. In the pre-Confederation era, only the legal and medical professions were established to any significant extent. Other modern professions were in their infancy with individual practitioners forming small informal groups to provide professional support. As these groups became better organized, they began to lobby the Legislatures for the extension of self-governance to their particular professions. In the post-World War II era, there was a tremendous growth of all types of professional associations including health profession associations as the Federal Parliament and the Provincial Legislatures recognized the advantages of delegating powers to specialized councils staffed by experts in the area.

Initially, the debate focused on the advantages of self-governance to the professions. However, in the 1960s and 1970s, the public's focus began to change and fundamental questions were asked. Is a self-regulating model for the professions in the best interest of the public? Are the rights of the individual adequately protected in a self-regulating model? A number of provinces conducted investigations into the self-regulating status of various professional organizations.<sup>2</sup> The studies and investigations determined that the self-governance model was the most appropriate for regulating professions. A common recommendation made was the need for greater emphasis on public accountability and on the protection of the rights of the individual health provider.

Professional regulatory bodies may use the terms “college,” “association,” or “society” to refer to their particular organization, however, for the purpose of this manual, the term “association” will be used to refer to any of the above. Similarly, the terms “board” or “council” are both used to identify the governing body of a particular association. This manual will use the terms interchangeably.

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<sup>1</sup> Further defined under “Role of Self-Regulating Professional Associations”.

<sup>2</sup> The Regulation of Professions in Canada. Casey, James T. 2003. Thomson Canada Ltd. page 1-1.

In recent years, the emergence of new health occupations, as well as the perceived status and economic benefits of self-regulation, have resulted in a growing demand for professional self-regulation legislation in Canada.

## ■ Self-Regulating Professions in Canada

Saskatchewan professional regulation dates back to the early years of the last century. Nurses, physicians and pharmacists were at the vanguard of Saskatchewan's movement towards self-regulation.

As background, the Saskatchewan Registered Nurses Association (SRNA) is the professional association for registered nurses in Saskatchewan. Founded in 1917, the SRNA represents the largest group of regulated health professionals in the province with over 12,000 members. Other regulatory bodies include the Saskatchewan College of Physicians and Surgeons which was founded in 1905 and the Saskatchewan College of Pharmacy Professionals, which was founded in 1911.

Over the years, the number of self-regulating health professions in Saskatchewan has grown significantly. Currently, there are 28 self-regulated health professions in the province governed by 26 regulatory bodies. Several other health professions in Saskatchewan are exploring self-regulation. For additional information on self-regulating health professions in Saskatchewan, please visit Saskatchewan.ca at: <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/resources-for-health-care-businesses-and-career-development/health-professional-associations>.

### List of Self-Regulating Health Professions in Saskatchewan

- Chiropractors Association of Saskatchewan (CAS)
- Saskatchewan Dental Assistants Association (SDAA)
- Saskatchewan Dental Hygienists' Association (SDHA)
- College of Dental Surgeons of Saskatchewan (CDSS)
- Dental Technicians Association of Saskatchewan (DTAS)
- Saskatchewan Dental Therapists Association (SDTA)
- Denturist Society of Saskatchewan (DSS)
- Saskatchewan Dietitians Association (SDA)
- Saskatchewan Association of Licensed Practical Nurses (SALPN)
- Saskatchewan Society of Medical Laboratory Technologists (SSMLT)
- Saskatchewan Association of Medical Radiation Technologists (SAMRT)
- Saskatchewan College of Midwives (SCM)
- Saskatchewan Association of Naturopathic Practitioners (SANP)
- Saskatchewan Society of Occupational Therapists (SSOT)
- Saskatchewan College of Opticians (SCO)

- Saskatchewan Association of Optometrists (SAO)
- Saskatchewan College of Paramedics (SCoP)
- Saskatchewan College of Pharmacy Professionals (SCPP)
- Saskatchewan College of Physical Therapists (SCPT)
- College of Physicians and Surgeons of Saskatchewan (CPSS)
- Saskatchewan College of Podiatrists (SCoPod)
- Saskatchewan College of Psychologists (SCoPsych)
- Registered Psychiatric Nurses Association of Saskatchewan (RPNAS)
- Saskatchewan Registered Nurses Association (SRNA)
- Saskatchewan College of Respiratory Therapists (SCRT)
- Saskatchewan Association of Speech-Language Pathologists and Audiologists (SASLPA)

### Role of Provincial Government

The Ministry of Health respects the independence of its self-regulating health professions. While the provincial government assumes responsibility for the regulation of professions through provincial legislation, in most cases it does not apply the legislation on a day-to-day basis. The government delegates the responsibility of regulating health professions to the association for the profession concerned. The executive of the association possesses the appropriate knowledge about the practice of the profession to determine licensure qualifications, if necessary, and to apply appropriate disciplinary measures.

### Role of Self-Regulating Professional Associations

Each professional association has a governing council or board elected by the membership as well as government-appointed public representatives. The council acts on behalf of the association and is responsible for applying the legislation.

Larger professional groups may, in addition to an association, have trade organizations or unions that lobby directly for the needs of the profession.

Regulatory authorities are responsible for protecting the public by:

- setting entrance qualifications;
- establishing standards of practice;
- establishing continuing education and/or competency requirements; and
- administering an investigation and disciplinary process to adjudicate complaints of professional incompetence or misconduct.

The regulatory authority is responsible to the government and ultimately the public. As the governing body which ensures protection of the public interest, council needs to be responsive and open to public views.

Increasingly, the public is demanding that regulatory authorities be more accountable for their members' actions. The Saskatchewan Ministry of Health has responded by introducing a series of new provisions into its health professions regulating legislation. Typically, these include:

- more public representation on boards of regulatory authorities;
- increased accountability for administrative and regulatory bylaws and reporting;
- more transparency; and
- accessible reporting.

Regulatory authorities are expected to provide elected members and public representatives with a specific orientation to their profession that would include copies of all relevant legislation and bylaws as well as policies related to expectations of board members.

### Role of Elected CDSS Members

- To provide oversight and technical expertise to the organization and are ultimately responsible in ensuring that the DDA 1997 is followed as prescribed by Government.

### Role of Public Representatives

- Public representatives are appointed by the government as full members of the council of the regulatory authority
- Every member of council has the responsibility to regulate in the public interest rather than the interest of the profession. However, public representatives have this as their sole purpose. Public representatives are not expected to be, indeed are not supposed to be, technically expert or experienced in the specific profession. They bring their own perspectives to the table using common sense and the ability to keep the broad public interest front and center.
- Public members participate in all statutory activities of the council and its committees to which they are appointed under the applicable Act, including participation in the discipline committee.
- Public representatives are not required to participate in other matters that are of concern only to members. As a participating council member, public representatives work to ensure that the profession acts fairly, follows the Act and its bylaws, and fosters appropriate standards of practice and professional ethics.
- Public representatives may also participate in meetings with members of the public and in public forums and may be asked to prepare a message in the annual report that is submitted to the Minister of Health. Periodic contact with officials from the Ministry of Health and public representatives on other professional councils may occur.

## ■ Relevant Legislation

Profession-specific regulation of health professions is done primarily through individual profession-specific statutes. Since the late 1990s, the Saskatchewan Ministry of Health has instituted a template approach to new or amended statutes, which provides for consistent rules for health professions in Saskatchewan. Saskatchewan has enacted one piece of related professions umbrella legislation, *The Dental Disciplines Act, 1997* which follows the template and includes six related professions (dentists, dental therapists, dental hygienists, dental assistants, dental technicians, denturists), each with its own regulatory authority under a single act.

Saskatchewan's legislation allows for overlapping scopes of practice. It does not usually grant a profession an exclusive scope of practice, because it is recognized that members of more than one profession may undertake similar tasks. When legislation does provide for exclusive scope of practice, it may include exemptions allowing other professions to perform some specific activities within that scope.

### Profession-specific legislation

Each provincially regulated health profession in Saskatchewan has legislation specifically governing its actions (e.g. *The Registered Nurses Act, 1988*). A copy of the current Dental Disciplines Act 1997 can be found online at the Queens Printer of Saskatchewan.

### *The Evidence Act (Apology Provision)*

In May 2007, Saskatchewan joined British Columbia and Manitoba in legislatively recognizing the value of an apology. The amendment to *The Evidence Act* allows people and organizations to make a sincere apology without fearing legal liability in an existing or potential civil action. An apology no longer constitutes an admission of fault and is not admissible as evidence in a court proceeding.

### *The Health Information Protection Act (HIPA)*

*The Health Information Protection Act (HIPA)* is designed to regulate the privacy of personal health information while ensuring adequate sharing of information is possible to provide individuals with services to monitor, evaluate and improve the health system in Saskatchewan.

For more information about the collection, use, disclosure and protection of personal health information under HIPA, please visit Saskatchewan.ca at: <https://www.saskatchewan.ca/residents/health/accessing-health-care-services/your-personal-health-information-and-privacy> , or contact the Chief Privacy Officer for the Ministry of Health at (306) 787-0297.

## Disciplinary Process

A general description of professional misconduct and professional incompetence is stated in the legislation governing an association. However, the regulatory authorities often expand on these definitions in its bylaws (CDSS Regulatory Bylaws 2014).

The disciplinary process is an important part of a professions' legislation because it offers the public an opportunity to have its complaints heard against professionals. Public representatives are often appointed to discipline committees.

The regulatory authority must have tools necessary to act effectively on public complaints. Colleges must address public complaints and inform the complainant of the results of the investigation and discipline hearing. The member must also be dealt with fairly and be given an opportunity to be heard.

Typically, the discipline process has two stages: an investigative stage and a hearing stage.

A complaints or investigation committee will investigate complaints if they relate to professional misconduct or incompetence. After its investigation the committee prepares a report on whether a discipline hearing should be held or not. There must be enough evidence to warrant a hearing.

The discipline committee hears the case and determines whether the member is guilty or not. If guilty, the committee may assess several penalties including suspension, expulsion, restrictions on practice and/or retraining. Fines and costs associated with the discipline process may also be imposed upon the member by the discipline committee.

Complainants can attend hearings, and discipline hearings are open to the public. The committee may notify the employer of a disciplined professional or the public when it has disciplined a member. The discipline committee usually has the power to subpoena records and witnesses in carrying out its hearing.

### Appeals

The member has the right to appeal a decision of the disciplinary committee to the council. If the member is not satisfied with the decision of council, there is also the right to appeal that decision to the court, typically the Court of Queen's Bench. The court has the authority to determine whether the decision and penalty imposed by the council is appropriate. If the court overturns the decision of the council, it may direct a new hearing by the discipline committee.

**Professional Misconduct** means wrongful, improper, or unlawful conduct which is planned and intentional, or shows significant indifference to the consequences of one's actions (or inaction).

**Professional Incompetence** means an inability to perform a function or task to an externally recognized or established standard.

## ■ Overview of Saskatchewan Health System

### Saskatchewan Ministry of Health

The Saskatchewan Ministry of Health is the government ministry responsible for the province's health system. The Ministry of Health has a mandate to support Saskatchewan residents in achieving their best possible health and well-being. The Saskatchewan Ministry of Health is a dedicated workforce of over 600 employees who advise on policy direction, set, and monitor standards, provide funding, support regional health authorities, and ensure the provision of essential and appropriate services.

The Ministry works closely with our many partners in the health sector to ensure the delivery of high-quality services. It provides leadership in defining and implementing a vision for health and healthy living, and a framework to put in place resources and accountability so that Saskatchewan residents have access to necessary services. General information on the health system and a number of relevant documents are available to the public at <https://www.saskatchewan.ca/residents/health/understanding-the-health-care-system>

### Network of Inter-regulatory Organizations

The Network of Inter-Regulatory Organizations (NIRO) is a forum for the Saskatchewan Ministry of Health and the self-regulating health professions to discuss issues of common interest and concern (for example, licensing internationally educated health providers or reviewing scope of practice). It meets at least twice per year (May and October). In addition to providing a forum, NIRO is also responsible for educational sessions relevant to Saskatchewan regulatory authorities.

## ■ Representative Expenses

Representatives receive a daily per diem paid by the CDSS for business related to your position. Attending meetings or work related to your role as a representative, you can claim travel, meal and hotel expenses associated with your duties in accordance with government rates.

There is, however, an expectation that meetings are attended in good faith, and expenses are reasonable and fall within CDSS guidelines. For example, if the association provides a meal during a meeting, you cannot claim the meal allowance for that meal as an expense. If you are claiming for an overnight stay in a hotel, claiming for extra accommodations (extra bed or cot) for friends or family is not permitted. Personal expenses while attending to your duties as a representative such as wet bar hotel charges, movie or game rentals, internet surfing charges (unrelated to your association work), or vehicle repairs are also not permitted. If you have a question or a concern about a claimable expense, please contact the CEO or CDSS Accounting Lead.

Claims for the honorarium or expenses should be made using the Council Expense Claim form (see Appendix 2) and submitted after a meeting.

## The following is a guideline for completion of the Expense Claim Form:

<b>Name</b>	Should appear in the manner that the cheque is to be issued.
<b>Address</b>	Address to which the cheque is to be mailed.
<b>Postal Code</b>	Please include the postal code for the mailing address.
<b>Dates of Meeting</b>	Actual date(s) of the meeting.
<b>Location of Meeting</b>	The <b>street address and city</b> where the meeting was held.
<b>Name of Committee</b>	Official board or committee title (no abbreviations please)
<b>Signatures</b>	From the CDSS Councilor and CEO.
*Please note that failure to complete your invoice will result in delay of payment.	
<b>Honorarium and Per Diem</b>	The number of meeting days and the daily per diem must always be indicated. Preparation time prior to the meeting is determined at an hourly rate by dividing the applicable honorarium rate by 8 hours. Claims may be made for travel time when travel is required on the day before and/or the day following a meeting, and when travel, preparation and meeting time exceed 8 hours on the day of the meeting. Honorariums are generally only used to compensate the President, President-Elect, and Vice-President as stated in the CDSS Per Diem Policy.
<b>Expenses</b>	All claims for meeting expenses must be supported by receipts in accordance with the CDSS Travel and Expense Policy
<b>Air/Other Transit</b>	Receipts are required to cover claims for air or other fare.
<b>Private Vehicle</b>	Travel by private vehicle is paid at the current rate paid under the CDSS Per Diem Policy
<b>Accommodations</b>	All claims for hotel or other accommodation must be supported by receipts in accordance with the CDSS Travel and Expense Policy
<b>Gratuities</b>	Gratuities are acceptable as per the CDSS Travel and Expense Policy.
<b>Meals</b>	Meals are reimbursed according to current rate paid CDSS Travel and Expense Policy
<b>Other</b>	Claims for additional expenses should be listed on a separate sheet and attached to the expense claim and whenever possible, should be supported by receipts. These expenses may include taxi fare, parking, or other items relating to CDSS business, etc.
<b>Signatures</b>	The completed statement should be signed by the claimant and approved by the CEO and Accounting Lead.
<b>The approved statement (with receipts) should be forwarded to:</b>	Ben Altrogge, Accounting Lead <a href="mailto:ben@saskdentists.com">ben@saskdentists.com</a> College of Dental Surgeons of Saskatchewan 1202-201 1st Ave S, Saskatoon, SK S7K 1J5 Phone: (306) 244-5072 ATTENTION: EXPENSE CLAIMS

## ■ Appendix 1 - Commonly Asked Questions

### What's the difference between elected and appointed positions?

Interested members are required to follow the established rules for nomination and election as set out by the CDSS Nominations Committee.

Public representatives typically answer a call for representatives from the Ministry of Health to fill vacant positions on councils. Individuals submit a letter (with a resume) to the Ministry expressing interest in serving as a representative. Resumes are reviewed based on community involvement, board experience, volunteer activities, as well as education and employment background. Once applications are approved, interested citizens are formally nominated for consideration. Public representatives are appointed by an Order in Council, which requires approval by the Lieutenant Governor in Council and are accountable to the Minister of Health.

### How much time is involved?

The time required of a representative varies by organization. The CDSS meets at least 4 times per year. Annual meetings may also take place over one or two days. Additional time may be needed for preparation for, and travel to and from council meetings.

While you should attend all council meetings, it is understandable that conflicts in scheduling will prevent you from attending some of them. Please remember to notify the meeting organizer of any absences well in advance.

### What are the terms of my appointment?

CDSS representatives typically serve a two-year term, according to terms set out in the CDSS Administrative Bylaws 2021.

A public representative can serve only two consecutive terms of 3 years on a particular council.

### Will I be compensated?

Travel, meal, and hotel expenses associated with your duties may be claimed and will be reimbursed in accordance with the CDSS Travel and Expense Policy. In appreciation for your service and time, the College of Dental Surgeons of Saskatchewan provides an honorarium or per diem for attending to business directly related to your appointment (i.e. attendance at meetings, preparation for and travel to and from meetings).

Claims for expenses, per diem or honoraria should be made using the form supplied by the CDSS. An **Expense Claim Form** can be found in Appendix 2. Please note the form requires verification of meeting attendance by the CEO or their designate. Completed expense forms should be submitted to the CDSS Accounting Lead.

## Am I exempted from liability?

Most professional statutes contain a clause, which protects all council members against liability for actions taken in good faith as council or committee members. Additionally, staff and council are protected under Directors and Officers, Errors and Omissions coverage with Health Insurance Reciprocal of Canada (HIROC).

Section 43 under the Dental Disciplines Act 1997:

### Immunity

43. No action lies or shall be instituted against: (a) a council; (b) a councilor; (c) a professional conduct committee; (d) a discipline committee; (e) a committee member; or (f) an officer, employee or agent; of an association for any loss or damage suffered by a person by reason of anything in good faith done, caused, permitted or authorized to be done, attempted to be done or omitted to be done by any of them pursuant to or in the exercise or supposed exercise of any power conferred by this Act or the bylaws or in the carrying out or supposed carrying out of any decision or order made pursuant to this Act or the bylaws or any duty imposed by this Act or the bylaws.

The CDSS Council holds an orientation meeting every year, typically at fall council meetings.

### **What makes a good representative?**

As a full member of council, councilors are expected to become familiar with the purpose of the regulatory authority, the Act, bylaws, and policies governing the profession.

Representatives are encouraged to be active participants, to prepare for and attend meetings, to seek clarification and articulate views that represent public interest.

CDSS representatives are expected to meet high standards of conduct, which enhance and maintain public confidence in the operation of Saskatchewan's self-regulating health professions. They should act to instill public confidence in their actions and decisions. CDSS elected councilors are required to follow a code of conduct, which includes the following standards:

- **Integrity:** representatives are expected to always act in good faith, and with honesty and due diligence for the public interest.
- **Preparation and Participation:** expected to regularly attend meetings and adequately prepare for the duties expected of them.
- **Behavior:** The conduct and language of representatives should reflect social standards of courtesy, respect, and dignity.
- **Confidentiality:** representatives must not divulge confidential information received in the course of their duties.
- **Public Commentary:** They must comply with the public comment protocol established by their council.
- **Private Gain:** Council work should not result in any personal or private financial gain for representatives, excluding honorarium, per diem and recovery of meeting/travel expenses.
- **Duty to Inform:** representatives are required to inform the council chair of any circumstances that may have a negative or harmful effect on their abilities to perform their required duties.

**Does the CDSS have a Conflict-of-Interest guideline?**

Yes. Representatives generally must avoid any conflict of interest that might impair or impugn the independence, integrity and/or impartiality of their health profession council. There must be no apprehension of bias, based on what a reasonable person might perceive. CDSS representatives who are in doubt must disclose their circumstances and consult with their chair and/or registrar.

In practical terms, public representatives should ensure that:

- All personal financial interests, assets and holdings are distinct from and independent of any decision, information or other matter that may be heard by or acted upon by their particular council.
- Activities undertaken as a private citizen are kept separate and distinct from any responsibilities held as a member of the council, and vice versa.
- They always remain impartial toward individuals who deal with their council and, as a member, avoid taking any action that may result in preferential treatment for any individual.
- Personal employment is not dependent on any decision, information or other matter that may be heard or acted upon by the council.
- Other memberships, directorships, voluntary or paid positions or affiliations remain distinct from work undertaken while performing their duties as public representatives.
- Actions taken while performing their duties as representatives neither cause nor suggest the reality or perception that their ability to perform or exercise those duties has been or could be affected by private gain or interest.

## Appendix 2 - Expense Claim Form



### Expense Claim Form

MEETING OF: \_\_\_\_\_

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

A. TRANSPORTATION:

Air \*\* \$ \_\_\_\_\_

Car \_\_\_\_\_ kms @ .55 per km \$ \_\_\_\_\_

Taxis \*\* \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

B. LODGING:

Hotel \*\* \$ \_\_\_\_\_

Meals \*\* \$ \_\_\_\_\_

C. PER DIEM:

# of full days \_\_\_\_\_ @ \$800.74 per day \$ \_\_\_\_\_

# of half days \_\_\_\_\_ @ \$400.37 per ½ day \$ \_\_\_\_\_

D. MISC: \$ \_\_\_\_\_

SUB TOTAL: \$ \_\_\_\_\_

**\*\* Receipts must be attached to expense claim.**

I HEREBY CERTIFY THIS TO BE A TRUE COPY OF EXPENSES CLAIMED.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*CDSS office use only\*\*\*

TOTAL: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Cheque #: \_\_\_\_\_ Inv/Ref: \_\_\_\_\_

Please keep a copy of your records.