ALBERTA
OMBUDSMAN

A review of the Gamma Knife Neurosurgery Program administered by Alberta Health

CASE REPORT

JUNE 2016

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Mandate

Every Albertan has the right to be treated fairly in the provision of public services. The Ombudsman protects this right by promoting standards of fairness and has the authority to conduct investigations and make recommendations if an investigation reveals unfairness.

As an Officer of the Legislative Assembly of Alberta, the Ombudsman reports directly to the Legislative Assembly and operates independently from the Alberta government, political parties and individual elected officials. The Ombudsman has jurisdiction over Alberta government departments, agencies, boards, commissions, designated professional organizations and the patient concerns resolution process of Alberta Health Services. The Ombudsman is not an advocate for complainants nor a representative for government departments or professional organizations.

Through impartial and independent investigations, recommendations and education, the Ombudsman ensures administrative fairness. Individuals who have been affected by an administrative decision, action or recommendation made by a jurisdictional authority may bring forward their concerns to the Ombudsman who may conduct an investigation. As an office of last resort, all other avenues of resolving the complaint must have been exhausted prior to the Ombudsman undertaking an investigation. These investigations may result in recommendations to resolve issues of unfairness and improve administrative processes.

The Ombudsman may initiate an investigation on his own motion, as is the case in this investigation, when questions arise about the administrative fairness of a program. Recommendations arising from these types of investigations are generally aimed at improving systemic issues.

Executive Summary

Gamma Knife Neurosurgery (GKNS) is a minimally invasive neurological procedure not available in Alberta. It is a technique used most often to treat patients with benign tumours, some malignant brain tumours, arteriovenous malformations, and disorders of abnormal function such as trigeminal neuralgia. In 2003, the Winnipeg Regional Health Authority commissioned the installation of Canada's first Gamma Knife at the Health Sciences Centre in Winnipeg, Manitoba.

GKNS is not covered by reciprocal billing agreement between the provinces / territories. Approval of applications for GKNS is managed through Alberta Health (previously Alberta Health and Wellness).

A complaint was made to the Ombudsman by an individual, who will be referred to as Mr. Doe, whose application for funding for GKNS was not approved. Mr. Doe complained about the decision-making process

utilized by the Health Insurance Programs Branch (HIPB) for GKNS treatment. As a result, on December 2, 2015, the Ombudsman commenced an investigation on his own motion, pursuant to section 12(2) of the *Ombudsman Act*, into the administrative fairness of the process used by the HIPB for approving special funding for GKNS in Winnipeg, Manitoba. Our investigation reviewed 39 funding application files received by the HIPB between April 2010 and December 2015.

Ultimately the investigation determined for a period of time, from April 19, 2010 to November 19, 2012, HIPB did not consistently follow the policy for GKNS funding applications. It was also determined the failure to follow policy did not adversely affect applicants.

> *"It is important for administrators of special funding programs such as this to undertake periodic reviews of the governing legislation to ensure public information about the program … reflect the legislated funding criteria of the program. If the program criteria are clear and concise, the funding criteria should flow from the legislative authority and be clearly communicated to applicants."*
>
> Peter Hourihan
> Alberta Ombudsman

In 2015, University of Alberta (U of A) officials announced a Gamma Knife will be installed at the Advanced Brain Imaging and Treatment Unit being built at the U of A Hospital in Edmonton, with an opening date of fall 2017. GKNS at the U of A would be a publicly-funded service available to Albertans under the Alberta Health Care Insurance Plan (AHCIP) and would eliminate the need to send Albertans out-of-province for GKNS treatment.

Background

At the 2002 Western Premiers' Conference, the Premiers agreed to share human resources and equipment for low-volume, high-cost medical procedures. As a result, Manitoba became the "centre of excellence" for GKNS, Alberta for pediatric cardiology and British Columbia for prostate cancer.

Since 2003, the Health Sciences Centre in Winnipeg has been providing GKNS and was the first provider in Canada to offer this service. GKNS is a form of radiosurgery which is defined as a single high-dose of focused radiation delivered to a stereotactically localized target. With GKNS, gamma rays are precisely directed to the

selected target, while minimizing exposure to immediately surrounding brain structures because of small beams.

In March 2004, Alberta Health developed an interim policy to clarify access to and funding for GKNS based on the following background information.

- GKNS is not covered by reciprocal billing agreement between the provinces/territories. Costs for GKNS in Winnipeg are:
    - Outpatient hospital service ($17,000);
    - Neurosurgery – physician services ($800); and
    - Radiation Oncology – physician services ($500).
- Previously, Albertans requiring GKNS could obtain access on a publically funded basis through the Out-of-Country Health Services Committee (OOCHSC) process. Since April 2002, 10 out of 12 applications for out-of-country GKNS were approved at a cost of at least $388,000 for hospital and physicians care and over $21,000 for transportation (eight patients). Typically, the medical and hospital costs are from $27,000 to $66,000 per case with an average additional cost of $1,700 for transportation (up to $6,500 for one patient).
- The OOCHSC approved provision of the service on a case-by-case basis and usually for the following conditions: brain metastasis, acoustic neuromas and arteriovenous malfunction.
- Under provincial legislation, Alberta residents can be funded for out-of-country health services only when the treatment is not available in Canada. Since the Winnipeg services was established, no out-of-country applications have been approved.
- Based on Alberta's experience, Manitoba's fees are lower than the cost of sending patients to the United States.
- The Tom Baker Cancer Center (TBCC) in Calgary has been providing some Linear Accelerator (LINAC) based stereotactic radiosurgery, which is an alternative procedure to GKNS in some cases.
- Through a joint initiative, the Alberta Cancer Board and the Calgary Health Region upgraded this technology in the fall 2004.

The following process changes resulted with respect to access by insured Alberta residents to GKNS provided in Winnipeg.

a) Prior approval by the Director, Claims Services Branch, is required.
b) Patients must be referred by an Alberta physician, i.e., neurologist, neurosurgeon or other specialist.
c) When referring patients for GKNS, physicians should first consider the appropriateness of referring their patients for stereotactic radiosurgery at the TBCC in Calgary.
d) Referrals for the treatment of the following conditions will be funded:
    - Brain metastasis;
    - Acoustic neuroma; and
    - Arteriovenous malformation.

e) Treatment of other conditions (i.e., not listed above) is to be determined by the Director, Claims Services Branch, based on a referral from an Alberta physician and the advice of the Medical Consultant, Claims Services Branch.

On April 21, 2004, the Claims Services Branch issued AHCIP Med 90 (Med 90) informing physicians, Calgary Health Region, Capital Health, Alberta Cancer Board and other Regional Health Authorities of the interim policy.

On April 19, 2010, by Ministerial Order (M.O.) 37/2010 and Appendix, the Deputy Minister of Alberta Health and Wellness established the requirement to include a consultation report from the TBCC; however, Med 90 was not amended to reflect the requirement for a consultation report.

With respect to the Deputy Minister's authority to sign the M.O., section 8(1) of the *Government Organization Act* states a Minister may establish or operate any programs and services the Minister considers appropriate to carry out matters under the Minister's administration. Section 21 of the *Interpretation Act* provides the Deputy Minister with the same authority as the Minister with the exception of signing off on regulations.

On September 29, 2012, the Deputy Minister of Alberta Health established M.O. 68/2012 and Appendix, which amended M.O. 37/2010 and Appendix. The significant change in M.O. 68/2012 and Appendix was the addition of the Cross Cancer Institute (CCI) in Edmonton to TBCC as sites where stereotactic radiosurgery is available in Alberta with consultation required before GKNS funding would be considered. As with M.O. 37/2010, the medical consultant with the HIPB must review each application to determine if gamma knife radiosurgery is medically necessary in that case and, after reviewing the application, the medical consultant must make a recommendation to the Executive Director of the HIPB to approve or reject the application. The Executive Director of the HIPB must consider the recommendation of the medical consultant in making the decision to approve or reject the application.

This led to the November 19, 2012, AHCIP Bulletin Med 169 (Med 169) to reflect the changes enacted by M.O. 68/2012, stating an application for GKNS funding must include a copy of a consultation report from either the CCI or the TBCC which must outline the reasons why stereotactic radiosurgery at either of these facilities is not appropriate for the patient.

Our process

Opening correspondence dated December 2, 2015 to the Deputy Minister of Alberta Health set out the five issues identified for this investigation which were as follows.

Issue #1: **Legislative authority for the approval process.**

Issue #2: **Rationale for the requirement in Med 169 for a consultation report from either the CCI in Edmonton or the TBCC in Calgary outlining reasons why stereotactic radiosurgery at either of these facilities is not appropriate for the patient.**

Issue #3: **Role of the medical consultant in the approval process.**

Issue #4: **Determination of incomplete applications.**

Issue #5: **The appeal process.**

We asked for the number of applications for GKNS approved, considered incomplete, denied and appeals received since M.O. 37/2010 was established.

The Deputy Minister responded on January 6, 2016 to our information request. Further information was obtained in a meeting between our investigation team and staff of the HIPB held on March 17, 2016, which included: the Executive Director; the Director of Claims Management and Special Programs; the Manager of the Out-of-Province/Out-of-Country and Special Programs Unit; the Medical Consultant; and the Nursing Consultant.

What we learned

Mr. Doe's file

Mr. Doe contacted the HIPB by telephone on October 31, 2014, advising he had an acoustic neuroma and wanted information on the process to receive funding for GKNS. An HIPB staff member advised him GKNS is not reciprocally billed and assisted him in locating Med 169 on Alberta Health's website regarding the criteria required to obtain special funding for GKNS. The criteria to obtain special GKNS funding was reviewed during the telephone call. Mr. Doe was advised GKNS funding requests must be submitted by an Alberta specialist and a copy of a consultation report from the TBCC or CCI must be included in the GKNS funding request, outlining the reasons why stereotactic radiosurgery in either of these facilities is not appropriate treatment for his medical circumstances.

The HIPB received a letter dated December 19, 2014 from an Otolaryngologist stating Mr. Doe had been referred for GKNS in Winnipeg to treat acoustic neuroma scheduled for February 19, 2015. The letter outlined the diagnosis, medical history, medications, allergies, social history, impression and plan. Included was a December 16, 2014 Progress Note from a consultation from the TBCC Radiation Oncologist who outlined three treatment options, which were:

- Continued observation;
- Surgery; and
- Radiation treatment, with two options: radiosurgery and fractionated stereotactic radiosurgery at the TBCC.

On January 2, 2015, a GKNS Program Medical Consultant's Report was completed recommending approval for GKNS, and noted the TBCC reported Mr. Doe could possibly be treated with modified LINAC; however, his specialist recommends gamma knife for this particular tumour.

The Executive Director of the HIPB reviewed the documentation submitted and requested a clear recommendation / referral for GKNS from the TBCC Radiation Oncologist, outlining the benefits of GKNS for this patient.

A response letter dated January 5, 2015 from the Special Programs Unit Manager to the Otolaryngologist documented the funding request dated December 14, 2014 had been reviewed and it was determined as per Med 169, additional information was needed. Specifically, the December 16, 2014 Progress Note forwarded from the TBCC Radiation Oncologist did not include a recommendation for GKNS in Winnipeg, and indicated this patient was offered treatment options including stereotactic radiosurgery which is available at the TBCC. In order to meet the criteria outlined in Med 169, the HIPB required a note from the TBCC Radiation Oncologist outlining the reasons why stereotactic radiosurgery, which is available in Alberta, is not appropriate for this patient.

Mr. Doe left a voicemail message with the Special Programs Unit Manager on January 6, 2015 stating he was concerned the 10-page document he prepared in support of his request was not considered. Mr. Doe also noted the requirement the Radiation Oncologist from the TBCC provide further information stating stereotactic radiosurgery was not appropriate for him was not required given the circumstances of his case. In discussions with the Special Programs Unit Manager, Mr. Doe advised he wanted to file a formal appeal. The Special Programs Unit Manager advised the written appeal would be forwarded to the Executive Director.

Mr. Doe submitted a letter dated January 14, 2015, requesting an appeal and approval of the GKNS application submitted on his behalf. Enclosed with the letter was:

- Two medical journal articles:
    - Stereotactic Radiosurgery for Vestibular Schwannomas: Analysis of 317 patients followed more than 5 years, from Neurosurgery, August 2005, volume 57, issue 2 – pp 257-265; and
    - Special Supplement and Abstract from JSN Special Supplements.
- A copy of the unit's January 5, 2015 letter to the Otolaryngologist;
- A copy of Med 169; and
- A copy of the previous letter from Mr. Doe dated December 19, 2014 (with attachments).

On February 3, 2015, the Executive Director responded by letter advising as per Med 169, Alberta Health considers requests for special funding of GKNS in Winnipeg from Alberta medical specialists only. Mr. Doe was also advised the GKNS funding request submitted on Mr. Doe's behalf by his Alberta medical specialist was considered incomplete, and further documentation per Med 169 was required to assess the application and allow a funding decision to be rendered. To date, no response has been received from the applying Alberta medical specialist to the January 5, 2015 letter requesting additional information. Although Mr. Doe provided information, the outstanding medical information required as outlined in Med 169 must come from his applying Alberta medical specialist.

Applications for GKNS approved, considered incomplete, denied and appeals received since M.O. 37/2010 was established

In the January 6, 2016 response, the Deputy Minister advised the HIPB received 39 applications since M.O. 37/2010 was established. One appeal was received but this application was determined to be incomplete and is counted as such in the total.

Applicable M.O. and Medical Bulletin	Approved	Denied	Incomplete
M.O. 37/2010 and Med 90	17	1	3
M.O. 68/2012 and Med 90	2	0	0
M.O. 68/2012 and Med 169	3	2	11
Total: 39	**22**	**3**	**14**

Issue #1: Legislative authority for the approval process.

The legislative authority for the GKNS approval process has been described in the background section of this report. Alberta Health approved an interim policy which was in place from March 2004 until April 19, 2010 when M.O. 37/2010 formally established the Gamma Knife Neurosurgery Program (the Program). M.O. 37/2010 set out clear guidelines for approval including the requirement for the specialist submitting the funding application to include a consultation report from the TBCC to explain why stereotactic radiosurgery is not appropriate for the patient. Med 90 was not amended to reflect the requirement for a consultation report from TBCC.

Upon review of the 21 applications received by the HIPB during the time period following the establishment of the Program, 16 applications were approved for funding without a consultation report from the TBCC

explaining why stereotactic radiosurgery was not appropriate for the patient. It was sufficient for the applying medical specialist to state their opinion LINAC-based surgery in Calgary was not appropriate for the patient. One approved application did include a consultation report from TBCC; however, the consultation report from TBCC did not state stereotactic radiosurgery in Calgary was not appropriate for the patient.

When we raised this issue to HIPB staff during our meeting on March 17, 2016, it was acknowledged the application requirements in M.O. 37/2010 were not followed. When they established M.O. 68/2012 on September 29, 2012 to add the CCI, they noted Med 90 was not in-line with M.O. 37/2010. Med 169 was developed to address this.

Issue #2: Rationale for the requirement in Med 169 for a consultation report from either the CCI in Edmonton or the TBCC in Calgary outlining reasons why stereotactic radiosurgery at either of these facilities is not appropriate for the patient.

Based on our discussion with HIPB staff, Med 169 was changed to ensure it was in keeping with the Ministerial Order (i.e., to correct the error of not requiring a consultation report), to add the CCI as an acceptable consultation source as patients could be assessed there for stereotactic radiosurgery, and to ensure stereotactic radiosurgery available in Alberta was not appropriate for the patient.

We were advised technology had also evolved since the establishment of the Program. In August 2012, Alberta Health Services (AHS) announced three new LINACS – two at the CCI and one at the TBCC. Information in an August 1, 2012 news release by AHS states the three new LINACs can deliver radiation therapy faster and with precision. We were told by HIPB staff it was necessary to ensure the more advanced treatment options available in Alberta were explored before funding for GKNS was approved.

One application we reviewed offered an example supporting what HIPB staff told us about ensuring more advanced treatment options in Alberta were explored before funding for GKNS was approved. In this application, the applying neurologist recommended GKNS to treat a trigeminal neuralgia. The HIPB reviewed the application advising medical reporting for the medical condition, including treatment provided, was required (as it was not one of the three conditions normally funded) and a copy of a consultation report from TBCC or CCI. The applying neurologist responded asking the HIPB why the patient would be required to have a letter from a cancer clinic since they did not have cancer. The HIPB Nursing Consultant provided information to the applying neurologist about the Alberta Radiology Centre at TBCC and the kinds of medical conditions that can be treated, including trigeminal neuralgia.

Based on our review of the 16 applications received during the time period after M.O. 68/2012 (September 29, 2012) and Med 169 (November 19, 2012), we find the Program was consistent in administering Program rules. All applications for funding for GKNS containing a consultation report from either the CCI or

TBCC indicating stereotactic radiosurgery in Alberta was not appropriate for the patient were approved for funding.

Issue #3: Role of the medical consultant in the approval process.

M.O. 37/2010 and Appendix as well as M.O. 68/2012 and Appendix set out the role of the Medical Consultant:

- The Medical Consultant with the HIPB must review each application to determine if GKNS is medically necessary in that case.
- After reviewing the application, the Medical Consultant must make a recommendation to the Executive Director, HIPB, to approve or reject the application.
- The Executive Director must consider the recommendation of the Medical Consultant in making the decision to approve or reject the application.

Based on our review of the 39 applications received by the HIPB following M.O. 37/2010, we found the Medical Consultant for HIPB did not review all of the funding applications. Only those applications containing the necessary information were reviewed. The Medical Consultant completed a GKNS Program Medical Consultant's Report for each application being reviewed which noted the patient's name, diagnosis, health care number, date of birth, rationale for the decision to recommend GKNS, and date of review.

We asked the Medical Consultant to explain his role in reviewing GKNS funding applications. We learned the application is reviewed to assess whether it is for any of the three conditions that would be funded under Med 90 or Med 169 which are: brain metastasis; acoustic neuromas; and arteriovenous malformations. There are other conditions the Medical Consultant can recommend GKNS approval, but they are on a case-by-case basis.

The Medical Consultant also reviews the medical information in the application, including the consultation report from CCI or TBCC to determine if there are good clinical reasons for GKNS. The Medical Consultant's role is to review the medical information to determine if GKNS is medically necessary, not to approve funding.

The one anomaly we identified in the 39 applications we reviewed with respect to the role of the Medical Consultant was the file for Mr. Doe who complained to our office. As noted earlier in this report, the Medical Consultant completed the GKNS Program Medical Consultant's Report recommending GKNS based on a review of the medical information. The Medical Consultant recommended GKNS despite the fact a consultation report from the TBCC did not state stereotactic radiosurgery in Calgary was not appropriate for the patient. In fact, the consultation report discussed several treatment recommendations including stereotactic radiosurgery in Calgary.

The funding application submitted by Mr. Doe's specialist contained medical information other than the consultation report from TBCC supporting GKNS. The Medical Consultant's medical opinion was the medical information supported GKNS was medically necessary for Mr. Doe.

Both M.O. 37/2010 and Appendix and M.O. 68/2012 and Appendix state the Executive Director of the HIPB must consider the recommendation of the Medical Consultant in making the decision to approve or reject the application. In Mr. Doe's case, as in every case we reviewed, the recommendation by the Medical Consultant was considered by the Executive Director in making the decision to approve or reject the application.

Based on our discussion with HIPB staff, the Program is a special funding program with clear criteria. Either the application meets the criteria or it does not. They maintain they are not denying treatment to a patient by not approving GKNS. Their view is the applicant has been offered other treatment options in Alberta. When the treatment options in Alberta have been exhausted and GKNS is the remaining option, funding would then be approved.

Issue #4: Determination of incomplete applications.

Based on our review of the 39 applications, we noted the HIPB categorized applications as approved, denied or incomplete. The file of Mr. Doe is considered an incomplete application even though the application went through all the steps in the application process to the Executive Director who determined more information was required.

We discussed with HIPB staff their categorization of applications as incomplete and why in this case Mr. Doe's application was not just denied. The response from HIPB is they try and get a complete application together as they want to be able to provide a positive decision in a short time frame. They require a complete and clear file which meets the Program criteria. If they are missing information such as a consultation report indicating GKNS is the only option, not stereotactic radiosurgery, they will ask the specialist to provide this information. The file remains open pending receipt of this information.

In the case of Mr. Doe, HIPB staff indicated the application was considered incomplete as the consultation report did not recommend GKNS as the only option. They wrote to the specialist advising of the information required to approve funding; however, the specialist did not provide the required information.

Issue #5: The appeal process.

There were a few cases in the 39 applications we reviewed where the patient, not the applicant who is the medical specialist, sought an appeal of the decision by the Executive Director to either reject the application or the determination additional information was required. Neither M.O. 37/2010 and Appendix or M.O. 68/2012 and Appendix set out an appeal process for decisions made by the Executive Director.
We discussed the appeal process or lack thereof with HIPB staff. We were advised they recently sought legal advice specific to another special funding program (with similar criteria) on whether the Program needed to have an appeal process. The legal advice received was a special program does not need to have an appeal process.

HIPB staff explained when the applying medical specialist or patient is adamant about a review of the decision, they will attempt to address the concerns with the person directly via telephone or ask them to submit their concerns in writing and they will address them. In the investigated case, Mr. Doe wanted to file an appeal of the Executive Director's decision not to approve funding for GKNS. He was told to submit his concerns in writing and they would be reviewed by the Executive Director. The Executive Director reviewed the concerns and provided a written response which did not result in a change of decision. Given the Executive Director is the final decision-maker with respect to funding for GKNS and there is no appeal mechanism, we find this is a reasonable approach to deal with requests for appeal/review.

Conclusion

Since 2004, Alberta Health has had criteria in place to decide funding applications for GKNS. Prior approval for GKNS funding is required; the patient must be referred and/or the application made by an Alberta specialist; referral for specific conditions including brain metastasis, acoustic neuromas and arteriovenous malformations would be funded; GKNS treatment for other medical conditions would be considered on a case-by-case basis; and, stereotactic radiosurgery in Alberta must be considered for appropriateness before funding for GKNS would be approved.

We reviewed 39 funding application files after the establishment of M.O. 37/2010. We found the HIPB did not follow the criteria in M.O. 37/2010 which required each funding application to include a copy of a consultation report from TBCC to explain why GKNS is required and stereotactic radiosurgery provided in Alberta is not appropriate. Med 90, which is the policy and public information made available regarding funding for GKNS, was not updated to reflect the criteria in M.O. 37/2010. This did not harm patients as 17 of the 21 applications for GKNS funding received during this time period were approved. However, when the HIPB decided to require every application to include a consultation report from CCI or TBCC after the establishment of M.O. 68/2012 and Med 169, the number of applications approved dropped significantly. Of the 16 applications received during this time period, three were approved, two were denied and 11 applications were considered incomplete.

We found after M.O. 68/2012 and Med 169 were established, the requirement for a consultation report from either CCI or TBCC was consistently applied. If the application did not contain a consultation report, a letter would be sent to the applying specialist notifying of the requirement. If a consultation report was received and it did not clearly recommend GKNS, then again a follow-up letter would be sent to the applying specialist to advise of the requirement. If a consultation report was received recommending GKNS with an explanation of why stereotactic radiosurgery in Alberta was not appropriate for the patient, then the application would be sent to the Medical Consultant for a determination if GKNS was medically necessary for the patient and a recommendation was made to the Executive Director. The Executive Director considered the recommendation made by the Medical Consultant in deciding to approve or reject the application. This is consistent with the requirements in M.O. 68/2012, and well documented in all the application files we reviewed.

Mr. Doe argued the Executive Director should have exercised discretion in applying the criteria in Med 169. It is clear his preference was for GKNS. There was medical information to support GKNS may have been a preferential technique for Mr. Doe's specific condition; however, the consultation report from TBCC offered treatment including stereotactic radiosurgery in Calgary.

The position of HIPB staff is the application did not meet the Program criteria; Mr. Doe was not denied treatment for his medical condition. The applying medical specialist was asked to provide further information but none was received. The application file remains open should additional information be received by the Program.

We are satisfied the HIPB was administratively fair in communicating the Program criteria to Mr. Doe. HIPB considered the funding application received from the specialist in accordance with the Program criteria consistent with all other applications received, and the HIPB was administratively fair in communicating the decision to leave the application open should additional information be received. Further, the HIPB reasonably responded to Mr. Doe's concerns about the decision, explaining its process for doing so, given neither M.O. 37/2010 nor M.O. 68/2012 set out any formal appeal mechanism for decisions made by the Executive Director who is the final decision-maker. Mr. Doe was advised the outstanding medical information required as per Med 169 must come from the applying medical specialist.

It is our conclusion the HIPB is fairly administering the Gamma Knife Neurosurgery Program.

Recommendations

While there are no recommendations arising, the results of this own motion investigation are a reminder to all departments, agencies and regulated professional organizations of the importance of regularly reviewing program requirements to ensure they are consistent with legislative criteria.

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