

August 15, 2008

Mrs. Barbara Sullivan
Chair, Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
Toronto ON M4V 2Y7

Re: Response to the Scope of Practice Reviews for Dietetics, Medical Laboratory Technology, Medical Radiation Technology, Midwifery, Pharmacy and Physiotherapy

Dear Mrs. Sullivan:

The Ontario Hospital Association (OHA) appreciates the opportunity to provide feedback to the Health Professions Regulatory Advisory Council (HPRAC) regarding the scope of practice reviews for Dietetics, Medical Laboratory Technology, Medical Radiation Technology, Midwifery, Pharmacy and Physiotherapy.

The OHA's comments are based upon the collective perspectives of those hospitals that responded to our request for feedback on the submissions. They reflect the views of senior administrative and health professional leaders from hospitals of various types (academic, community, small, mental health, complex continuing care and rehabilitation) and geographic locations. Highlights of specific comments received from members are provided in Appendix A.

The goal of the OHA's submission is to provide high-level feedback and general statements regarding the proposed changes. In the fall, the OHA anticipates an opportunity to provide HPRAC with detailed feedback regarding the proposed changes to scope of practice.

Context of Interprofessional Care

The OHA strongly supports the adoption of interprofessional care (IPC). IPC is essential to addressing the challenges facing the health care system in delivering high quality, patient-centered care, enhancing provider satisfaction and improving organizational efficiency.

In order to achieve a fully functioning IPC environment:

- Patients must be at the centre of the health care delivery model, with safe and timely access to care;
- Partnership, communication and collaboration are the key principles of a highly effective interprofessional environment;
- Coordination and shared expectations must exist across professions so that hospitals and teams within hospitals can practice together efficiently and effectively; and



- Health care professionals must understand their scope of practice, competencies, roles, responsibilities and accountabilities.



Legislative and Regulatory Frameworks

The primary legislative and regulatory frameworks for hospitals as well as regulated health professions include the *Public Hospitals Act* (PHA), the *Regulated Health Professions Act* (RHPA) and additional health-related Acts. The OHA believes the current legislative and regulatory frameworks generally support IPC and the provision of safe, quality, patient centered care.

The health care system has undergone significant changes in hospital and clinical practices over the past number of years. As the health care system continues to evolve, so too should the legislative frameworks in order to reflect the current practices in the health care sector and facilitate ongoing system integration and change.

Certain elements of the legislation, for example, the PHA provisions which limit treatment orders to physicians, midwives, dentists or registered nurses (extended class), could be amended to appropriately align with the provisions set out in the RHPA and to better reflect and support an interprofessional collaborative practice environment.

Any amendments to the PHA should:

- Ensure that the authority of professions providing treatments, or ordering treatments, be consistent with authorities provided by the RHPA;
- Recognize that admission and discharge decisions are best made collaboratively by all team members; and
- Acknowledge that representatives of all professions can provide optimal leadership and clinical governance.

Within an IPC environment, it is important to ensure that mechanisms exist to coordinate care amongst professions to avoid the unintended consequences of duplication and fragmentation of care when multiple professionals are involved.

Some of the six health professions reviewing their scope of practice have requested authorization to perform additional controlled acts. In some cases, authorizing certain professions to perform additional controlled acts may be appropriate, given that the required skills, knowledge and expertise exist through the education, training and clinical practice for those professions.

Controlled Acts Requiring Amendments to the PHA

The addition of some controlled acts would require amendments to Regulation 965 of the PHA (i.e., to allow orders for treatment or for a diagnostic procedure or to allow orders for admission). The OHA believes that legislative amendments should be undertaken only when it is the sole means of fostering broad-based determinants of quality care and must be crafted to enable flexibility to respond to varying circumstances at the point of care. Until a comprehensive review of the PHA is undertaken, medical directives and delegation of controlled acts, as provided for in the RHPA, is useful to support the evolution of all regulated health professions. Delegation, however, is not a permanent solution. Autonomous authority for competent providers is the preferred means of optimizing care.



Controlled Acts Not Requiring Amendments to the PHA

For health professions that have requested the authority to perform additional controlled acts which do not require amendments to the PHA, the authority to perform the controlled act should be considered in conjunction with the following principles:

- Reflects current and emerging practice;
- Optimizes the scope of health care providers while enhancing team coordination;
- Supports health care professionals' participation in interprofessional care; and
- Enhances timely, seamless, efficient and cost-effective access to care.

For example, some professions have requested authorization of the controlled act #1 to "communicate a diagnosis". Communicating a diagnosis includes identifying a disease or disorder as the cause of a person's symptoms and the expectation that the client will rely on the diagnosis to make an informed decision about treatment options. Varying interpretations of the same controlled act (e.g. communicating a diagnosis) may or may not interfere with regulation and public protection. In circumstances where varying interpretations exist around the legislation, the RHPA should clearly define the controlled acts to ensure consistent interpretation across colleges and professions. An extensive review of the scope of practice for all professions must be conducted before the OHA can make a recommendation to add controlled acts to various professions.

The OHA supports regular reviews of the list of controlled acts and profession-specific authorized acts to ensure that the provision of safe, quality patient care is delivered in an efficient and flexible manner.

The OHA appreciates the opportunity to share with HPRAC the views of our hospital members regarding the scope of practice reviews for Dietetics, Medical Laboratory Technology, Medical Radiation Technology, Midwifery, Pharmacy and Physiotherapy. We look forward to future participation in the HPRAC consultation process to assist in providing advice on matters related to scope of practice for health care professionals in the hospital setting.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Greg Shaw', is written in a cursive style.

Greg Shaw,



Vice President
Strategic Human Resources Management



APPENDIX A: Highlights of Responses to Scope of Practice Reviews

Registered Dietitians (RDs)

- Concerns were expressed regarding the addition of controlled act 14 re: treating by means of psychotherapy delivered through a therapeutic relationship
 - Providing nutritional counseling does not treat emotional and cognitive disturbances (definition of psychotherapy)
 - RDs do not have the ability to assess capacity as it is not part of the academic training

Medical Laboratory Technologists (MLTs)

- While the MLTs may have the competencies to perform some of the proposed changes to the controlled acts, the addition of these acts would not enhance the interprofessional care

Medical Radiation Technologists

- Members supported MRTs being authorized to perform the additional acts requested (on the order of a physician) given that they have the competencies and educational requirements to perform the tasks

Midwives

- Concerns were expressed around broadening the scope of care would result in unintended consequences of creating an overlap of scopes between midwives and other health care professionals (i.e. child vaccinations are currently provided as a public health service – how will this be affected)
- Arising issues include: Do they have the appropriate knowledge, skills and requisites to perform the tasks? Who is the best provider for this service? If more than one health care provider can perform the task, is there clarity on the circumstances under which the task will be performed by each provider?
- The submission could clarify whether an extended class of midwives would be created or whether the expanded scope would apply to all midwives
 - The creation of an extended class of midwives would require the development of regulatory standards and requisite skills and knowledge to monitor the extended class

Pharmacists

- Members expressed their support of pharmacists being permitted to dispense without further authorization under certain conditions, particularly in the community
- Pharmacists possess the knowledge, skills ability and judgment required to safely adapt a dosage form, dosing regimen or dose strength to facilitate drug coverage
- Concerns were expressed regarding the authority to extend the course of treatment given pharmacists don't always have the broad body of knowledge and skills to accurately conduct assessments of patients to determine that a particular course of treatment should be continued
- Clarify whether the expanded scope would apply to all pharmacists or to an extended class of pharmacists



Physiotherapists

- Members commented that any additional controlled acts should consider the principles of IPC to ensure the delivery of coordinated, efficient, safe, quality, patient-centered care is maintained and the scopes of practice are optimized.