



**“Questions for discussion”
Regarding Issues related to the Ministerial
Referral on Inter-professional Collaboration
Among Health Colleges and Professionals**

PRESENTED TO:

HEALTH PROFESSIONS REGULATORY ADVISORY COUNCIL

April 15, 2008

Submission By:

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YOUR OPINION COUNTS...

MAKING YOUR SUBMISSION TO HPRAC:

PLEASE ATTACH THE FOLLOWING INFORMATION SHEET TO YOUR SUBMISSION TO HPRAC. YOUR SUBMISSION SHOULD BE SENT NO LATER THAN APRIL 15, 2008, TO:

Annie Schiefer, Project Manager
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55 St. Clair Avenue West
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We prefer submissions to be made in Microsoft Word, either on disk (by mail) or by email when possible. Electronic submissions can be made to: HPRACSubmissions@ontario.ca. If fax is more convenient for you, please address your comments to: HPRAC, INTERPROFESSIONAL COLLABORATION PROJECT, at 416-326-1549. Hard copy submissions should be sent to the above address.

Submission Details:

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DATE OF SUBMISSION: March 24, 2008

Please note that complete submissions or excerpts may be referenced in HPRAC's report to the Minister of Health and Long-Term Care, and that they will be posted on HPRAC's website. All submissions and correspondence may be the subject of a request under the Freedom of Information and Protection of Privacy Act (FIPPA). If you wish any part of your response, submission or correspondence to be withheld, please indicate that and provide the reason for your request.

“Question for discussion” on issues related to the ministerial referral on inter-professional collaboration among health colleges and professionals”

Defining Inter-professional Collaboration

1. Please comment on the above statement that HPRAC has used to focus this discussion and initiatives. Are there elements that should be added or removed? If so, what are they?

It appears that the above statement of expectations is efficient.

Eliminating the Barriers to Collaboration among the Colleges

2. Are there barriers in the *RHPA*, the health profession acts or their regulations that restrict or prevent collaboration among the Colleges? If so, what are they? Should they be eliminated? If so, how? (For example, do existing scopes of practice restrict or prevent collaboration among health professionals?)

Treatment for each TCM syndrome is unique. For instance, the administration of herbal prescriptions, types of acupuncture points and the dietary recommendations, etc. are based upon the particular TCM syndrome on each individual constitution. This can act as a barrier to the other professions.

3. Are there barriers in other Acts or regulations that restrict or prevent collaboration among the Colleges? If so, what are they? Should they be eliminated? If so, how?

From appendix B: Complete List of Controlled Acts: #1, 2, 7, 8, 9 & 12

They should not be eliminated because it will not be conducive to defining scopes of practice, and that is not beneficial to public interest.

4. Are there other policy and/or systems issues that act as barriers to collaboration among the Colleges? If so, what are they? Should they be eliminated? If so, how?

There may be a significant number of difficulties with regards to scope of practice when the TCM College collaborates with other colleges. Those professionals with adjunct simply do not have the amount of experience or number of lecture hours that any licensed TCM practitioner will have, once the regulation process has been completed. For example, there are a certain number of lecture hours and clinical practice hours required when learning about Chinese Herbal prescriptions, acupuncture points and skills, and dietary therapy where other professions may have deficiencies. Scopes of practice for practitioners with any adjunct training will have to be very clearly defined for any collaboration to work properly; they should certainly not be eliminated, but should be put into place carefully.

5. Are there professional cultural issues that act as barriers to collaboration among the Colleges? What steps should be taken to minimize these barriers? Who should provide the leadership to eliminate them? What role can health care associations, including associations whose members are regulated professionals, play in this process?

The majority of TCM practitioners are Chinese, but this should not be a large barrier. The CMAAC has managed to accommodate all Chinese and non-Chinese practitioners without difficulty because we require our members to respect one another, no matter their race, gender, etc. It is unethical to discriminate, therefore mutual respect and communications among the professionals, whether it is eastern or western medicine that they practice, are imperative to build successful relationships between all healthcare practitioners. The elimination of barriers should be addressed by the Minister of Health, and supported by the presidents of outstanding healthcare associations. Hopefully the respect shown for others will filter through to each practitioner.

6. Do you have evidence from your experience that liability issues are a barrier to Inter-professional care?

Healthcare professionals should know their limitations and should not claim to specialize in practices that are outside their scope of practice. Honesty is very important in this matter or the public may be misled and people may be injured.

7. Should all regulated health professionals be required to hold minimum professional liability insurance coverage?

Yes, I do believe that all regulated health professionals should be required to hold minimum professional liability insurance coverage. It is important that practitioners know their limitations and are safe to practice that which they are qualified to practice.

8. If so, what would be the minimum expected terms and conditions for that insurance coverage?

A minimum of 1 million dollars liability insurance coverage for all regulated health professionals would be acceptable. The terms and conditions of this insurance coverage would be specified by the provider. CMAAC has been partnered with Hunter, Kelly, Muntz & Beatty since 1994 and HKMB's associates have many years of experience providing insurance coverage for TCM and Acupuncture practitioners. We would recommend that all referrals be made to Anita Kwan, account manager:

595 Bay St., Suite 900, Box 81
 Toronto, ON, Canada M5G 2E3
 (416) 597-0008 (TEL)
 (416) 597-2313 (FAX)

Developing Enablers for Collaboration among the Colleges

9. What changes to the *RHPA*, the health profession acts or their regulations are needed to encourage, require, facilitate and enable collaboration among the Colleges?

In order to facilitate and enable collaboration among the Colleges, the RHPA needs to define more specifically, the professions that will be permitted to provide services listed under the Controlled Acts of the RHPA Statute. In addition, the prescribing of Traditional Chinese Herbs by a qualified Traditional Chinese Medical Doctor should be added to the Controlled Acts list. Under the list of Controlled Acts, there should be specific mention of which professions are permitted to insert an acupuncture needle below the surface of the dermis.

10. What changes to other Acts or regulations are needed to encourage, require, facilitate and enable collaboration among the Colleges?

In order to ensure collaboration among Colleges, the Act must minimize barriers to cooperation and also support inter-professional care. Colleges should be required to collaborate, rather than just be given the option to collaborate if they wish. Unfortunately, the only way to ensure that collaboration will occur is to make inter-professional collaboration mandatory. By ensuring that collaboration exists, a patient centered atmosphere will be created and respect among professions will deepen, this can only serve to increase inter-professional care and therefore, better care for patients.

11. What collaborative policy or program initiatives are needed to ensure support is provided to new Colleges as they are being established?

A program that would provide support to newly created Colleges should be developed. An information center with news of new Colleges, new regulations and other pertinent information should be maintained. The sharing of information between Colleges via an information center or website would serve to educate each College about new Colleges and would also maintain a high degree of inter-professional knowledge.

12. Are there administrative responsibilities within Colleges that could be shared with related Colleges? What barriers exist to shared administration services?

The sharing of administrative responsibilities between Colleges is inadvisable. If Colleges are to maintain a high degree of confidentiality, and professionalism, separate administrative responsibilities and facilities are required.

Structural Mechanisms

13. Should Ontario introduce a common framework, consisting of common structures and processes, for all regulated health professions to address complaints, investigations or disciplinary matters arising in an inter-professional care setting?

Yes.

14. If so, what should and should not be included in the common framework?

The common framework should include, but not be limited to a complaints department, an ethics committee, a disciplinary body and a regulatory body, which would create and dispense guides, protocol and procedures, common forms and processes.

15. If not, should the *RHPA*, nonetheless, be amended to give individual Colleges greater flexibility to deal with complaints, investigations and discipline arising in an inter-professional care setting within their own already-established structures?

N/A

16. If so, what should and should not be addressed in the amendment? For example, should the *RHPA* be amended to enable Colleges to establish joint committees to deal with complaints, investigations and discipline in respect of issues arising in an inter-professional care setting?

The common framework should be addressed as an amendment to the statute. The RHPA should enable Colleges to establish joint committees to deal with complaints, investigations, and discipline in respect of issues arising in an inter-professional care setting.

17. Considering reforms in other jurisdictions, what would be the merits of a single complaints model in Ontario? How should such a model be funded?

A single complaints model will enhance efficiency; however, the complaint board would need to have a very wide and diverse knowledge base of all professions. It would be advisable for the complaints board to elect a professional representative from each college to call forward as an expert in their field if a complaint was lodged against their College. Each College would work individually with the complaints board regarding complaints towards their own profession. In this way, the legal and political responsibility of complaints would rest with the complaint board, but the College expert would be called forward to work with the board cooperatively to ensure that their profession and its methods are properly represented and understood. The model should be funded through the government.

18. Would the authority to conduct joint investigations following complaints or reports relating to professionals who work in a multidisciplinary setting or practice provide more efficient investigations of such cases?

Many of the professions will be multidisciplinary, for example, a chiropractor who is also an adjunct acupuncturist. In order for investigations to be thorough and correct, a multidisciplinary approach must be utilized. The collaboration and sharing of information and knowledge between professionals, especially those performing many of the same Control Acts, is pertinent to patient safety.

19. Should Colleges have further authority to collaborate in the disposition of complaints and reports relating to professionals in a multidisciplinary setting or practice?

Colleges should have enough authority to fully collaborate in the disposition of complaints and reports relating to professionals in a multidisciplinary setting or practice.

20. Could such authority contribute to patient safety in inter-professional care?

Yes.

21. Is legislative change required to accomplish these goals?

Yes, legislative change is required.

22. Would a joint quality assurance program among relevant Colleges enable the Colleges to develop common standards of practice or professional practice guidelines where the same or similar Controlled Acts are shared?

A joint quality assurance program among relevant Colleges will enable the Colleges to develop common standards of practice and guidelines when similar Controlled Acts are shared. However, these Controlled Acts must be specifically and very clearly defined.

23. Would a joint quality assurance program among Colleges whose members have similar scopes of practice, share the same or similar Controlled Acts, or provide closely related services often involving the same areas of the body, provide opportunities for enhanced continuing competence and exposure to best practices? If yes, how should program standards be jointly set and measured?

Yes, a joint quality assurance program among Colleges whose members have similar scopes of practice, share the same or similar Controlled Acts, or provide closely related services often involving the same areas of the body, provides opportunities for enhanced continuing competence and exposure to best practices. One suggestion would be to develop an Education and Examination committee to re-evaluate standards often, ensuring that all practitioners are practising the most current standards.

24. Is legislative change required to accomplish these goals?

Yes.

25. Should an independent arm's-length organization facilitate and support collaboration among the Colleges, particularly with a view to the development of common standards of practice and professional practice guidelines?

Yes, as mentioned above in number 23.

26. If so, what should its specific mandate include or not include? For example: • Educate the Colleges, professions and the public on the regulatory model, the health professions and everyone's role within the regulatory system; • Create common resource repositories (e.g., a data warehouse to track regulatory indicators, such as the level and nature of quality assurance activities, complaints and disciplinary actions and the cost of regulation); • Research and develop standards of practice and professional practice guidelines, and disseminate best practices; • Resolve disagreements among professions that share overlapping scopes of practice and the same or similar Controlled Acts; • Address issues arising from conflicting legislation, and • Have an oversight function over regulatory bodies, as in the United Kingdom.

Specific mandates should include all items listed above in question 26.

27. Are there any existing bodies that could take on responsibilities in this area? If so, what are they?

Voluntary associations such as WFAS and CMAAC and its many Chapters, have been working collaboratively for over 25 years, and could possibly become responsible, if provided with the

resources to do so. The WFAS is officially recognized by WHO as an international professional body in the field of Chinese Medicine and Acupuncture.

28. If not, should a new and independent oversight body be formed? If so, how should it be funded?

N/A

29. Should the Minister direct the Colleges, using his existing powers under the *RHPA*, to engage in specific collaborative initiatives (e.g., to develop instruments to support inter-professional care)? Why or why not?

Inter-professional care is an important element of quality health care and in order to be successful and to serve the general Canadian, in terms of safety and quality of services it must be supported by the Minister and the through the RHPA.

30. If so, should the Minister provide financial or other incentives to the Colleges to undertake these activities?

If these activities are mandated, the government should provide financial resources to the Colleges in order to undertake the activities.

31. Should the Colleges be required to report to the Minister and/or the public on their collaborative activities on a regular basis? Why or why not?

Yes, to maintain transparency and support public relations.

32. Should minimum guidelines, standards and policies concerning matters such as conflict of interest, advertising, record keeping and the consent process be consistent across all Colleges? If yes, what guidelines, standards and policies could effectively be applied to all regulated health professions? If not, why not?

Yes, minimum guidelines, standards and policies concerning matters such as conflict of interest, advertising, record keeping and the consent process should be consistent across all Colleges. A predetermined minimum guideline, standard and policy should be designed and implemented by a team of specialists from each professional college and applied to all regulated health professions.

33. What kinds of structures and processes could facilitate collaboration among Colleges to address issues related to standards of practice and professional practice guidelines for those professions that deal with closely related activities (e.g. dental hygiene, dental technology, dentistry and denturism; or opticianry, optometry and ophthalmology)? (For example, joint colleges, collaborative Councils or independent bodies such as the Council for Healthcare Regulatory Excellence in the UK.)

Professions that specialize in a similar health concern or area of the body and that perform all or most of the same Controlled Acts could exist as separate Departments under one College.

34. Would the development of a *Collaboration Toolkit*, containing some or all of the elements suggested above, serve to facilitate and support collaboration among the Colleges?

Yes.

35. If so, what should be included in a *Collaboration Toolkit* and who should be responsible for developing it?

A special committee comprised of several members of all Colleges and representatives from Health Canada would be responsible for developing the *Collaboration Toolkit*.

College Autonomy, Authority and Accountability

36. Should the standards of practice and professional practice guidelines that the Colleges adopt be legally enforceable? Why or why not?

The standards of practice and professional practice guidelines adopted by the Colleges should certainly be legally enforceable. If they were not legally enforceable, there would be no point in establishing inter-professional care.

37. If so, should the Colleges be given statutory rule-making powers (as in New Brunswick) allowing them to enforce the standards of practice and professional practice guidelines that they adopt? Why or why not?

Yes, the Colleges should be given statutory rule-making powers so that there will be a specific set of qualifications to be able to practice, a standard, so that the scope of practice is very clear.

38. What kinds of enforceable rules should the Colleges be able to make without needing Ministerial or legislative approval?

Beyond the idea that the rules established by one College should only affect the practitioners belonging, I feel that this question is too broad to be properly answered.

39. What accountability must accompany any rule-making authority? Inter-professional Care at the Clinical Level

There must be a high degree of accountability accompanying any rule-making authority. This must be a formal process.

Inter-professional Care at the Clinic Level

40. How will greater collaboration among the Colleges serve to enhance Inter-professional care at the clinical level?

Greater collaboration among the Colleges will enhance inter-professional care at the clinical level, as it will be easier to refer patients to other practitioners, there will be more resources and services available to patients, and professionals will have better knowledge of all healthcare types. A greater understanding of other professions will open minds, which will in turn give more options to the patients, meaning a better healthcare system for all Canadians.

41. Are any changes to the *RHPA*, the health profession acts or their regulations needed to encourage, require, facilitate and enable inter-professional care at the clinical level? If so, what are they?

My suggestion would be to create legal requirements by using *positive incentives*. Practitioners may not cooperate or work at establishing inter-professional care if there is no benefit for themselves or their patients.

42. Should Ontario law have a requirement similar to the one in New Zealand?

Yes, Ontario law should have a requirement similar to that of New Zealand.

43. If so, what should the requirement look like and should there be consequences for a failure to meet the requirement?

The requirement here in Ontario should include a positive legal requirement, as is in New Zealand. There should certainly be consequences for a failure to meet any requirements.