

Defining Interprofessional 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?*
 - Collaborate with the Health Professionals Advisory Committees (HPAC) of each of the 14 Local Health Integration Networks (LHINS) to support the interprofessional collaboration agenda.
 - Work with each of the LHINS to align with their strategic clinical priorities.
 - Focus on targeting smaller groups (14 LHINS) versus the province as a whole to demonstrate quick wins.
 - Work with colleges and universities to influence changes to the various professional curriculum syllabi to include a focused element of interprofessional collaboration/working relationships.

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?)*
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?*
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?*
 - Scope of practice needs to be reviewed in the context of current and future HR strategies with respect to current capacity requirements/shortages e.g., RPN vs. RN vs. NP.
 - The perception of the public that physicians are the single point of contact into the health care system.
 - Lack of knowledge regarding other health care disciplines/professions and their capabilities.
 - Respect for other health practitioners and their area of expertise (e.g., Family Physicians have a very specific knowledge vs. Registered Nurses vs. Naturopaths).
 - Professional Associations and Colleges to foster and encourage interdisciplinary training (e.g., continuing education opportunities for members from other colleges).
 - Enhancing continuing education requirements to include mandatory professional collaboration credits.

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?*
 - No common language/nomenclature (e.g., the word “treatment” is used to define the same thing across all disciplines).
 - No shared meaning to definitions (e.g., “collaboration”).
6. *Do you have evidence from your experience that liability issues are a barrier to interprofessional care?*
 - Yes
 - Physicians and Nurse Practitioners
7. *Should all regulated health professionals be required to hold minimum professional liability insurance coverage?*
 - Yes
8. *If so, what would be the minimum expected terms and conditions for that insurance coverage?*

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?*
10. *What changes to other Acts or regulations are needed to encourage, require, facilitate and enable collaboration among the Colleges?*
11. *What collaborative policy or program initiatives are needed to ensure support is provided to new Colleges as they are being established?*
 - Look to work with Healthforce Ontario and the MOHLTC who are in the process of implementing a Blueprint for Intra-professional Education and Care
12. *Are there administrative responsibilities within Colleges that could be shared with related Colleges? What barriers exist to shared administration services?*
 - Centralized coordinated continuing education function focusing on cross-disciplinary education opportunities.
 - Centralized complaints process for patients.
 - Centralized function for conducting investigations resulting from disciplinary and patient-driven complaints.
 - Integrated focus on the development of standards of practice and professional practice guidelines.

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 interprofessional care setting?*
- Yes, as noted in Question 12.
 - Ensure that it is communicated properly to all regulated health professionals.
14. *If so, what should and should not be included in the common framework?*
- Should be a centralized site for all complaints, investigations and discipline so that there is a standardized process.
 - Defined process for submitting, investigating and acting (disciplining) on the complaints.
 - Common terminology and definitions.
 - Common means for communicating results.
 - Defined time frame for communicating back to professionals and the public.
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 interprofessional care setting within their own already-established structures?*
16. *If so, what should and should not be addressed in an amendment to the statute? For example, should the RHPA be amended to enable Colleges to establish joint committees to deal with complains, investigations and discipline in respect to issues arising in an interprofessional 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?*
- Ensure that it is user-friendly and simple for the public to find.
 - Ensure that it is accessible to the public and health care providers.
 - Should be funded jointly by the Ministry of Health and Long-Term Care and the Professional Colleges.
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?*
- Yes, it would foster consistency in the investigative process.
 - It would provide a certain standard of quality.
 - Provide an open and transparent process.
 - Would demonstrate accountability.

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

- Yes

20. *Could such authority contribute to patient safety in interprofessional care?*

- Yes

21. *Is legislative change required to accomplish these goals?*

- Yes
- Public Hospitals Act

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?*

- Yes

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
- Program standards should be developed by the centralized body in collaboration with the Colleges and a representative group of its members.
- Performance measurement should be conducted by a Centralized Advisory Council (e.g., Ontario Health Quality Council).

24. *Is legislative change required to accomplish these goals?*

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

- Yes but with resources from the Colleges

26. *If so, what should its specific mandate include or not include?*

- Should involve:
 - a. the development of common standards of practice and professional practice guidelines; and
 - b. provide advice to changes required to the curriculum in the Colleges to foster collaboration and integration.

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

28. *If not, should a new and independent oversight body be formed? If so, how should it be funded?*
- Yes.
 - Should be funded jointly by the Ministry of Health and Long-Term Care and the Professional Colleges.
29. *Should the Minister direct the Colleges, using his existing powers under the RHPA, to engage specific collaborative initiatives? Why or why not?*
- Yes
30. *If so, should the Minister provide financial or other incentives to the Colleges to undertake these activities?*
- Yes
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, they should report to the public (e.g. Ontario Health Quality Council) to demonstrate progress/samples of best practice
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 professions? If not, why not?*
- Yes
 - Standards of practice and professional guidelines could be effectively applied to all regulated 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?*
- Work with the 14 LHINS and their HPACs.
 - Offer cross-disciplinary continuing education opportunities within the LHINS.
34. *Would the development of a Collaborative 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?*
- Definition of collaboration – what it is and what it isn't
 - Complaints/discipline process

- Proposed council/oversight body working with the colleges.
36. *Should the standards of practice and professional practice guidelines that the Colleges adopt be legally enforceable? Why or why not?*
- Yes, when a patient's well-being, health or life is in question.
37. *If so, should the Colleges be given statutory rule-making powers allowing them to enforce the standards of practice and professional practice guidelines that they adopt? Why or why not?*
38. *What kinds of enforceable rules should the Colleges be able to make without needing Ministerial or legislative approval?*
- Standards of practice.
 - Professional practice guidelines
 - Professional code of conduct and associated disciplinary measures.
 - Any other areas that do not cross interdisciplinary boundaries.
 - Any other areas that will not hinder other disciplines from collaborating with them because of a conflict with their own colleges regulations
39. *What accountability must accompany any rule-making authority?*
- Publicly open and transparent

Interprofessional Care at the Clinical Level

40. *How will greater collaboration among the Colleges serve to enhance interprofessional care at the clinical level?*
- Provide a better understanding of treatment plans and options and appreciation for varying cultures
 - Be time-sensitive to delivery of care
 - Engage allied health professionals earlier in the development of treatment and rehabilitation plans.
 - Better development of care plans
 - Foster a team-based approach to delivery of care plan
41. *Are there any changes to the RHPA, the health profession acts or their regulations needed to encourage, require, facilitate and enable interprofessional care at the clinical level? If so, what are they?*
42. *Should Ontario law have a requirement similar to the one in New Zealand?*
- Yes
43. *If so, what should the requirement look like and should there be consequences for a failure to meet the requirement?*
- Leverage the clause from New Zealand.
 - Yes, there should be consequences for a failure to meet the requirement.