

HPRAC Submission Details:

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Annie Schiefer, Project Manager
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
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Dear Ms. Schiefer:

Thank you for the opportunity to review the HPRAC Consultation Discussion Guide, dated February 2008. The document is very comprehensive, stimulating and thought-provoking. It is a pleasure to review the document knowing that in Ontario we are moving forward with interprofessional collaboration amongst our Regulatory Colleges.

Below please find my responses to the questions listed in the document.

Regards,

Marcy Saxe-Braithwaite
Vice President Programs & CNO
Providence Care

- 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?**

The HPRAC document addresses the essential elements for interprofessional care. I would suggest adding in an item related to patient and system outcomes, such as a performance metric.

- 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?**

Existing scopes of practice do restrict and prevent collaboration amongst the Colleges. Learning needs to start during University education.

- 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?**

The only barriers I am aware of begin with University education. Interprofessional collaboration needs to be part of the curriculum.

- 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?**

The only barriers I am aware of begin with University education. Interprofessional collaboration needs to be part of the curriculum.

- 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?**

I would suggest that the Colleges all link to each other on their Web Sites and encourage critical review of each other and scope of practice.

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

I do not have evidence that liability issues are a barrier to interprofessional care.

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

I do agree that all health professionals hold professional liability insurance.

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

I would suggest 5 million dollars.

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?**
The RHPA should have a comment made on the importance and value of interprofessional education and collaboration.
10. **What changes to other Acts or regulations are needed to encourage, require, facilitate and enable collaboration among the Colleges?**
Amendments to “Acts” to include interprofessional collaboration.
11. **What collaborative policy or program initiatives are needed to ensure support is provided to new Colleges as they are being established?**
Students need to have an opportunity to shadow other disciplines in their clinical realm to learn and appreciate other disciplines scope of practice.
12. **Are there administrative responsibilities within Colleges that could be shared with related Colleges? What barriers exist to shared administration services?**
Not aware of administrative barriers.
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?**
I do believe that Ontario should introduce a common framework for all regulated health professions to address complaints, investigations and disciplinary matters.
14. **If so, what should and should not be included in the common framework?**
The framework should include a common template that utilizes a section to describe the complaint, and a process for investigating the complaints through a root cause analysis process.
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?**
N/A
16. **If so, what should and should not be addressed in an amendment to the statute?**
I do believe joint committees would be feasible to deal with the complaints, investigations and discipline. Good documentation would be required.

- 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?**
Funding such a model would need to be paid for through one's professional College dues.
- 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?**
I do believe such investigations, interprofessional in nature, would benefit to the different disciplines.
- 19. Should Colleges have further authority to collaborate in the disposition of complaints and reports relating to professionals in a multidisciplinary setting or practice?**
The Colleges do need to maintain some autonomy over their members' disciplinary actions.
- 20. Could such authority contribute to patient safety in interprofessional care?**
Such authority for professional Colleges could align with the Patient Safety Agenda for Interprofessional Care.
- 21. Is legislative change required to accomplish these goals?**
Not sure if legislative change is required at this point in time.
- 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 amongst the Colleges would enable the Colleges to develop common standards of practice.
- 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?**
In order to have a joint quality assurance program all of the Regulated Colleges would need to meet to align and set criteria that are reflective of each College's core competencies and quality indicators.
- 24. Is legislative change required to accomplish these goals?**
Not sure if legislative change is 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 the development of common standards of practice and professional practice guidelines?**

I would agree that an independent arm's length organization should facilitate and support collaboration amongst the Colleges with a view to the development of common standards of practice and professional practice guidelines.

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

I agree with all of the items listed in question 26, plus the following: Educate the disciplines on similarities and dissimilar items of one's scope of practice. Have linkages to each different Regulatory College on the Internet.

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

A neutral body would need to take this on which may need to be called The Health Professions Regulatory College (HPRC) and have all Regulatory Colleges to have a matrix reporting relationship.

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

A neutral body would need to take this on which may need to be called The Health Professions Regulatory College (HPRC) and have all Regulatory Colleges to have a matrix reporting relationship.

- 29. Should the Minister direct the Colleges, using his existing powers under the RHPA, to engage in specific collaborative initiatives? Why or why not?**

I think that the Colleges could voluntarily choose to work together without being provided a direction from the Minister of Health.

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

Some incentives, such as life-long learning experiences assist with Colleges coming to partake in interprofessional collaboration.

- 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?**

The Colleges should be held accountable to the public with a copy of the report to the regulatory body for information.

- 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?**

I really believe that there should be consistency amongst the Regulatory College with respect to minimum guidelines, standards, policies, record keeping and conflict of interest policy. I would suggest that representatives from the different Colleges meet to review and align their organization's policies.

- 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?**

I would suggest grouping of like disciplines to begin the process such as dental hygiene with dental technology as suggested in the document.

- 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?**

Toolkits are very helpful for organizations to adhere to standardized processes and provide consistency of messaging.

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

Each College should submit required information for a toolkit and a coordinator be hired to put together the development of a toolkit for all Regulatory Colleges.

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

I would not suggest having the standards of practice and professional practice guidelines enforceable as that delivers more of a punitive message.

- 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?**

No, they should not, too threatening.

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

The enforceable rules should be related to 'licensure' of the regulatory professional.

- 39. What accountability must accompany any rule-making authority?**
Accountability to the public and the Regulatory College is essential.
- 40. How will greater collaboration among the Colleges serve to enhance interprofessional care at the clinical level?**
Increased and enhanced collaboration amongst the disciplines will enhance an appreciation of other's scope of practice and regulatory requirements. Greater appreciation amongst colleagues leads to increased levels of trust, enhanced job satisfaction and ultimately improved quality of patient centered care delivered.
- 41. Are 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?**
Not sure what changes will be required until the other work identified in this document is in place.
- 42. Should Ontario law have a requirement similar to the one in New Zealand?**
I would support a law similar to that in New Zealand to address health care providers working and communication collaboratively with one another.
- 43. If so, what should the requirement look like and should there be consequences for a failure to meet the requirement?**
I would like to see the model adopted in New Zealand before answering the question.

Respectfully Submitted,

Marcy Saxe-Braithwaite
Vice President Programs & CNO
Providence Care

cc: Mr. Dale Kenney, CEO