



CANADIAN MEMORIAL CHIROPRACTIC COLLEGE

6100 Leslie Street Toronto Ontario M2H 3J1 • Telephone 416-482-2340 • Fax 416-482-5181 • www.cmcc.ca

Executive Offices

April 15, 2008

Ms. Annie Schiefer, Project Manager
Health Professions Regulatory Advisory Council (HPRAC)
55 St. Clair Avenue West
Suite 806, Box 18
Toronto, ON M4Y 2Y7

Dear Ms. Schiefer:

RE: Response to Discussion Guide on Interprofessional Collaboration

The Canadian Memorial Chiropractic College (CMCC) is pleased to provide comments on HPRAC's Discussion Guide on Interprofessional Collaboration regarding recommended mechanisms to facilitate and support interprofessional collaboration among regulatory health Colleges.

CMCC is a private, not-for-profit, degree-granting, academic institution that has been providing post-secondary professional education to the majority of Canadian chiropractors since 1945. CMCC is a leader in chiropractic education and health research, and provides excellence in clinical care in multi-disciplinary environments. CMCC is committed to participate and contribute to discussions on relevant matters of legislation that may impact our degree program and graduates, in particular the *Regulated Health Professions Act, 1991 (RHPA)*.

The following comments are based on the specific themes and questions outlined in the Guide.

1. Eliminating the Barriers to Collaboration Among the Colleges

The RHPA is the framework through which regulated health professionals are granted the right to perform Controlled Acts. The legislation is silent on minimum educational requirements that must be met before any regulated health professional may perform a Controlled Act. A minimum standard of education must be set for all professionals in practicing interprofessional care. This standard should include consistent curriculum, based on core competencies and standardized learning outcomes. The standards should ensure adequacy of resources including faculty, facilities, access to practical training, and relevant curriculum content. The accreditation standards should require that the educational requirements for interprofessional care meet the current body of knowledge. Standards should also be based on peer-reviewed literature considered acceptable to the scientific community.

Currently, the RHPA places barriers for regulated health professions to practice comprehensive care delivered within their scope of practice. For example, the *Chiropractic Act* authorizes chiropractors to communicate a diagnosis yet limits their access to diagnostic tests as tools in this process. The chiropractic profession has made previous comments about the limitations that the RHPA placed on chiropractors, as primary health care professionals, regarding access to laboratory tests and other diagnostic tools. This is one example of a barrier to facilitating collaborative care. In fact, access to these diagnostic tools, especially within an interprofessional environment, enhances the ability for all health care providers, including chiropractors, to make effective and efficient clinical decisions while ensuring patient safety.

Regulatory bodies, academic institutions, and health professional associations need to work together to advance the concepts and processes related to interprofessional collaboration. Interprofessional collaboration allows cultural differences among health disciplines to be acknowledged. This will help to improve communication and inform a common framework from which the benefits of collaborative care can be advanced. Implementation of interprofessional care should not fall to any one individual, group or patients. We are all responsible for the planning and implementation of effective strategies that will facilitate interprofessional care at the education and practice levels.

The health professions regulatory environment should be structured to encourage and support innovative ways to improve the delivery and outcomes of health care in Ontario through interprofessional care. CMCC is of the view that legislation should be amended to:

- allow flexibility for health professions to practice in multidisciplinary settings;
- explore opportunities to facilitate interprofessional education that will further expose health caregivers to the concepts and benefits of collaboration; and
- allow Colleges, health professional associations, and academic institutions to work closely to ensure that all their members understand the benefits of collaborative practice to enhance patient-centred care.

2. Developing Enablers for Collaboration among the Colleges

We fully support the proposed changes under Bill 171, *Health System Improvement Act*, that require Regulatory Colleges to promote interprofessional care and collaboration. In moving forward towards the implementation of interprofessional care, there needs to be a foundation on which educators, regulators, and health care professionals (or health caregivers) can work to provide the support needed to educate, teach, and practice interprofessional care. This requires consensus on the knowledge, skills, competencies, and attitudes required to practice interprofessional care. Competencies and practice standards within all providers' scope of practice should be flexible enough to reflect the knowledge, values, and attitudes of all health professions in the provision of health care delivery.¹

Colleges, new and old, can advance collaboration principles by sharing best practices either in joint sessions or by developing mentoring programs. The mentoring program

¹ Canadian Medical Association, Canadian Nurses Association, Canadian Pharmacists Association. Joint Position Statement: Scopes of Practice. April 2003.

can partner a new College with a more experienced one to facilitate the adoption and the advancement of the effective frameworks related to interprofessional collaboration.

Education is the cornerstone for interprofessional care. Education is also an enabler for collaboration among the Colleges. There are a number of health care providers who not only practice health care delivery but also teach collaborative care, conduct research, and work in multi-disciplinary health teams within communities. Innovative health care delivery programs have been recognized as a leading edge strategy to achieve optimal patient care through education. All health care providers must possess the knowledge, skills, and competencies in order for them to function within interprofessional care teams.²

Functioning within a multi-disciplinary/collaborative environment requires adoption and development of new skills. Patient health and well-being can be enhanced and expedited by utilizing, in combination or separately, the different skills and methods of treatment brought forward by various health disciplines. To achieve effectiveness in the implementation of interprofessional care, it is essential that all health professionals have equivalent training and education in standard competencies affecting practice in collaborative environments.

Regulators, legislators, and educators can work collaboratively in exploring opportunities within existing legislation, not only in RHPA but within all relevant legislation (e.g. *Community Care Access Corporations Act* and the *Local Health System Integration Act*) that can facilitate interprofessional care. Consideration should be given to developing an interprofessional care legislative framework that would link the RHPA with other legislative frameworks in order to facilitate interprofessional care.

3. Quality Assurance

As there is significant variation in the quality of education and assurance programs, it will be very difficult for any College to successfully regulate a profession without having clearly articulated educational standards and a recognized accreditation process. There is a need to create new interprofessional care programs within existing regulatory models where opportunities in quality assurance, interprofessional education, and support for interprofessional practice can be carried out.

CMCC supports the role of RHPA Colleges in developing and delivering quality assurance programs. However, the primary goal of the Colleges is the governance of the professions in the best interests of the public. It is important to ensure that checks and balances are put in place to ensure that programs developed by the Colleges are professionally appropriate. Institutions, such as CMCC, have the knowledge, research, and expertise in training health care professionals in collaborative environments. These institutions should be consulted when developing quality assurance program curricula in RHPA Colleges. CMCC recommends that an interprofessional care accreditation process, that includes quality assurance, be put into place. Further, CMCC recommends that academic institutions contribute to the development, implementation, and assessment of quality assurance programs for interprofessional education and interprofessional care.

² Canadian Health Services Research Foundation. *Teamwork in Healthcare: Promoting Effective Teamwork in Healthcare in Canada*. June 2006

4. Standards of Practice and Professional Practice Guidelines

Regulations should set out clear expectations and guidelines for measuring continued competency for a regulated health profession to ensure public safety. These regulations should set out consistent minimum educational requirements, based on evidence and best practices, to support professionals practicing in an interprofessional environment.

Currently, within the RHPA, there is overlap between those health professions eligible to perform certain Controlled Acts. A good example is spinal manipulation. Certain professions are granted authority to perform the Controlled Act of moving of the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust. While several health professions have access to this Act, there is no consistency in the standards of education in the various professions allowed to perform this act.

CMCC recommends that in order to ensure consistency among the regulatory Colleges as well as emerging professions, it is important that ongoing education of health care practitioners be required. The RHPA should be more specific and proactive in its directives regarding standards for ensuring continuing competence and skills related to the utilization of existing and new Controlled Acts associated with interprofessional care. Specifically, appropriate training and education standards should be developed for all health care professionals who may perform such Controlled Acts to ensure that individuals performing these Acts are fully competent and qualified.

CMCC supports the standardization of education and training programs that assure the quality and competencies required for Controlled Acts. As with the current RHPA, there should be standard templates for all regulated health professions to practice interprofessional patient-centred care. Standards of education and interprofessional care competencies should be associated with a Controlled Act.

5. Role of Colleges in Promoting Interprofessional Care at the Clinical Level

The relationship between education and the profession is critical, yet it is overlooked in regulation at the clinical level. Currently there is a lack of uniformity in academic programs that results in significant variability between clinical education programs among all health disciplines. As a result, the provision of interprofessional care may not be well understood. Minimum standards of clinical competency for graduates of recognized programs, including a quantifiable minimum targets for quality patient interactions, should be established.

CMCC is involved in research and education initiatives that promote interprofessional education for collaborative practice. CMCC faculty participate in interprofessional education programs at the academic and practice levels. CMCC's teaching clinics provide a quality clinical education and research environment for our students, while also providing chiropractic health services in the community. In these clinics, CMCC faculty and student interns co-operate with other health professionals including physicians, nurses, naturopaths, physiotherapists, acupuncturists, traditional native healers, and social workers in order to provide comprehensive health care programs and services to

members in the community. This collaboration helps both students and faculty gain an in-depth understanding of the philosophies and practices of other health care disciplines as applied in the clinical context.

CMCC believes that regulators and educators need to work side-by-side to communicate how interprofessional education and the competencies that are associated with its application relate to health caregivers' everyday practice. This collaborative approach also helps to determine which interprofessional care educational programs can be developed to ensure that all regulated professions can attain and maintain interprofessional care competencies. CMCC further believes that all regulatory Colleges would benefit from the input of educators on their Boards. Besides general input into the Board's decision-making, they would bring the additional benefits of being able to advise on the most recent research related to and impacting quality of care, and the application of new knowledge related to interprofessional care and interprofessional education.

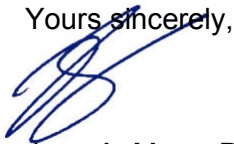
Summary

Education plays a critical role in how the future health care workforce is trained to effectively work in team-based environments to deliver quality patient-centred care.

In order to facilitate and implement interprofessional collaboration (and care), emphasis should be placed on ensuring all regulated professions are equipped with the knowledge, skills, competencies, and training to practice interprofessional care within their scope of practice. Mechanisms are needed to require that all professions, pre-licensure, post-licensure and continuing education, possess the ability and knowledge to practice interprofessional care regardless of the health care setting. In this regard, both educators and regulators need to work collaboratively to develop specific mechanisms such as interprofessional care curriculum and educational guidelines for standard of interprofessional practice that can be applied to all health disciplines in their practice settings.

We greatly appreciate this opportunity to provide comments.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'J. A. Moss', is written over the typed name.

Jean A. Moss, D.C., M.B.A.
President