



April 16, 2018

Annie Schiefer, Project Manager
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
Suite 806, Box 18
Toronto, Ontario

Dear Ms. Schiefer:

Thank you for the opportunity to respond to the *Discussion Guide on Issues Related to the Ministerial Referral on Inter collaboration among Health Colleges and Professionals*.

At Bridgepoint Health, we strive to provide interprofessional care to our patients and interprofessional education to our students. We hope our feedback is useful to you in your submission to the MOHLTC and we look forward to advances in interprofessional collaboration at every level, from the policy makers to front line clinicians.

We would like to offer our assistance with any further consultation required on this issue and we wish you good luck.

Sincerely,

Jane Merkley,
Chief of Professional Affairs and Chief Nurse Executive

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cc: Dr. Heather Gilley, VP Medical Affairs
Elizabeth Hanna, Interprofessional Education Specialist
Allison Amott, Director of Professional Practice, Health Disciplines



Response to Questions in HPRAC Discussion Guide

Electronic submissions can be made to: HPRACSubmissions@ontario.ca

Submission Details:

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Defining Interprofessional Collaboration

HPRAC has developed the following statement to convey its interpretation of what the Minister's question portends. Our view is that any initiatives should be directed to finding ways to:

Assist health regulatory colleges and their members to work collaboratively, rather than competitively, and to learn from and about each other through a process of mutual respect and shared knowledge to:

- Improve patient care and facilitate better results for patients;
- Protect the public interest; and ensure the highest standards of professional conduct and patient safety;
- Regulate the health professions in a manner that maximizes collective resources effectively and efficiently, while protecting the public interest;
- Optimize the skills and competencies of diverse health care professionals to enhance access to high quality and safe services;
- Ensure access to high quality and safe services no matter which health profession is responsible for delivering care or treatment, and
- Enhance scopes of practice to ensure that all regulated health professionals work to their maximum competence and capability.

1. Please comment on the above statement that HPRAC has used to define collaboration among the Colleges. Are there elements that should be added or removed? If so, what are they?

Increased collaboration between the professional Colleges is a laudable goal and in addition to the worthy objectives mentioned above there are two further areas of great potential benefit:

- 1) **Education:** Interprofessional collaboration is best seeded in a pre-licensure context. Through adoption of a collaborative model of working together the Colleges will be better able to assist the academic institutions in the development of integrated and more cost-effective ways of encouraging IPE at the pre-licensure level.
- 2) **Research:** Greater integration of the professional Colleges will clearly enhance opportunities information sharing and at a deeper level, assist in the fostering clinically valuable research. It was also noted in the discussion guide that research supporting the benefit of IP education and IP care is “thin”. Colleges should collaborate to encourage evidence based research in this area.

Eliminating the Barriers to Collaboration among the Colleges (#1- 8)

Professional culture and simple habit may provide the greatest barriers to deepening collaboration. Further barriers are the lack of hard evidence substantiating liability issues and strong anecdotal perception that such issues exist. Policy and systems issues may exist on some level. While consideration must be given to ensure that essential differences are maintained, these should not provide an insurmountable barrier to collaboration; indeed better knowledge amongst the Colleges of the perceived system and policy issues will be part of the collaborative process itself.

Leadership in this process in this process will likely be team based, with representatives from each of the Colleges. Collaborative processes will likely be most easily established in areas where there is already considerable or almost complete overlap.

Developing Enablers for Collaboration among the Colleges (#9-12)

The first important steps of collaboration will be focused simply on a commitment to the process and the end goals. No change in legislation is required for that. We agree that where appropriate, mechanisms should be built into the legislative framework to enable regulators of various health professions to work together to build effective collaborative arrangements within and across the health care continuum. Changes to RHPA and other Acts or regulations may need to be made in the future. These changes should arise out of the collaborative work of a team with representatives from all the Professional Colleges who are charged with guiding the journey towards greater integration.

It is hoped that administrative responsibilities in common areas could be shared at a future dates to permit greater efficiencies in time and cost to the Colleges' membership and the public they serves.

Structural Mechanisms

Complaints, Investigation, Discipline #13-21

We agree that a common framework, consisting of common structures and processes for all health regulated health professions to address complaints, investigations or disciplinary matters arising in an interprofessional setting may serve the public in a clearer and more efficient manner. It is hoped the team guiding the process towards greater collaboration amongst the Colleges would be able to learn from the examples of Victoria, Australia, New Zealand, Denmark, Nebraska, Virginia and Washington to best learn how such an initiative might be structured and funded. It would seem reasonable to begin discussion in this area around matters where there is a clear overlap, such as regulations around record keeping and reporting of diseases.

It is hoped that increased authority to conduct joint investigations following complaints or reports relating to professionals who work in a multidisciplinary setting would lead to more efficient investigations, but would also increase awareness of other regulated health professionals around such processes, adding to their transparency. Increase authority of colleges to jointly investigate complaints must also involve an increased focus on systems improvement following adverse events. Legislative changes should acknowledge the current focus on holding individual health professionals accountable for adverse events. The aforementioned fear of liability issues, causing barriers to interprofessional collaboration can be eased with change in legislation.

Quality Assurance: # 22-24

We would encourage a joint QA program and encourage colleges to look for advice and guidance from other jurisdictions having adopted this practice.

Standards of Practice and Professional Practice Guidelines # 25-33

Although a coordinating body can be arguably a good idea, it should not compete for resources that could otherwise be put into interprofessional collaboration, itself. Perhaps HPRAC (or another existing body) could set standards and expectations for the first 2-3 years of increased collaboration among colleges. A separate body may be established if the collaboration effort fails to meet specified goals.

Tools and Templates #34-35

Cross-discipline interprofessional tools and templates are an extremely valuable resource for health care providers striving to plan, implement and evaluate interprofessional care in patient care settings. Tools are required to help put the processes into place, educate staff and patients, measure results, support students, etc. More firm directives are needed in terms of requirements for interprofessional practice, including interprofessional standards of practice.

College Autonomy, Authority and Accountability #36-39

This notion seems premature within the context of inter-college collaboration. Given the NB example, more information is needed about the history of the NB experience and the successes and failures of such a model, before Bridgepoint can endorse this model for Ontario. As suggested in the response to the *Standards of Practice and Professional Practice Guidelines*, perhaps an existing body can set goals and expectations of inter-college collaboration for an initial period. Augmentation of authority for colleges should be considered only after other, more immediate criteria have been assessed.

Interprofessional Care at the Clinical Level # 40-43

As stated in the discussion guide, there is little empirical evidence supporting patient outcomes results from interprofessional care. There is evidence linking patient and staff satisfaction with such a model. Firm directives and tools from college in terms of interprofessional treatment, decision making and documentation will enable health care providers to implement such practices in the patient care setting. It is anticipated that this will result in greater satisfaction with the health care experience and to greater opportunity for research supporting improved patient outcomes, as a result. This may also serve to ease the difficulties associated with an increasing HHR shortage. Again, legislative changes enforcing interprofessional collaboration should be made only after the results are known of initial steps in this area. HPRAC should set goals, evaluate results and advise the MOHLTC on increased legislation in this area.