

April 30, 2008

Ms. B. Sullivan  
Health Professions Regulatory Advisory Council  
55 St. Clair Ave West  
Suite 806, Box 18  
Toronto, ON M4V 2Y7

Dear Ms. Sullivan:

The Ontario College of Pharmacists welcomes the opportunity to provide its comments respecting the "Consultation Discussion Guide on Issues Related to the Ministerial Referral on the Interprofessional Collaboration among Health Colleges and Professions", dated February 2008. Your willingness to extend the original date for comment in order to accommodate the challenges regulatory Colleges face vetting responses through our usual, required approval channels is both acknowledged, and appreciated.

While the temptation to address each of the many questions posed in the consultation document is great, the Ontario College of Pharmacists wishes instead to focus on a few points we consider to be of key concern.

#### **Are regulators barriers to Interprofessional Care and Collaboration?**

Indeed, we have found the opposite to be true. Many examples of interprofessional care and collaboration already exist in Ontario, both between the health regulatory Colleges and amongst our health professionals at the point of care. Interprofessional care in Ontario currently relies heavily on the use of medical directives, delegation and professional judgement, all of which are permitted under the *Regulated Health Professions Act*. These important tools, which are key to enabling interprofessional care and are widely used now with much success, appear to have been given little attention or recognition in this document. Collaboration amongst the health regulators in Ontario is perhaps best profiled through the Federation of Health Regulatory Colleges of Ontario's (the Federation) recent collaboration in the development and promotion of the "authorizing mechanisms for medical directives" templates which have been embraced and are being used by many of our health care professionals in Ontario.

Through the Federation, the health regulators in Ontario have embraced interprofessional care and collaboration and have also discussed the merits and need for all health care professionals to carry personal liability insurance. A number of regulatory Colleges require mandatory liability insurance, including our College, who, effective March 2008, has made personal liability insurance a mandatory requirement for pharmacists and interns.

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The College would welcome a recommendation that focuses on means to encourage and enable interprofessional education and interaction, as experience shows that the most successful examples of interprofessional collaboration and care exist where health professionals know how to effectively build and maintain relationships and communicate with one another. Indeed, pharmacists working in such models confirm that it is knowing and trusting each other, and the knowledge, skills, ability and judgement that each player possesses, that are key factors in predicting the success of interprofessional care and collaboration.

## **Are we addressing the real issues?**

While Ontario's *Regulated Health Professions Act* (RHPA) is admired and aspired to around the world, one questions whether its "controlled acts" model, which restricts certain acts to certain professions - regardless of whether another profession may possess the competencies necessary to safely perform the same act(s) - is a model conducive to promoting or enabling interprofessional collaboration and care. Rather, the controlled acts model appears to have created professional expectations related to turf and the protection of it at all costs. Whether founded or not, the perception exists that decisions respecting scopes of practice, and, especially, "who can do what", are more often influenced by turf issues than by competency and ability. This needs to change to enable true collaboration and care by health professionals.

The Ontario College of Pharmacists would welcome a recommendation that decisions respecting "who can/should do what" with respect to controlled or authorized acts and scopes of practice, should be influenced more by those who are mandated to protect the public interest and less by those who are mandated to protect the interest, turf and remuneration models of their members. Indeed, jurisdictions experiencing the greatest success implementing true collaboration and care amongst health care professionals appear to have relied more on the expertise of regulatory bodies who, in our view, with their public interest mandates, are in a sound position to ascertain whether their members possess the knowledge, skills, and abilities necessary to safely perform certain acts.

In some jurisdictions, such as Alberta, Quebec, Australia, New Zealand and the United Kingdom, the need to increase public access to necessary health care services has been the driving force behind increased scopes of practice for health professionals who have not traditionally been permitted to perform certain acts but are deemed to possess the necessary skills, knowledge and ability to do so. Pharmacists in the province of Quebec were the first in Canada to be granted limited prescribing authority and the ability to order lab tests and adjust medication doses accordingly.

## **Are Legislative Changes really necessary?**

Interprofessional care, education and collaboration is already happening in Ontario and there are numerous examples to bear this out, both at the inter-College level and amongst the health care professionals providing front line care to the public of Ontario. Many Colleges already collaborate on joint initiatives. Indeed, the Ontario College of Pharmacists has partnered with the College of Physician and Surgeons of Ontario on several joint ventures which include, but are not limited to: methadone training programs for physicians and pharmacists; collaborating in joint investigations respecting narcotic and opiate prescribing; and on development of best practices guidelines with respect to electronic prescribing (also in collaboration with the College of Nurses of Ontario and the Royal College of Dental Surgeons of Ontario). Many other

examples of similar collaborative initiatives between health regulatory Colleges exist and we expect these to be highlighted in the submission from the Federation.

The newly proclaimed *Health Systems Improvement Act*, which will come into effect in June, 2009, includes a number of changes to the RHPA which were "sold" on the premise that they would support and facilitate interprofessional collaboration between Colleges and the professions. We would not support sweeping amendments to the RHPA when the ink is not yet dry on the newly proclaimed Act and before Colleges have had the opportunity to implement and experience the new Objects and processes contained therein.

### **In Summary**

The Ontario College of Pharmacists is a strong supporter of interprofessional collaboration and care but we are not supportive of a lengthy or costly consultation process that seeks answers to numerous questions but does not address the real issues that stand in the way of Health Professions Regulatory Advisory Council's objectives being achieved. It is important to identify and acknowledge the real issue which we believe is *turf and protection of it at all costs*. We respectfully suggest that this is the primary barrier preventing interprofessional collaboration and care from truly taking flight in Ontario.

While all professions struggle with turf and remuneration issues, some appear to go to extraordinary lengths to prevent other professions from being able to perform certain acts even though those professions may possess the necessary knowledge, skill, and ability to safely and effectively do so. If decisions relating to scopes of practice and authorized acts were influenced more by what is in the best interest of the public and less by professional advocacy groups mandated to act in the best interest of their professions, we believe that many of the supposed "barriers" would cease to exist.

Finally, the College does not believe that sweeping changes to the RHPA are warranted or necessary to enable interprofessional collaboration and care. However, as health care evolves and the number of collaborative teams increase in Ontario, there will undoubtedly be a need for greater flexibility in legislation to permit cooperation and collaboration amongst regulators, and to enhance our ability to share relevant information, to co-investigate complaints, and to work collaboratively to investigate and resolve systemic issues arising from collaborative practice.

The Ontario College of Pharmacists appreciates the opportunity to provide our comments respecting this important consultation and thanks you once again for your willingness to accommodate our request for an extended timeline for response.

Yours truly,



Deanna L. Williams, R.Ph., B.Sc.Ph., C.Dir., CAE  
Registrar

cc: Peter Gdyczynski, R.Ph., B.Sc.Ph., President