

May 26, 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 Ontario College of Homeopathic Medicine (OCHM) is pleased to provide comments on HPRAC's *Consultation Discussion Guide on Issues Related to the Ministerial Referral on Interprofessional Collaboration among Health Colleges and Professionals*.

OCHM is a non-profit academic institute providing post-secondary education to homeopaths since 2001. OCHM is a leader in homeopathic education and medical health training, and provides excellence in clinical internship preparation for private or multi-disciplinary environments. OCHM is committed to contributing to discussions or requests for information on relevant legislation matters that may impact on our diploma program and graduates. As the Regulatory College for Homeopathy is newly formed, we are particularly committed to those matters that relate to the *Regulated Health Professions Act, 1991 (RHPA)*.

We are a new Health Profession under RHPA ( Homeopathy Act 2007) and therefore do not yet have experience in dealing with other Health Professions under this model. We discussed the issues with Ontario Homeopathic Association and answered questions to the best of our knowledge. We have experience working with HPRAC during regulation process as well as our history as a profession in Ontario outside RHPA in the past.

As we gain new experience during Transitional period we will be happy to share our additional comments with HPRAC.

Sincerely,

Luba Plotkina, Dean

### ***Questions 1-5: Defining Interprofessional Collaboration and Eliminating Barriers to Collaboration among the Colleges***

In principle, the Ontario College of Homeopathic Medicine (OCHM) supports the HPRAC definition for collaboration among the Colleges. At this time, the homeopathic profession is commencing the regulatory process under the *RHPA*. Given the early stage of our profession's regulatory process, in principle we agree with and support the statement defining interprofessional collaboration.

Homeopaths frequently collaborate and cross refer to other health professionals, especially as homeopaths often work in multi-disciplinary clinics making various health professionals easier to access for patients. There are challenges that arise primarily in the difference between professional cultures, as well as barriers to ease of collaboration due to existing health structures. This latter point relates particularly to referral amongst health care providers that are part of the public health care system and those who provide private health care (non-OHIP). Publicly funded professionals may be less likely to refer patients to health care providers whose services must be paid out-of-pocket by the patient. Accessibility to and knowledge of different health care providers might also be an issue, as few professions that are non-OHIP subsidized are located within multi-disciplinary settings with public health professionals.

Cultural differences may include lack of understanding by mainstream health providers of the effectiveness and forms of treatment provided by professions that may be considered "alternative" within the current system (such as homeopathy, naturopathy, acupuncture, etc). Some of these barriers can be minimized through greater education and awareness, and overtime, through cultural shifts in perspective and understanding of what various forms of health care can offer. Regulatory Colleges may have a role in helping eliminate these barriers by creating spaces for more conversations amongst regulated Colleges. Associations appear to have a clear role and mandate to provide greater awareness and public education about the potential benefits to greater collaboration among healthcare professions. Associations could provide leadership in identifying speakers or ambassadors on behalf of the profession who can liaise with other health associations and build a greater understanding of the role various professions can play in increased health care for the public.

### ***Questions 13-17: Developing Enablers for Collaboration among the Colleges***

A central administrative agency model for all regulated health professions would not be helpful and could disadvantage some professions. For example, there are different levels of risk: those professions that have the authority to perform multiple controlled acts carry higher risk and therefore would have different parameters and procedures with respect to disciplinary actions and complaints. Professions with lesser potential risk factors could be held to higher unwarranted liability, malpractice insurance premiums and College fees to subsidize higher complaint professions.

***Questions 18-21:*** In our limited experience, a joint investigation following complaints relating to professionals working in a multi-disciplinary setting or practice appears to be a very efficient way of investigating such cases. It makes sense for Colleges to have

authority to collaborate in a complaint process, as this benefits the health and safety of the public. The professional under investigation, should of course, only have to deal with their respective regulatory College during such an investigation; that is, such a process should be streamlined to avoid increased bureaucracy and an unnecessarily protracted process. It is not clear introduction legislation for such a process would increase effectiveness.

**Questions 22-24:** One would assume that regulatory Colleges that have informally shared quality assurance programs have some similarity of practice standards. Otherwise, formalizing such a process across College does not seem to make sense, as it could blur regulatory lines between Colleges with different scopes of practice, standards, etc. relating to their particular discipline.

**Questions 29-32:** Having the Minister exercise his powers by directing the Colleges should be considered a last resort, as this removes the basic principle of RHPA, allowing regulated professions to regulated themselves fairly autonomously, while reporting to and with general oversight from the Minister. It appears the interprofessional collaborative process is a new process and requires some time to work its way through the Colleges before considering handing all decision-making power directly to the Minister.

**Question 33:** As long as professions are distinct, issues related to standards of practice and professional practice guidelines that deal with closely related activities, should be dealt with in a single College for those separate professions. Although the professions listed have some similarities in terms of scope of practice, the issues should be dealt with in the separate Colleges as there are distinctions in practice amongst the professions. Collaborative councils might be useful to facilitate collaboration among similar issues, although autonomy of Colleges needs to be maintained.

**Questions 34-35:** A collaboration toolkit or guidelines would be useful to facilitate and support collaboration amongst the Colleges. It would seem an appropriate role to be managed by HPRAC, since content would require research and input from all regulated health professions.

### ***Questions 41-43: Interprofessional Care at the Clinical Level***

Collaboration at the clinic level requires trust and respect amongst practitioners. This is a process that develops over time, through networking and building effective relationships with other health care professionals. A model, such as the New Zealand example, that forces collaboration from the top down is inappropriate and forces people to work together where trust hasn't had been developed, and is highly problematic. Forced collaborations in any settings rarely work and often result in costly and lengthy processes of negotiation and conflict resolution prior to any effective collaboration beginning. This is, ultimately, not in the best interest of patient care.