

Submission to the
Health Professions Regulatory Advisory Council
Regarding the
Consultation Discussion Guide on Issues Related to the
Ministerial Referral on Inter-professional Collaboration among
Health Colleges and Professionals

May 2008

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Introduction

On behalf of the members of the Ontario Massage Therapist Association and the profession of massage therapy, thank you for the opportunity to respond to the Consultation Discussion Guide on Issues Related to the Ministerial Referral on Inter-professional Collaboration among Health Colleges and Professionals.

Massage therapists in Ontario, and indeed across Canada, have a long history of collaboration with the other professions that comprise Ontario's health professionals. Most RMTs have had the opportunity to work collectively and collaboratively with the other professions, in particular physicians, chiropractors, physiotherapists and occupational therapists in a wide variety of practice settings. It is this history and experience that frames the OMTA submission to HPRAC on this important matter.

While this submission will not respond to each of the 48 questions posed, it will address the major themes and discussion points raised by HPRAC. For ease of reference, the submission has been framed using the headings outlined in the discussion document.

Initial Comments

The OMTA believes that the matter of inter-professional collaboration should be one that relates to collaboration among the health professions in the context of the treatment of patients to the benefit of the general public and individual patients. We believe that it should not necessarily be about the regulatory colleges as the HPRAC document has positioned it. Generally speaking, we do not believe that collaboration between the professions is a matter that can or should be regulated or legislated but rather enabled by a system of care for Ontarians.

By extension, we are concerned that the majority of the questions posed are framed in the context of the regulatory colleges with little reference to the professional associations. In our view, the professional associations are better positioned and equipped to promote inter-professional collaboration as a model of practice rather than the Colleges through regulation or the government by way of legislation.

More specifically to the concept of inter-professional collaboration, as noted in our introduction, massage therapists are accustomed to working with many other health professionals in Ontario, either by way of a referral network or a multi-disciplinary practice. Our experience has been that these types of practices can and will benefit Ontarians when they involve professions who are intent on collaboration.

Nonetheless, while we support inter-professional collaboration as opposed to competition among the professions, the reality for many health care practitioners is that several of the health professions are in fact competing for patients. Competition results from:

- The overlapping scopes of practice which are deliberately written into the Regulated Health Professions Act and the profession specific Acts which inherently create duplication in the services being provided to patients between the professions; and
- The fact that not all health professions receive public funding for the services that they provide to patients which results in a need for some professions to access funding from patients' third party payment providers (insurers) or the patient's own funds. This competition for limited funds available is less prevalent in publicly funded services, although it certainly does exist.

Defining Inter-professional Collaboration

Upon first review, the OMTA was satisfied with the definition of inter-professional collaboration as outlined in the discussion document; however, after reviewing all of the issues, we returned to the definition to reflect upon each of the bulleted points. After careful review, the OMTA has come to the conclusion that the second and third bullet points do not belong in the definition.

We have drawn this conclusion based on our view that the matter of inter-professional collaboration is not about the regulatory colleges or the regulatory structure. Regulating the professions, regardless of the intended outcome, and protecting the public interest are matters that are already addressed in the Regulated Health Professions Act, an Act that has recently been amended to strengthen its provisions and the ability of the regulatory colleges to successfully perform their mandates.

As noted above, inter-professional collaboration should be about enhancing the health of Ontarians and producing positive health outcomes for Ontarians. We believe the other bullet points in the definition speak to this point and that the definition will be strengthened in its purpose by removing the second and third bullet points.

Eliminating the Barriers to Collaboration among the Colleges

As noted above, the OMTA does not believe that inter-professional collaboration should be framed in the context of the regulatory colleges alone, but rather, it should be about the professions and collaboration to achieve the best outcomes for patients. Our comments will therefore focus on the barriers that restrict or dissuade health professions from collaboration based on the current legislative framework.

Although massage therapists often find themselves working collaboratively with other health professions, we do believe that there are several barriers to collaboration. We also believe that the removal of these barriers will enhance collaboration among the professions.

As noted above, funding of health services does create an inherent barrier to collaboration. While we would like to be able to say that there is no competition between health professionals, the reality is that competition does exist, in particular although not exclusively, among the professions that do not receive public funding for the provision of services. When services are not covered by public funding, the professions must rely on limited funds available from third party insurers or the individual patient's own funds. Patients therefore, are careful about the volume of services they receive, regardless of necessity for health and wellness, in order not to exceed the funds available from insurance or their own resources.

The OMTA is not suggesting that all health services should be publicly funded. We are merely trying to ensure that HPRAC and the Government are aware that in an environment where

many health professions can provide the same or similar services and where that environment has a limited amount of financial resources, competition (friendly or otherwise) will exist.

A second barrier to collaboration among the health professions results from an unlegislated and unspoken hierarchy among the professions. It is clear in Ontario that despite an Act that does not intend to create gatekeepers, the old concept of a physician-centred model of care continues to dominate our health care system. While several other professions have enjoyed a higher status within the system, it is clear that all health professions are not created equally.

The OMTA has considered what measures might be taken to eliminate this hierarchy. We believe that two measures could, if implemented, move our system closer to the level playing field intended. The first is to grant all health professions the Controlled Act of communicating a diagnosis “within their scope of practice”. Doing so would eliminate the need for some professions to act as gatekeepers. A second measure that could be implemented to promote inter-professional collaboration is to eliminate existing insurance company policies that prevent access to some of the professions without a physician referral. The physician referral requirement we see from many insurers when they are paying for treatment is an artificial barrier to accessing the professions, and places some health professions in the gatekeeper role.

A third and final barrier to collaboration which we believe exists is a cultural one that exists among both the public and the professions. There is a bias against some of the professions that is based on misunderstanding or a lack of understanding of roles and competencies inherent in other professions. Our experience has been that not only does the public often shy away from services provided by what society deems as not “mainstream” but many of the health professions do as well. In order to reduce the inherent biases in our system, we believe that Government needs to undertake an aggressive, broad-based and equal education of the public and the professions about all health professions. We have seen, in the past, considerable public funding for information campaigns about the value of some of the professions, these campaigns need to address all of the health professions equally.

Developing Enablers for Collaboration among Colleges

Again, the OMTA cautions that developing enablers should be viewed more broadly than among the regulatory colleges. As noted above, we believe that inter-professional collaboration is not about the Colleges alone, but rather, it is about the professions and collaboration to achieve the best outcomes for patients. We also believe that any enablers to be developed must speak to promoting collaboration among the professions to create positive outcomes for patients.

The OMTA has received a copy of the submission from the Ontario Medical Association. We agree with their position that “Existing colleges can support and promote IPC without being required to do so. It should also be noted that the IPC will continue to occur between providers whether they are regulated or not” (p. 4 of OMA submission).

While reviewing the questions within this section of the discussion guide, the OMTA was struck by what seems to be an underlying assumption for questions 13 through 16. The assumption being that something is wrong with the regulatory system that needs to be fixed to enable inter-professional collaboration. We believe that this assumption is erroneous.

Multi-disciplinary practices already exist in Ontario and the regulatory colleges are already adequately able to address complaints, investigations and discipline in these situations. The

OMTA is aware that the regulatory colleges already share information and already receive referrals from other regulatory colleges conducting investigations where more than one type of professional is involved. Therefore, the idea that a common framework and common structures for complaints, investigations or disciplinary matter is needed is incorrect and if implemented, would represent a significant waste of financial resources of taxpayers and the health professionals. It is therefore soundly rejected by the OMTA.

The OMTA believes that if the regulatory colleges are identifying investigations, complaints, or discipline matters in an inter-professional environment as a problem area, then perhaps they need only be reminded of the degree of latitude that they have available to them in the RHPA as it currently stands.

By extension, the OMTA believes that the concept posed in question 25, an independent arm's length organization to facilitate collaboration among the Colleges is completely unnecessary. It speaks to introducing another layer of bureaucracy into the system, which we believe will result in the professions being over-regulated. Furthermore, we do not believe that it is reasonable to expect to legislate individuals (health professions or otherwise) to collaborate and yet compete at the same time.

Inter-professional Care at the Clinical Level

As noted previously, the OMTA believes that inter-professional collaboration is a matter that should be addressed by health professions themselves and not on a regulatory level.

We also know that inter-professional care is already occurring at a clinical level although we also believe that it can and should be augmented. Notwithstanding the importance of inter-professional care to the health of Ontarians, the OMTA agrees with the conclusions drawn by the Ontario Medical Association, and likely many other health professions' associations, that the idea of legislating collaboration among health professionals is absurd and, we would add, unnecessary and contrary to the common understanding of what constitutes a professional.

Conclusions

Once again, the Ontario Massage Therapist Association extends the thanks of its members, Board of Directors and the members of the profession for the opportunity to comment on the discussion guide.

Ontario Massage Therapist Association



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