

YOUR OPINION COUNTS...

MAKING YOUR SUBMISSION TO HPRAC:

PLEASE ATTACH THE FOLLOWING INFORMATION SHEET TO YOUR SUBMISSION TO HPRAC. YOUR SUBMISSION SHOULD BE SENT NO LATER THAN APRIL 15, 2008, TO:

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We prefer submissions to be made in Microsoft Word, either on disk (by mail) or by email when possible. Electronic submissions can be made to: HPRACSubmissions@ontario.ca. If fax is more convenient for you, please address your comments to: HPRAC, INTERPROFESSIONAL COLLABORATION PROJECT, at 416-326-1549. Hard copy submissions should be sent to the above address.

Submission Details:

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DATE OF SUBMISSION: **MAY 30, 2008**

Please note that complete submissions or excerpts may be referenced in HPRAC's report to the Minister of Health and Long-Term Care, and that they will be posted on HPRAC's website. All submissions and correspondence may be the subject of a request under the Freedom of Information and Protection of Privacy Act (FIPPA). If you wish any part of your response, submission or correspondence to be withheld, please indicate that and provide the reason for your request.

This sheet can be downloaded with the full Discussion Guide (PDF format) from the HPRAC website, <http://www.hprac.org>, in the Interprofessional Collaboration section under Current Ministerial Referrals.

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1. Please comment on the above statement that HPRAC has used to focus this discussion and initiatives. Are there elements that should be added or removed? If so, what are they?

Response: All of the above is appropriate; the seven statements used to define Interprofessional Collaboration appear adequate and consistent with other definitions. With the view that the client/patient and/or family are important partners in maximizing health outcomes perhaps there should be a statement that promotes collaborative care among health care providers and clients.

2. Are there barriers in the RHPA, the health profession acts or their regulations that restrict or prevent collaboration among the Colleges? If so, what are they? Should they be eliminated? If so, how? (For example, do existing scopes of practice restrict or prevent collaboration among health professionals?)

Response: Generally, no, however the perception of protecting our scope is an issue with many practitioners.

3. Are there barriers in other Acts or regulations that restrict or prevent collaboration among the Colleges? If so, what are they? Should they be eliminated? If so, how?

Response: It is my understanding that barriers exist within some regulations and standards that prevent a professional from having partnerships with non-members. In addition, the issue of who "owns" the client and the need to redo assessments and exams when a client is referred in order to establish them as clients of record does not support collaborative practice. Changes will need to occur to support collaborative practice.

4. Are there other policy and/or systems issues that act as barriers to collaboration among the Colleges? If so, what are they? Should they be eliminated? If so, how?

Response: The largest systems issue is the difference between publicly funded and private fee for service sectors. Most of the push to IPC is coming from the needs of the publicly funded sector where there is vested economic interest among parties. The outcomes of IPC should be based on equal respect and shared responsibility. This will be difficult to achieve in the private sector as employee/employer relationships between regulated health professionals is not based on collaboration. There is also the lost revenue that some perceive as collaboration among different groups involves team building, developing trust and respect... collaboration takes time to develop those relationships. Once developed, client care models will improve.

5. Are there professional cultural issues that act as barriers to collaboration among the Colleges? What steps should be taken to minimize these barriers? Who should provide the leadership to eliminate them? What role can health care associations, including associations whose members are regulated professionals, play in this process?
6. Do you have evidence from your experience that liability issues are a barrier to interprofessional care?

Response: Yes, Physicians and anesthetist are resistant to supervising students in Health

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Care placements even for short periods, or even allowed health care students to practice skills under their direction because of insurance and liability, i.e. Advance Care Paramedic (ACP) requires a number of endo-tracheal intubations on real patient in order to be certified. Often this skill is practiced with the anesthetist in the operating room. Because of potential injury and liability, some doc's refuse to supervise this practices which compromises the education and certification of ACP students.

7. Should all regulated health professionals be required to hold minimum professional liability insurance coverage?

Response: Yes

8. If so, what would be the minimum expected terms and conditions for that insurance coverage?

Response: Perhaps a standard should be periodically set. This also depends on the level of liability issue.

9. What changes to the RHPA, the health profession acts or their regulations are needed to encourage, require, facilitate and enable collaboration among the Colleges?

Response: There needs to be the expectation collaboration as part of the professions scope of practice and standards of practice, with a focus on the education of future graduates. Additionally any barriers or restrictive regulations for partnerships need to be changed and the funding or fee for service mechanisms that restrict or require one professional to direct care needs to be adjusted.

10. What changes to other Acts or regulations are needed to encourage, require, facilitate and enable collaboration among the Colleges?

Response: Changes may be required for the Ontario Public Health Act and Ontario Hospital Association and Regulations.

11. What collaborative policy or program initiatives are needed to ensure support is provided to new Colleges as they are being established?

Response: Program in professional development models of collaborative practice and a registration mechanism for professionals ready to assume responsibility for IPC.

12. Are there administrative responsibilities within Colleges that could be shared with related Colleges? What barriers exist to shared administration services?

Response: not sure

13. Should Ontario introduce a common framework, consisting of common structures and processes, for all regulated health professions to address complaints, investigations or disciplinary matters arising in an interprofessional care setting?

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Response: Yes, all above structure that supports reps from the colleges during a tribunal. For IPC, if you have shared standards of practice and a common framework for complaints and investigations with a process for appeals of decision, it might work.

14. If so, what should and should not be included in the common framework?

Response: Ideally common standards for recordkeeping, medical assessments, infection control, and informed consent as these are integral to all health care professions

15. If not, should the RHPA, nonetheless be amended to give individual Colleges greater flexibility to deal with complaints, investigations and discipline arising in an interprofessional care setting within their own already-established structures?

Response: if this is done.

16. If so, what should and should not be addressed in an amendment to the statute? For example, should the *RHPA* be amended to enable Colleges to establish joint committees to deal with complaints, investigations and discipline in respect of issues arising in an interprofessional care setting?

Response: Joint committee would be necessary and as well as an appeal process for joint complaints. Clear guidelines are needed to ensure that the joint committee is established and properly represented. Membership may vary depending on the situation and the professions involved.

17. Considering reforms in other jurisdictions, what would be the merits of a single complaints model in Ontario? How should such a 'model' be funded?

Response: it would promote a review of the concerns, situation and patient outcomes without a lot of duplication. It would also encourage discussion that is more open, while developing team solutions that may be used for future practice.

18. Would the authority to conduct joint investigations following complaints or reports relating to professionals who work in a multidisciplinary setting or practice provide more efficient investigations of such cases?

Response: Ideally yes. It would limit several different Colleges doing separate investigations. As such, there could be some efficiency with joint investigations provided it is a true collaborative care model.

19. Should Colleges have further authority to collaborate in the disposition of complaints and reports relating to professionals in a multidisciplinary setting or practice?

Response: yes, within reason.

20. Could such authority contribute to patient safety in interprofessional care?

Response: not sure. Health is complicated and ideally, IPC should contribute to best practice

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and safer patient outcomes and promote learning from each other.

21. Is legislative change required to accomplish these goals?

Response: not sure

22. Would a joint quality assurance program among relevant Colleges enable the Colleges to develop common standards of practice or professional practice guidelines where the same or similar Controlled Acts are shared?

Response: This would be wonderful. Imagine the synergy if we could overcome and turf protection and work to maximize scope of practice and patient outcomes

23. Would a joint quality assurance program among Colleges whose members have similar scopes of practice, share the same or similar Controlled Acts, or provide closely related services often involving the same areas of the body, provide opportunities for enhanced continuing competence and exposure to best practices? If yes, how should program standards be jointly set and measured?

Response: Yes

24. Is legislative change required to accomplish these goals?

Response: yes

25. Should an independent arm's-length organization facilitate and support collaboration among the Colleges, particularly with a view to the development of common standards of practice and professional practice guidelines?

Response: Part of Ministry of Health and Long Term Care - HPRAC

26. If so, what should its specific mandate include or not include? For example:

- Educate the Colleges, professions and the public on the regulatory model, the health professions and everyone's role within the regulatory system;
- Create common resource repositories (e.g., a data warehouse to track regulatory indicators, such as the level and nature of quality assurance activities, complaints and disciplinary actions and the cost of regulation);
- Research and develop standards of practice and professional practice guidelines, and disseminate best practices;
- Resolve disagreements among professions that share overlapping scopes of practice and the same or similar Controlled Acts;
- Address issues arising from conflicting legislation, and
- Have an oversight function over regulatory bodies, as in the United Kingdom

Response: All of the above, including facilitate system changes to support continuous care for client databases, referrals and access to health care information

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27. Are there any existing bodies that could take on responsibilities in this area? If so, what are they?

Response: perhaps the federation.

28. If not, should a new and independent oversight body be formed? If so, how should it be funded?

Response: not sure that a new body will lead to collaboration.

29. Should the Minister direct the Colleges, using his existing powers under the *RHPA*, to engage in specific collaborative initiatives (e.g., to develop instruments to support interprofessional care)? Why or why not?

Response: There should be clear goals for Health Care in Ontario. Collaboration & IPC are based on attitudes, culture and a willingness to work in a team. Not sure how it can be mandated without incentives and/or leveling the playing field. I think there needs to be a strong focus on educating existing and new professionals.

30. If so, should the Minister provide financial or other incentives to the Colleges to undertake these activities?

Response:

31. Should the Colleges be required to report to the Minister and/or the public on their collaborative activities on a regular basis? Why or why not

Response: not sure.

32. Should minimum guidelines, standards and policies concerning matters such as conflict of interest, advertising, record keeping and the consent process be consistent across all Colleges? If yes, what guidelines, standards and policies could effectively be applied to all regulated health professions? If not, why not?

Response: Yes, to promote an equal playing field, reduce competition, and turf protection

33. What kinds of structures and processes could facilitate collaboration among Colleges to address issues related to standards of practice and professional practice guidelines for those professions that deal with closely related activities (e.g. dental hygiene, dental technology, dentistry and denturism; or opticianry, optometry and ophthalmology)? (For example, joint colleges, collaborative Councils or independent bodies such as the Council for Healthcare Regulatory Excellence in the UK.)

Response: Structures and processes need to respect the autonomy of the respective Colleges while promoting IPC.

34. Would the development of a *Collaboration Toolkit*, containing some or all of the elements suggested above, serve to facilitate and support collaboration among the Colleges?

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Response: Yes. The toolkit or orientation package would be helpful. It could be modeled after the Federations Discipline Orientations

35. If so, what should be included in a *Collaboration Toolkit* and who should be responsible for developing it?

Response: All of the above under student and Ministry of Health and Long Term Care

36. Should the standards of practice and professional practice guidelines that the Colleges adopt be legally enforceable? Why or why not?

Response: Are these not already enforceable through regulatory Colleges? To change that may create confusion.

37. If so, should the Colleges be given statutory rule-making powers (as in New Brunswick) allowing them to enforce the standards of practice and professional practice guidelines that they adopt? Why or why not?

Response: no comment

38. What kinds of enforceable rules should the Colleges be able to make without needing Ministerial or legislative approval?

Response: no comment

39. What accountability must accompany any rule-making authority?

Response:

40. How will greater collaboration among the Colleges serve to enhance inter-professional care at the clinical level?

Response: it will set standards and expectations as part of the scope of practice for all the professions and allow for continuous quality improvement (CQI) and QA assessment of IPC in education and professional practice.

41. Are any changes to the *RHPA*, the health profession acts or their regulations needed to encourage, require, facilitate and enable interprofessional care at the clinical level? If so, what are they?

Response: we need to remove politics from the processes and address issues of IPC for funded, fee-for service and private practice, and provide examples and models of great IPC.

42. Should Ontario law have a requirement similar to the one in New Zealand?

Response: not sure, perhaps it just needs to be part of the professional and regulatory Colleges' expectations. How enforceable is this, especially given our geography, the remote

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areas often have only one practitioner.

43. If so, what should the requirement look like and should there be consequences for a failure to meet the requirement?

Response: We should look for and provide incentives for IPC and a team approach to health care.