

Interprofessional Collaboration Project

Response to the Health Professions Regulatory Advisory Council's
Invitation to Comment

Submitted by the
Ontario Society of Psychotherapists

May 30, 2008

Prepared by:
The Ontario Society of Psychotherapists

Introduction

The Ontario Society of Psychotherapists (OSP) appreciates the opportunity to participate in the Health Professions Regulatory Advisory Council's consultations on interprofessional collaboration. As well, the OSP wishes to compliment the Minister of Health and Long-Term Care, his staff and HPRAC for their efforts to this point in the complicated process towards the regulation of psychotherapy in Ontario. We have played an active role since the beginning of the process, both as an independent association and member of the Ontario Coalition of Mental Health Professionals. We confidently support the legislation and the level of open inquiry that has led to it. In addition we want to indicate our appreciation for the current outreach with respect to collaboration.

With the creation of the new College of Psychotherapy and Registered Mental Health Therapists, there is an extraordinary opportunity to extend the quality of health care to all Ontarians. We feel it is in the best interest of those seeking health care that a full range of services be accessible through increased collaboration and cooperation among health care providers. This most especially includes encouraging a greater level of dialogue with respect to the wide range of psychotherapeutic practice employed across professions and Colleges including Physicians, Nurses, Social Workers and Psychologists. Ultimately we believe that collaboration among health care professionals serves the public, that through coordination and cooperation we will be able to offer greater accessibility and cost effectiveness in terms of delivering health care services to those in need. We believe that a collaborative approach to health care is a more holistic one that acknowledges wellness over illness and in leveraging expertise across professions, allows both clients and health care providers a greater degree of complexity in their choice of treatment.

We therefore, applaud HPRAC and the Government of Ontario both for recognizing the need for interprofessional collaboration among health care providers and in taking a leadership role by reaching out and eliciting feedback from those involved in the field. It is our hope that this initiative will be the first of many that will encourage the broadest base of health care professionals working in the province to share knowledge, information and expertise and expand the level of interprofessional dialogue for the greater good and the public interest.

About The Ontario Society of Psychotherapists

The OSP was established in 1992 to provide an association for the diverse community of practitioners in the province. As our founders, we remain committed to the development and promotion of elite Standards of Practice that underline the importance of ensuring the utmost professional and transparent delivery of psychotherapy services to the people of Ontario. We are guided by a Code of Ethics that holds our membership to the strictest levels of ethical professionalism. To ensure that OSP remains a leader in our field membership in the Society requires meeting an extremely high criteria of training, education and supervision that are constantly under review by our Board of Directors, including that each member must have undergone a significant period of personal psychotherapy thus gaining deeper insight into the process for our clients and essential understanding of ourselves. For more information about the Ontario Society of Psychotherapists we invite you to visit our website, www.psychotherapyontario.org.

Responding to the Consultation Discussion Guide Questions

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?

The Ontario Society of Psychotherapists responds from the perspective of the currently unregulated psychotherapy sector that will soon be regulated by the College of Psychotherapists and Registered Mental Health Therapists. This group of professionals, whether working in agencies or in private practice, has often been discounted by professional psychologists because of lack of academic training in psychology, and by psychiatrists and GP psychotherapists because of lack of medical training. To the extent that these attitudes have spread throughout the mental health professional communities, it has been to the detriment of patients who could benefit from the accessible, affordable psychotherapeutic treatment these professionals provide.

With the development and establishment of the new College, the Minister of Health and Long-Term Care, and HPRAC implicitly support psychotherapy as a profession with its own standards of training and expertise. It would be useful to make that implicit support explicit by timely public statements endorsing members of the College of Psychotherapists and Registered Mental Health Therapists as full members of the regulated health community, and fully qualified to provide treatment as specified by the College.

Psychotherapy is, of course, just one of the minority regulated professions that could benefit from the sort of Ministerial endorsement that would enhance public awareness of the variety of health services that should be available through inter-professional referrals and teamwork. We would hope that the attitudes of the larger, more powerful regulated professions who have been resistant to change might shift in response to educated public demand for better service.

Health care associations such as OSP, whose members will also be members of the new College, can collaborate with the Ministry in designing and delivering this public education and outreach.

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

OSP requires its members, as responsible health care professionals, to hold professional liability insurance coverage. We believe that minimum professional liability insurance should be a requirement for all regulated health professionals, with allowance made for workplace and/or group insurance packages.

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

Registrars and governing councils of existing Colleges could be encouraged or required to provide consultation, as and when requested, to transitional councils of new colleges. Existing Colleges might also help by allowing infrastructure and data base storage to be shared until the new Colleges can establish their own.

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?

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

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?

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?

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?

OSP's answers to this series of questions (13-17 inclusive) are based on its firmly held principle that within any complaints and discipline process, and especially within the practice of psychotherapy, there should be room for an Alternative Dispute Resolution (ADR) model. (OSP has developed and piloted an ADR model for use within the psychotherapeutic community.) OSP prefers to speak of complaints and *resolutions* processes

It would be important to OSP that in an interprofessional situation of complaint, the member of the College of Psychotherapists and Registered Mental Health Therapists would continue to have access to an ADR, just as when the member's complaint and resolution process "belonged" to his or her own college. This could and should be made possible whether Ontario introduces a common structure for complaints arising in interprofessional settings or in more flexible structures such as joint committees.

From OSP's perspective, all colleges could share a universal complaints and discipline procedure *if* universal access to an ADR were built into the process. ADR would be used in those complaint situations where both parties voluntarily agree to participate. A traditional adversarial process would be available for parties who chose to use it instead. From OSP's perspective, even an adversarial procedure would best be followed up, whenever possible, by a rehabilitative rather than a punitive approach to discipline/resolution.

A universal complaints and resolution procedure, including a universal ADR option, could be funded by contributions from each College, prorated according to the number of members of each College and a history of average complaints and investigations arising from within that College.

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?

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?

OSP has always argued that all practitioners of psychotherapy, regardless of the College with which they are affiliated (Physicians, Psychologists, Nurses, Social Workers, and others) should be required to meet the same standards of training and competence in psychotherapy as those required for membership in the College of Psychotherapists and Registered Mental Health Therapists. We believe that standards or guidelines for the professional practice of psychotherapy should also apply to all members of other Colleges who practice (the controlled act of) psychotherapy.

Core responsibility for a joint quality assurance program for psychotherapy would rest with the College of Psychotherapists and Registered Mental Health Therapists, but other Colleges whose members practice psychotherapy would be required to participate in creating either general across-College guidelines or guidelines specific to each College which would ensure consistent competence and professional practice of psychotherapy across professions.

These program standards would be based on standards previously arrived at by the College of Psychotherapists and Registered Mental Health Therapists for its own members, but with room for amendments as necessary.

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?

Yes, OSP envisions regulated psychotherapists participating in a Health Care system in which all health care professionals and their Colleges eschew competition in favor of collaboration. Through developing collaborative and cooperative relationships we increase our ability to learn from each other, enhance everyone's scope of practice, maximize resources, and improve patients' access to services. But making this happen will likely require an independent arm's length organization that has the ability to mediate more objectively across paradigms, perspectives and working models.

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.

OSP endorses a mandate that includes all of the examples cited, education, access to information, establishing standards of practice and best practices, arbitrate and resolve amongst those sharing scopes of practice, addressing legislative issues and providing a necessary oversight function that serves to integrate the various regulatory bodies.

28. . . . should a new and independent oversight body be formed? If so, how should it be funded?

We believe that a new and independent oversight body should be formed and funded directly by the Ministry of Health and Long-Term Care.

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?

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

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?

Once again using psychotherapy as a test case: The development of quality assurance measures that apply to all practitioners of psychotherapy, whatever their College of registration should not be an optional exercise. It should be directed by the Minister, though perhaps more in general than in specifics, and Colleges should be required to report their progress and collaborative activities on a regular basis – in order that such collaboration remains a priority in the long struggle to change the working paradigm from competition to collaboration.

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?

We believe that there should be guidelines for all such matters that have to do with the practice of psychotherapy, regardless of the practitioner's College of registration.

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

OSP's position is that professional misconduct issues have never been and should not be confused with criminal offences. Even within Colleges, standards of practice should remain guidelines only. A carefully considered and crafted Code of Ethics would, in turn, serve to define those issues which would be relegated to a Complaints and Resolutions Committee.

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

We believe that Colleges themselves, given their intimate relationship with the scope of practice within their particular field, are best suited to establish codes of ethics that become the basis for considering which complaints could be brought against members.

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

Indeed, the primary reason for collaboration among the Colleges *is* to enhance care at the clinical level. Collaboration means greater access to and sharing of knowledge, information, technique, and experience all of which enhance the care that is available to the public.

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

It seems clear from the literature that a shift to interprofessional care will not happen without facilitation at the least, and may even need to be written into law, with consequences for failure to comply. It would make sense to begin with strong encouragement and facilitation, including public and professional education, with legal intervention as a last resort.