

Office of the Chief Executive Officer

MAY 30, 2008

BARBARA SULLIVAN
CHAIR, HEALTH PROFESSIONS REGULATORY
ADVISORY COUNCIL
55 SAINT CLAIR AVENUE WEST, SUITE 806
TORONTO, ON M4V 2Y7

DEAR MS. SULLIVAN:

**RESPONSE TO HPRAC RE: CONSULTATION
DISCUSSION GUIDE ON ISSUES RELATED TO THE
MINISTERIAL REFERRAL ON INTERPROFESSIONAL
COLLABORATION AMONG HEALTH COLLEGES AND
PROFESSIONALS.**

THANK YOU FOR THE OPPORTUNITY TO PROVIDE COMMENT ON THE CONSULTATION DISCUSSION GUIDE ON ISSUES RELATED TO THE MINISTERIAL REFERRAL ON INTERPROFESSIONAL COLLABORATION AMONG HEALTH COLLEGES AND PROFESSIONALS. THE ONTARIO PHARMACISTS' ASSOCIATION (OPA) HAS LONG BEEN A SUPPORTER OF INTERPROFESSIONAL COLLABORATION AMONG HEALTH CARE PRACTITIONERS, AS EVIDENCED BY OUR INVOLVEMENT WITH FAMILY HEALTH TEAMS, TELEHEALTH ONTARIO, THE CLINICAL TOBACCO INTERVENTION (CTI) PROGRAM, AND THE PHARMACIST & PHYSICIAN MENTORSHIP PROGRAM AMONG OTHERS.



Ontario Pharmacists'
Association
375 University Ave, Suite 800,
Toronto, ON M5G 2J5
Tel. (416) 441-0788
Fax (416) 441-0791
Toll free 1-877-341-0788
email mail@opatoday.com
www.opatoday.com

AS A PREFACE TO ANSWERING HPRAC'S
QUESTIONS WE WOULD LIKE TO STATE THAT WE

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ARE CONCERNED WITH THE POSSIBILITY THAT SEVERAL LAWS, INCLUDING THE DRUG AND PHARMACIES REGULATION ACT, 1990 MAY NEED TO BE EXAMINED, WHILE THE CONTEXT OF THE EXAMINATION IS NOT DESCRIBED.

AS WE CANNOT ANSWER OR PROVIDE COMMENT ON ALL OF THE QUESTIONS POSED, OUR RESPONSE IS AS FOLLOWS:

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 WHOSE MEMBERS ARE REGULATED PROFESSIONALS, PLAY IN THIS PROCESS?

CERTAIN PROFESSIONAL CULTURAL ISSUES STEM FROM A LACK OF EXPOSURE TO OTHER PROFESSIONS AND THE KNOWLEDGE AND EXPERTISE THEY CAN BRING TO AN INTERPROFESSIONAL TEAM. COLLABORATION IS BASED ON A MUTUAL RELATIONSHIP, CREDIBILITY AND TRUST, ALL OF WHICH CAN BE DEVELOPED. SOME ASSOCIATIONS HAVE CONTINUING EDUCATION DEPARTMENTS, WHICH COULD OFFER PROGRAMS THAT APPEAL TO MULTIPLE PROFESSIONS. IN SUPPORTING INTERPROFESSIONAL CONTINUING EDUCATION, PROFESSIONALS ARE ENABLED TO LEARN FROM ONE ANOTHER AND BREAK DOWN BARRIERS BASED ON PRECONCEIVED NOTIONS. IN ADDITION, ASSOCIATIONS CAN COLLABORATE TO PRODUCE HEALTHCARE MATERIALS ON TOPICS OF INTEREST TO THEIR MEMBERS.



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7. SHOULD ALL REGULATED HEALTH PROFESSIONALS BE REQUIRED TO HOLD MINIMUM PROFESSIONAL LIABILITY INSURANCE COVERAGE?

IF ONE PROFESSION WISHES TO PRACTICE WITHIN A SIMILAR SCOPE AS ANOTHER PROFESSION, THE SAME REQUIREMENTS FOR MINIMUM PROFESSIONAL LIABILITY INSURANCE COVERAGE SHOULD APPLY TO BOTH.

8. IF SO, WHAT WOULD BE THE MINIMUM EXPECTED TERMS AND CONDITIONS FOR THAT INSURANCE COVERAGE?

FOR ALL PROFESSIONS WISHING TO PRACTICE WITHIN A SIMILAR SCOPE OF PRACTICE AS PHARMACISTS, INSURANCE COVERAGE COULD BE MODELLED AFTER THE CURRENT TERMS AND CONDITIONS OF THE MINIMUM INSURANCE COVERAGE CURRENTLY IN PLACE BY THE ONTARIO COLLEGE OF PHARMACISTS (SEE APPENDIX A).

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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OPA WOULD CONSIDER A COMMON FRAMEWORK FOR COMPLAINTS AND INVESTIGATIONS SO LONG AS THE COLLEGES MAINTAIN THE RIGHT TO DISCIPLINE THEIR MEMBERS ACCORDING TO THEIR OWN CURRENT PROCESSES, AS IT MAY BE

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DIFFICULT TO HAVE SEPARATE PROCESSES FOR DISCIPLINING THOSE INDIVIDUALS WORKING IN AN INTERPROFESSIONAL CARE SETTING AND ANOTHER SET OF PROCESSES FOR THOSE WHO DO NOT. THE PROCESSES COULD BE QUITE DIFFERENT WHICH WOULD CAUSE INEQUALITY BETWEEN INDIVIDUALS DISCIPLINED IN EITHER SETTING.

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?

OPA WONDERS IF AMENDING THE RHPA IS NECESSARY, AS PROFESSIONAL COLLEGES ARE SELF-REGULATED AND ARE ABLE TO CONTINUE DEALING WITH COMPLAINTS, INVESTIGATIONS AND DISCIPLINE ACCORDING TO THEIR CURRENT STRUCTURES REGARDLESS OF PRACTICE SETTING. THE RHPA SHOULD ONLY BE AMENDED IF COLLEGES CLEARLY STATE THEY WOULD EMBRACE THE AMENDMENT. THE FLEXIBILITY TO WORK WITH OTHER COLLEGES COULD BE DETERMINED ON A CASE-BY-CASE BASIS.

19. SHOULD COLLEGES HAVE FURTHER AUTHORITY TO COLLABORATE IN THE DISPOSITION OF COMPLAINTS AND REPORTS RELATING TO PROFESSIONALS IN MULTIDISCIPLINARY SETTING OR PRACTICE?



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CLEARLY COMMUNICATED LEGISLATED AUTHORIZATION MAY BE USEFUL IF COLLEGES DEEM IT BENEFICIAL. THE CONCERN IS THAT HAVING MULTIPLE COLLEGES INVOLVED IN COMPLAINTS AND REPORTING FOR A SINGLE INCIDENT MAY BECOME ONEROUS AND TIME-CONSUMING.

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?

AN ORGANIZATION SIMILAR TO QUEBEC'S INTERPROFESSIONAL COUNCIL COULD BE A POSITIVE MODEL FOR ONTARIO IF AN ARM'S LENGTH ORGANIZATION WERE CREATED TO PROMOTE INTERPROFESSIONAL PRACTICE. THE DEVELOPMENT OF COMMON PROFESSIONAL PRACTICE GUIDELINES COULD BE ACHIEVED.

26. IF SO, WHAT SHOULD ITS SPECIFIC MANDATE INCLUDE OR NOT INCLUDE?

OPA WOULD BE SATISFIED IF THE INDEPENDENT ARM'S LENGTH ORGANIZATION'S MANDATE INCLUDED:

- DEVELOPMENT OF A COMMON RESOURCE REPOSITORY (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);



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- RESOLUTION OF DISAGREEMENTS AMONG PROFESSIONS THAT SHARE OVERLAPPING SCOPES OF PRACTICE AND THE SAME OR SIMILAR CONTROLLED ACTS;
- ADDRESSING ISSUES ARISING FROM CONFLICTING LEGISLATION;
- EDUCATE THE COLLEGES, PROFESSIONS AND THE PUBLIC ON THE REGULATORY MODEL, THE HEALTH PROFESSIONS AND EVERYONE'S ROLE WITHIN THE REGULATORY SYSTEM;
- RESEARCH AND DEVELOP STANDARDS OF PRACTICE AND PROFESSIONAL PRACTICE GUIDELINES, AND DISSEMINATE BEST PRACTICES.

IT WOULD NOT BE NECESSARY FOR THIS BODY TO HAVE OVERSIGHT FUNCTION OVER REGULATORY BODIES; INSTEAD, IT SHOULD ENABLE AND ENCOURAGE INTERPROFESSIONAL COOPERATION.

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?

A FURTHER QUESTION IS WHETHER THE REPORT TO THE MINISTER OR THE PUBLIC IS A WRITTEN REPORT OR A SCHEDULED MEETING BETWEEN THE COLLEGES ON A REGULAR BASIS TO DISCUSS THE PROGRESS MADE IN INTERDISCIPLINARY CARE. A FORMAL WRITTEN REPORTING SCHEME COULD PROVE BURDENSOME ON THE COLLEGES' HUMAN RESOURCES; HOWEVER ATTENDING LESS FORMAL MEETINGS SCHEDULED ON A REGULAR BASIS COULD BE AN AVENUE FOR TRACKING PROGRESS



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OF INTERDISCIPLINARY CARE AMONG THE HEALTH PROFESSIONS.

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?

YES, MINIMUM GUIDELINES, STANDARDS AND POLICIES SHOULD BE RIGOROUS AND CONSISTENT ESPECIALLY FOR THOSE PROFESSIONS WHOSE SCOPES OF PRACTICE ARE SIMILAR. IN ORDER TO UPHOLD A HIGH STANDARD, A POLICY OUGHT TO BE DRAFTED BY TAKING INTO ACCOUNT THE MOST RIGOROUS AND APPROPRIATE POLICIES CURRENTLY IN PLACE AMONG THE COLLEGES.

42. SHOULD ONTARIO LAW HAVE A REQUIREMENT SIMILAR TO THE ONE IN NEW ZEALAND?

OPA BELIEVES THAT INTERPROFESSIONAL COLLABORATION SHOULD BE ENABLED AND SUPPORTED BY LEGISLATION, BUT NOT REQUIRED. COLLABORATIVE PRACTICE MODELS NEED TO BE EMBRACED BY COLLEGES AND TAUGHT IN UNIVERSITIES DURING THE FORMATIVE YEARS OF PROFESSIONAL PROGRAMS THEN INTEGRATED INTO PRACTICE. TO REQUIRE COLLABORATION BY LAW, AS IN NEW ZEALAND, COULD BE PERCEIVED NEGATIVELY, AND CAUSE HEALTH CARE PROFESSIONALS TO BE LESS WILLING TO WORK



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TOGETHER THAN IF COLLABORATION WERE SIMPLY
ENCOURAGED, FACILITATED OR ENABLED.

ON BEHALF OF THE ONTARIO PHARMACISTS'
ASSOCIATION, I WOULD LIKE TO THANK YOU
ONCE AGAIN FOR ASKING THESE THOUGHT-
PROVOKING QUESTIONS, AND FACILITATING THIS
IMPORTANT DISCUSSION. IF YOU REQUIRE
FURTHER INFORMATION, PLEASE DO NOT HESITATE
TO CONTACT ME.

SINCERELY,



DENNIS A. DARBY, P.ENG.
CHIEF EXECUTIVE OFFICER



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APPENDIX A: MINIMUM LIABILITY COVERAGE FOR PHARMACISTS

COLLEGE BY-LAW, ARTICLE II, MEMBERSHIP IN THE COLLEGE

2.2.1 INTERNS AND PHARMACISTS IN PART A OF THE REGISTER MUST MAINTAIN PERSONAL PROFESSIONAL LIABILITY INSURANCE AS FOLLOWS:

2.2.1.1 LIMIT OF LIABILITY

AN AMOUNT OF \$2,000,000 PER CLAIM OR PER OCCURRENCE AND \$4,000,000 ANNUAL AGGREGATE IS THE ACCEPTABLE MINIMUM LIMIT OF COVERAGE.

2.2.1.2 DEFINITION OF INSURED SERVICES

THE DEFINITION OF INSURED SERVICES NEEDS TO CONTAIN LANGUAGE FOR COVERAGE OF THOSE PROFESSIONAL SERVICES IN THE PRACTICE OF PHARMACY AS REGULATED BY THE ONTARIO COLLEGE OF PHARMACISTS.

2.2.1.3 TYPE OF INSURANCE

BOTH "CLAIMS MADE" AND "OCCURRENCE" FORM POLICIES WILL BE ACCEPTABLE.

2.2.1.4 RETROACTIVE DATE

THE POLICY MUST NOT CONTAIN A RETROACTIVE DATE AND MUST PROVIDE FOR FULL PRIOR ACTS PROTECTION.

2.2.1.5 EXTENDED REPORTING PERIOD (ERP)

AN ACCEPTABLE 'CLAIMS MADE' POLICY REQUIRES



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AN EXTENDED REPORTING PERIOD PROVISION FOR A MINIMUM OF 3 YEARS.

2.2.1.6 PERSONAL PROFESSIONAL LIABILITY INSURANCE COVERAGE

THE POLICY MUST BE ISSUED IN THE NAME OF THE INDIVIDUAL MEMBER AND PROVIDE THAT MEMBER WITH MOBILITY AND COVERAGE WHEREVER IN ONTARIO THAT MEMBER PRACTICES.

2.2.1.7 EVIDENCE OF INSURANCE

A CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE, PROVIDED BY THE INSURANCE COMPANY, SHOULD BE SECURED BY THE MEMBER FOR THEIR RECORDS AND MAY BE REQUIRED ANNUALLY FOR REGISTRATION WITH THE COLLEGE. THE CERTIFICATE WILL CONFIRM COMPLIANCE WITH THE CRITERIA PRESCRIBED BY THE COLLEGE.

THE OCP RESERVES THE RIGHT AS A PART OF ANNUAL REGISTRATION RENEWAL PROCESS, TO PERIODICALLY SECURE THE PROFESSIONAL LIABILITY INSURANCE WORDING FOR REVIEW.

2.2.1.8 LEGAL DEFENCE PAYMENTS

LEGAL DEFENCE PAYMENTS FOR REGULATORY PROCEEDINGS OR OTHER LEGAL PROCEEDINGS POTENTIALLY AFFORDED BY A PERSONAL PROFESSIONAL LIABILITY POLICY MUST NOT ERODE THE MINIMUM LIMIT OF LIABILITY (\$2,000,000 PER CLAIM OR OCCURRENCE AND \$4,000,000 ANNUAL AGGREGATE) AS REQUIRED BY THE OCP POLICY FOR PERSONAL PROFESSIONAL LIABILITY INSURANCE.

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