



**Coalition Members
2007-2008**

*Canadian Association for Child and Play
Therapists (CACPT)*

*Canadian Association for Pastoral
Practice and Education (CAPPE Ontario)*

*Canadian Counselling Association –
Ontario (CCA)*

*Canadian Art Therapy Association
(CATA)*

*Music Therapy Association of Ontario
(MTAO)*

Ontario Art Therapy Association (OATA)

*Ontario Association of Consultants,
Counsellors, Psychometrists and
Psychotherapists (OACCCPP)*

*Ontario Association for Marriage and
Family Therapy (OAMFT)*

Ontario Chaplain's Association (OCA)

Ontario College Counsellors (OCC)

*Ontario Society of Psychotherapists
(OSP)*

*Professional Association of Canadian
Christian Counsellors (PACCC)*

Supporting Members

Adler Professional Schools (APS)

*Canadian Addiction Counsellors
Certification Foundations (CACCF)*

*Canadian Association for Sandplay
Therapy (CAST)*

Family Enrichment Centre (FEC)

ISIS-Canada (EAT)

Ontario Multifaith Council (OMC)

WarrenShepell/fgi

May 30, 2008

Ms. Annie Schiefer, Project Manager
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
Suite 806, Box 18
Toronto ON M4V 2Y7

Dear Ms. Schiefer,
On behalf of the Ontario Coalition of Mental Health Professionals, I am pleased to provide our submission in response to the Health Professions Regulatory Advisory Council (HPRAC) consultations on Inter-professional Collaboration.

The Coalition represents well-established professional associations, training institutions, as well as a number of agencies employing mental health professionals. As such, we promote the development of policies and practices for the provision of accessible, competent, and accountable clinical counselling and psychotherapy services.

We appreciate the opportunity to be heard on this matter. Inter-professional collaboration among both regulatory colleges and members of the regulated professions is a goal we whole-heartedly support as something that is essential to ensuring that care is client-centred, accessible and cost-effective.

It is our fervent hope that the process currently underway will result in concrete recommendations and actions that will further inter-professional collaboration among regulated health colleges, as well as among regulated health professionals while preserving the principals of self-regulation among the various health professions.

Thank you again for the opportunity to be consulted on this issue.

Sincerely,

Naseema Siddiqui, MA (C)OACCCPP
Chair,
Ontario Coalition of Mental Health Professionals

Inter-professional Collaboration

Response to the Health Professions Regulatory Advisory Council's
Invitation to Comment on Inter-professional Collaboration



Submitted by the
Ontario Coalition of Mental Health Professionals

May 30, 2008

Introduction

The Ontario Coalition of Mental Health Professionals (“the Coalition”) is grateful for the opportunity to participate in the Health Professions Regulatory Advisory Council (HPRAC) consultations on inter-professional collaboration.

As new approaches to health care look for ways to improve access, quality and cost-effectiveness, it is critical that we fully recognize the benefits that would accrue to Ontarians if the entire range of health service providers were made available to them. Both HPRAC and the Government of Ontario should be applauded for their leadership in continuing to expand the frontiers of recognized health professions and the role that they should play in a truly modern healthcare system. The establishment of new regulatory colleges is but one example of this leadership, as is the Minister’s request to examine the prospects for greater inter-professional collaboration.

Inter-professional collaboration among both regulatory colleges and members of regulated professions is a goal we most whole-heartedly support. Indeed, we believe that collaboration between professionals is essential to ensuring that our clients’ best interests are served and for delivering accessible and cost-effective care. This is particularly obvious when one considers the fact that no one profession or college could adequately respond to the variety of healthcare needs in Ontario.

Instead of treating a symptom in isolation, collaboration invites both clients and their care providers to consider a broader perspective on health. It also opens the door for professionals to better appreciate one another’s expertise and to look for opportunities to leverage that expertise, in the interests of the client.

Inter-professional collaboration, in the context of regulated health professions, is not only about protecting the public, but enhancing those services available to them.

As representatives of health professionals not yet governed by an existing regulatory college, we will necessarily bring a different perspective to the issue. In particular, we are mindful of the role that those professionals *not* covered by the *RHPA* play within the delivery of health services. While perhaps not the focus of HPRAC’s current work, it may be remiss to forget that inter-professional collaboration between regulated health professionals and those currently not regulated will deliver benefits for clients as well.

About the Coalition

The Coalition represents well-established professional associations whose members provide a wide range of mental health services. Coalition members include:

- Canadian Art Therapy Association – Ontario (CATA)
- Canadian Association for Child and Play Therapists – Ontario (CACPT)
- Canadian Association for Pastoral Practice and Education in Ontario
- Canadian Counselling Association – Ontario (CCA)
- Music Therapy Association of Ontario (MTAO)
- Ontario Art Therapy Association (OATA)
- Ontario Association of Consultants, Counsellors, Psychometrics and Psychotherapists (OACCPP)
- Ontario Association for Marriage and Family Therapy (OAMFT)

Ontario Chaplains Association (OCA)
Ontario College Counsellors (OCC)
Ontario Society of Psychotherapists (OSP)
Professional Association of Canadian Christian Counsellors (PACCC)

In addition to members covering the spectrum of professionals engaged in mental health, the Coalition's supporting members include training institutes and other organizations including Adler Professional Schools, ISIS-Canada (Expressive Arts Therapy Institute), WarrenShepellfgi, the Canadian Addiction Counsellors Certification Foundations (CACCF), Canadian Association for Sandplay Therapy (CAST), Family Enrichment Centre (FEC), and Ontario Multifaith Council as supporting members.

The Coalition promotes the development of policies and practices for the provision of accessible, competent, and accountable clinical counselling and psychotherapy services. Our collective focus is on the importance of public protection, professional competency, consumer access and the right-to-choose, as well as cost-effectiveness with regard to the delivery of mental health services.

The Coalition is pleased to have the opportunity to contribute to the development of a more collaborative approach by professional colleges, as well as members of the health professions, in order to ensure that patients will receive timely access to the best quality care.

Responding to the Consultation Discussion Guide Questions

The Coalition appreciates the opportunity to participate in the current consultation regarding inter-professional collaboration among Colleges and members of regulated professions.

As part of this process, representatives of the Coalition met on a number of occasions to consider the questions proposed for discussion by HPRAC. As members of professions not currently under statutory self-regulation, there were a number of questions that we could not speak to directly. Nonetheless, we felt that we could bring a unique perspective to some of the issues.

For the purposes of this submission, we have grouped the questions into specific categories and have provided a single response to each category, as opposed to responding to each question.

Defining Inter-professional Collaboration

HPRAC has offered the following definition of inter-professional collaboration:

Any initiatives should be directed to finding ways to:

Assist health regulatory colleges and their members to work collaboratively, rather than competitively, and to learn from and about each other through a process of mutual respect and shared knowledge to:

- Improve patient care and facilitate better results for patients;
- Protect the public interest; and ensure the highest standards of professional conduct and patient safety;
- Regulate the health professions in a manner that maximizes collective resources effectively and efficiently, while protecting the public interest;
- Optimize the skills and competencies of diverse health care professionals to enhance access to high quality and safe services;
- Ensure access to high quality and safe services no matter which health profession is responsible for delivering care or treatment, and
- Enhance scopes of practice to ensure that all regulated health professionals work to their maximum competence and capability.

While the Coalition agrees with the overall understanding of the concept of inter-professional collaboration, we suggest that the language used needs to be more inclusive in recognition of the evolution of our understanding of health. Specifically, we would highlight the use of the word 'patient', which we believe denotes someone who is sick or unwell. In reality, many people appropriately seek and require health services to maintain their good health and proper development. Referring to patients as "clients" instead would be more inclusive and reflective of the population making use of healthcare services by embracing both a medical and bio-psychosocial model.

The definition of inter-professional collaboration, in the aspirational manner in which it is expressed here, must also seek to embrace both the diversity of health service professionals and accessibility to that diversity. Collaborative approaches to care, should operate within a framework that recognizes that any regulated profession ought to be capable of identifying its own limits while developing a network to whom its members will refer clients, as required, according to their ethical obligations.

Placing the client at the centre of care should also be part of our understanding of collaborative care, as should the notion of the client being able to access environments in which health professionals work in a truly collaborative fashion side-by-side. Not only would this require specific incentives to ensure that health professionals are working in true collaboration, it would also necessitate increased co-training of healthcare professionals to provide these services. By encouraging more opportunities for health professionals to work and learn together, clients will benefit from reducing the number of unnecessary visits, showing our respect for their time and their emotional investment in their health, while also reducing overall demands on the healthcare system.

Barriers to Inter-professional Collaboration

The fact that inter-professional collaboration is the exception, and not the rule, in the delivery of healthcare services, certainly suggests the existence of barriers. A systematic and consultative approach to identifying these barriers, therefore, is a welcome development and we are pleased to be part of that process.

While the removal of barriers is a laudable goal, even today there are risks that new barriers may be created as work continues to expand regulation to other healthcare professionals. While ours are not yet statutory self-regulated professions, the professionals we represent certainly have concerns that the barriers that currently exist could potentially be exacerbated as new, less medically-focussed professionals, become regulated.

This may be the case if various scopes of practice become more limited due to cultural differences between the regulatory colleges and the language each chooses as a result. Shifting our collective thinking and language to embrace a psychosocial model in addition to a medical model will allow for better collaboration between distinct health professions.

In this regard, the Coalition is particularly conscious of the potential for the definition of the controlled act of “psychotherapy” to become a barrier to collaboration, if not approached carefully. Even as we consider the need to examine barriers to inter-professional collaboration with a view to their removal, we must also be vigilant to ensure that no *new* barriers are created which could negatively impact the goal of increased inter-professional collaboration.

The topic of liability insurance as a potential barrier to inter-professional collaboration was also raised in the discussion documents. Indeed, we would agree that concerns about the adequacy of another professionals’ insurance coverage could pose a barrier to full collaboration or appropriate referral and delegation.

While we would agree that all regulated health professionals should be required to hold a minimum standard for professional liability insurance coverage, we feel that this cannot be an arbitrary standard applicable across the board for all professionals. Instead, the minimum requirement for liability insurance should be determined by an assessment of the specific risks for each profession and services offered, as well as guided by an awareness of the risks to access associated with insurance premiums that are too high for members of a profession to bear.

Developing Enablers for Collaboration Among The Colleges

Bill 171, *the Health System Improvements Act*, clearly intended for Colleges to work more collaboratively with each other, something that we applaud. In this section, the discussion guide examines what structures, processes, and/or legislation/regulation might be needed to facilitate or require collaboration among Colleges.

Clearly, the legislative framework governing the regulation of health professionals should not be permitted to present inappropriate barriers to collaboration among the Colleges. However, in the absence of any clear sense of true legislative barriers, it's not clear that there is a need for the legislation to include positive statements that specifically encourage, require, facilitate and enable collaboration among the various regulatory Colleges.

In order to encourage and facilitate collaboration among the Colleges, the Coalition recognizes that the RHPA *may* ultimately need to be altered to require inter-professional care, legislate, monitor and enforce compliance by the Colleges. However, that being said, we would encourage that these goals be achieved first through other means, including approaches to funding (e.g. of health services), education, and the creation of new incentives before embarking down the legislative route.

In this respect, the Colleges themselves will need to provide funding to train health professionals to understand the value of, and recognize opportunities for, collaboration. Moreover, as *payers*, both government and insurance companies will need to encourage the concept of interprofessional care and will need to collaborate with the Colleges to ensure that this initiative is fully supported and feasible.

While collaboration between the Colleges is clearly something to be encouraged, the principal of *self*-regulation needs to continue to be respected and the independence of Colleges needs to be maintained. The preservation of the principal of self-regulation would be of particular interest for those professions who might be smaller, less established, or newly established given the potential for power imbalances which could overwhelm any hope for equitable treatment. Put simply, collaboration need not – nor should not -- come at the expense of the operation of independent Colleges.

While the focus on preserving self-regulation at a policy level is critical, we do acknowledge that there may be opportunities for Colleges to share certain administrative responsibilities as a means to operate in a more cost-effective and efficient way. That being said, we would not recommend this as a strategy for enhancing inter-professional collaboration and, in fact, would argue that it could serve to undermine that goal. Sharing administration functions could potentially lead to conflict and competition rather than collaboration, unless appropriate governance mechanisms are put in place over those administrative supports to ensure equity and fairness among the participating colleges in recognition of the diversity among them. It is out of this concern that, if this were the route taken, we would not recommend that any particular college be responsible for discharging administrative responsibilities for another, but that a separate support entity providing straightforward administrative tasks (e.g. purchasing, payroll support, etc.) be established at arms-length. This could address the concerns about unequal treatment and access to administrative support, but even then the potential to undermine the goals of inter-professional collaboration may exist. And to what end?

As the discussion guide indicated, some have argued that inter-professional collaboration would be furthered through a regime in which regulators were encouraged to work together on areas of quality assurance, complaints and discipline. Indeed, in some jurisdictions, this has been pursued through common complaints, investigatory and/or disciplinary frameworks. Are these structural changes something that Ontario should pursue in order to advance the objective of inter-professional collaboration?

The Coalition believes that a common authority to address complaints, investigations and disciplinary matters would raise serious concerns given the significant differences between various health professions. These differences may require specific approaches at times. Furthermore, a single complaints model in Ontario (either for all regulated health professions, or covering grouped professions) could pose a threat to the equality of all Colleges and raise issues related to how to ensure College support for these new structures in an equitable manner.

That being said, we believe that there is room to ensure greater similarities between the complaints, investigative and disciplinary procedures among Colleges. Common principles and values around these processes should be adopted and adhered to by each College, while recognizing the need for individual Colleges to have the flexibility to work around the realities of each specific profession. While the Colleges should work together in a more collaborative manner, collaborative investigations of professionals who have received complaints will not lead to greater efficiency. Professionals need to be investigated and assessed by peers of the same profession, with discipline being decided and enforced by a professional's own College.

Quality assurance is a priority for the Coalition and a joint quality assurance program among relevant colleges could bring people to a common place and understanding, creating a base line of standards of practice that the Colleges can then incorporate into their own programs. While legislative change in this area has the potential to ensure a degree of consistency among the Colleges, the Coalition feels that it would be advisable to start this process on a *voluntary* basis, embracing the spirit of inter-professional collaboration and negotiating with the Colleges to find common ground.

While we do not believe it appropriate to create a new over-arching authority to deal with complaints, discipline, or quality assurance programs, we do see a role for an independent body for the purposes of facilitating and supporting collaboration among the Colleges. However, we see this body existing as a resource and not as an authority governing health Colleges *per se*.

Furthermore, we see this entity as acting as a kind of secretariat that would help implement leadership that could come from the ministerial level. The Coalition is comfortable with the idea of the Minister of Health, using his existing powers under the RHPA, engaging in specific collaborative initiatives, ideally to initiate the dialogue between Colleges. The Minister should then endorse and support an independent secretariat to work on behalf of government to ensure that all of the Colleges are working together to encourage collaboration and report regularly on progress.

The Minister should provide financial incentives to the Colleges to encourage collaboration and facilitate the administration required to develop and implement the new processes. In return, the Colleges should be required to report annually to the Minister or the public regarding their collaborative activities and progress.

Issues such as conflict of interest, advertising, record keeping and the consent process should be addressed by the development of minimum guidelines, standards and policies which would be consistent across all the Colleges, but which the Colleges can then elaborate upon to fit the needs of their individual organization and or profession. In this way, there will be a consistent baseline of standards while appropriately recognizing that needs from profession to profession and college to college may vary.

At the clinical level, greater collaboration among the Colleges will serve to enhance inter-professional care by providing the opportunity for healthcare providers to share knowledge, provide consistent, quality care, set minimum standards for care and create a better system for referrals.

We would not support the development of a regime for autonomous self-regulation. We believe that ministerial approval of College regulations is an important check-and-balance, particularly in areas in which responsibilities between Colleges (or for professionals under non-statutory self-regulation) could be seen to overlap. For example, it should be acknowledged that the possibility exists for conflict to occur between colleges which may share controlled acts. It is the government who, under these conflict scenarios, who can balance the interests of the professional community, public access, and the protection of the public.

Inter-professional Care at the Clinical Level

We believe that greater collaboration among regulatory colleges can help facilitate inter-professional care, but by no means is this the only – or even the most important – way to achieve this goal. Leadership by government, educational institutions, and the healthcare community are the most critical components for achieving a more collaborative practice environment at the clinical level.

We agree that the goal should be to ensure that all patients have the opportunity to access health services that are truly collaborative in nature. That being said, we don't know that a positive legal requirement, similar to New Zealand, is the way to achieve this, particularly if not supported by real on-the-ground initiatives (e.g. funding models for multidisciplinary care, collaborative training opportunities, etc.) that foster and support a culture on inter-professional collaboration. Furthermore, when considering creating such a positive legal duty, it would be important to have a more fulsome understanding of the potential risk posed to health providers.