

May 30, 2008

Ms. Barbara Sullivan, Chair
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
Suite 806 Box 18
Toronto, Ontario, Canada
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Dear Ms. Sullivan:

Re: Interprofessional Collaboration referral

The Ontario Society of Medical Technologists appreciates the opportunity to comment on the *“Consultation Discussion Guide on Issues Related to the Ministerial Referral on Interprofessional Collaboration among Health Colleges and Professions”*. Although our comments are general in nature, we trust that they will be considered during the overall review of the responses.

It is premature to comment on the impact that the amended Regulated Health Professions Act will have on interprofessional collaboration (IPC). The RHPA now includes sections from the Health System Improvements Act, 2007 and regulatory colleges are only currently in the process of implementing the requirements. The OSMT supports another review of the Act once the colleges and their respective professions have experienced the implications of the amendments. Relative to the original RHPA, the Act appeared to neither restrict nor foster IPC. The RHPA did impose restrictions on the sharing of information amongst the colleges that could, in some situations, have served as a roadblock to public safety. We are pleased that this has been addressed by the Health System Improvements Act although the latitude given to the colleges in this respect should be clarified.

Our next comments deal with the barriers and enablers to collaboration among the Colleges. It is the opinion of the OSMT that the concept of legislating IPC is an unrealistic one although legislation can be made to accommodate it. The Public Hospitals Act may need further review to remove some existing barriers to IPC. Boundaries are intrinsic to human nature and, in the case of healthcare provision, are very necessary to public safety. Overlaps in the provision of health services can be addressed by amendments to the scopes of practice for the individual health professions. The mechanism for this has already been established by HPRAC. That the Minister has made a referral to review the scopes of practice of numerous professions in the midst of the IPC initiative is commendable and presents a means to foster improvements in collaboration between the professions.

The OSMT also recognizes that a collaborative approach to patient care, if carried out appropriately, would result in positive outcomes for the public and economic efficiencies in our understaffed healthcare system. As demonstrated by the inter-cultural harmony that Canadians have created amongst our citizens from every corner of the world, healthcare collaboration can be also achieved. This can probably be most effectively realized, in the long-term, by a restructuring of the education system for health disciplines that fosters partnership and respect through team learning environments rather than profession-specific silos. This philosophy and practice should continue at the delivery level by using systemic structures such as the LHINs.

With respect to the regulatory bodies' willingness and abilities to enhance IPC, this has already been clearly demonstrated by the self-initiated formation of the Federation of Health Regulated Colleges of Ontario (FHRCO). FHRCO has made enormous strides in demonstrating how the current regulatory system can address mutual concerns and resolve common challenges. An outstanding example is the development of *An Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario*. This guide provides information and tools that can be used by all regulated health professions for what had previously been a complex and confusing path to the protocols of orders, delegations and directives.

While it is recognized that FHRCO has performed most admirably in a co-operative approach to regulation, the OSMT does have a significant issue about its operations. FHRCO has removed the concept of transparency from the public realm. Under the FHRCO umbrella, the colleges now perform regulatory functions and carry out activities and initiatives to which neither the public nor the professions themselves have access. We would like to see this rectified. Perhaps it would be appropriate to mandate public access to FHRCO meetings as it is currently mandated for the public to have access to the individual colleges' council meetings.

Lastly, we wish to address the question of mandatory professional liability insurance. The OSMT supports the requirement for regulated health professions to carry professional liability protection. However, while the RHPA allows the colleges to name themselves as umbrella policyholders, we feel this would be in conflict of interest. As the majority of college council members are also members of the profession, claims which may result in increased rates may influence the disciplinary processes. Our recommendation is that the colleges mandate PLI for their registrants but that the registrants be allowed to choose their own provider. The OSMT also thinks that mandatory professional insurance coverage will not have a significant impact on the receptiveness to IPC. We believe that the integrity of the health professions is focused on the prevention of situations which create liability issues rather than on the safety net that insurance provides.

We thank you again for this opportunity to participate in this consultation.

Sincerely,



Blanca McArthur
Executive Director