



Interprofessional Collaboration

Submitted to: The Health Professions Regulatory
Advisory Committee

Submitted by

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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?

RPNAO believes that one of the biggest barriers to interprofessional collaboration is the long standing unequal balance of power, and thus the review process should be designed to find ways to equal the balance of power and ensure that no profession has the power to influence decisions about the scope of practice of another profession and indeed that even within one profession, no single group of professionals can influence decisions about others within their profession that may be seen as having less power. The RHPA and HPRAC should work to ensure that the hierarchy of professions is eliminated and that all professions and professionals are treated equally in any regulations and legislation.

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?)

The overlapping scopes of practice act both to encourage and prevent collaboration between the Colleges. The fact that scopes overlap has forced the Colleges to work together, however, it is often in an adversarial manner. The Ministry still perpetuates the hierarchy of the professions and the hierarchy within professions by listening to one profession's or role's perspective over the others. It is common practice for the Ministry when a College puts forth a request to change regulations, to require that profession to get the "approval" of another profession. For example, nurse practitioners must get approval from medicine in order for a request to be approved. Without that approval, the Ministry will not accept the proposed changes. In particular, if physicians do not accept a proposed change, the Ministry will not put it forth, and in fact, the physicians in essence have veto power. This is well known in the regulatory colleges' circles and the profession in general. While the RHPA itself does not enable this, it is the process of how the RHPA is enacted and how regulatory changes happen that is flawed.

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?

The largest legislative barrier to interprofessional collaboration is the Public Hospitals Act, which entrenches the power of one profession (physicians) in legislation. The requirement in legislation to have physicians on the board of a hospital and the requirement for a Medical Advisory Committee effectively places one profession in a position of power over others. The fact that there is no requirement for other professions to be on the board or to advise on clinical issues is often used as a way to prevent other professions from having a voice – thus eliminating interprofessional collaboration. RPNAO recommends that the PHA be amended to include all professions and make them equal. If there is to be a profession entrenched on hospital boards, it should be a representative from each major profession (with a critical mass). Also, the term “medical care” should be expanded to say “clinical care” to ensure that board members and administration who are not clinical, understand that there are other professions, who represent clinical practice that is not strictly medical. It is important that the act governing hospitals, whose boards are largely non-clinical people, does not perpetuate the stereotype that all clinical care is “governed” by physicians. It is not unusual for hospital board members to think that nurses’ practice is only under the direction of physicians, and the PHA perpetuates this belief.

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?

The existence of medical committees within the Ministry of Health (e.g. Physician Services Committee) that determine the practice of other professions (i.e. nurse practitioners and midwives) acts to again perpetuate that physicians can determine the practice of other professions. When discussing any practice issues, representation from all regulatory Colleges whose practice is discussed should be required. These committees do not have regulatory college representation, which leads to a lack of authority for scope of practice decisions by the college. This leads to a lack of trust in the Ministry’s processes, and to a question of, “are we self regulating or not?” If the decisions regarding practice of a profession are actually made at the Ministry level, and not at the College level, then self regulation is in fact a façade. In addition, the Ministry should not be allowed to negotiate with one profession any issues that affect the practice of another profession. For example, the OMA negotiations with the Ministry have consistently negotiated issues that affect nurses and nurse practitioners. This practice should not be allowed to continue.

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?

As discussed above, the cultural barriers, particularly in hospitals are huge barriers to interprofessional collaboration. However, RPNAO does NOT believe that professional councils should be eliminated, in fact they are extremely important. RPNAO does believe that every hospital should be required to have a Professional Practice Committee that all professional committees (Medical Advisory Committee, Nursing Council, other professional councils) should report to, and that it is the Professional Practice Council that should report to the Board, thus giving voice to all professions, instead of just one. HPRAC could take the leadership through this review to make this strong

recommendation to the government. Professional associations have long lobbied for this change, to no avail, and the government needs a recommendation that comes from a seemingly unbiased entity such as HPRAC to make this happen.

6. Do you have evidence from your experience that liability issues are a barrier to interprofessional care?

RPNAO believes that the barrier of liability is more a perception than a reality. The possible liability of one profession for the practice of another is often used as an excuse for why the scope of practice of one profession should not be fully implemented or expanded. For example, it is not unusual for a Registered Nurse to say that he or she is “responsible” for the care of a Registered Practical Nurse, or for a physician to say that he or she would be sued for care provided by another profession. RPNAO recommends that the liability groups work together similarly to the CMPA and CNPS have done for nurse practitioner liability.

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

RPNAO agrees that regulated health professionals should hold minimum professional liability insurance, but also believes that this must be funded by the Ministry for all professions. If one or two professions have this funded by the Ministry (as is the case currently), then all professions should have this support. The inequities in the system only add to the animosity between professions. It is important to note that regulated health professionals who are “employees” of a health care facility are often covered for insurance by their employer. However, this insurance is often inadequate for the individual practitioner.

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

RPNAO believes that the coverage requirements need to be flexible to reflect changing litigation precedents.

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?

RPNAO recommends that all profession acts be amended to include the requirement for not only inter college collaboration, but for interprofessional and intraprofessional collaboration. If this is a regulated requirement, all Colleges would be required to develop and implement professional practice standards for collaboration.

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

See response re Public Hospitals Act. Also, while the Occupational Health and Safety Act is designed to ensure the safety of all workers, the lack of monitoring of compliance with the Act is often a barrier to ensuring that all professions are treated equally in workplace safety.

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

When new professions are implemented and regulated, or existing professions are regulated it is important to ensure that all professions whose practice would be affected by the profession's professional practice standards are invited to participate in the development of the new College's standards. For example, If Physician Assistants in Ontario were to become regulated, nursing, medicine, midwifery etc. should be required to collaborate with the new College.

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

Common services such as annual renewal processes could be shared between colleges. This would allow for cost savings between colleges, thus balancing the fees paid by professionals. Currently, the fees paid by professionals are very different, with higher fees often paid by the smaller professions.

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?

RPNAO believes that consistent approaches for complaints, investigations and disciplinary matters would help to increase collaboration amongst professions. If a professional works in an environment where one profession is seen to be treated differently to another, there is often conflict and underlying tension. There is currently a, "we are better than you" approach when professions compare their processes. The College of Nurses of Ontario processes have been heralded world wide as excellent and should be used as a model for others with less infrastructure to develop and implement good processes.

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?

Joint committees would encourage collaboration and would allow professions to work together to deal with concerns that affect an interdisciplinary team. As the health care environment moves towards more interdisciplinary teamwork, it is essential that the statutes that govern them reflect the practice and allow for solving of issues in an interdisciplinary way and not in isolation of the team.

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?

A single complaints model would ensure that responses to complaints would be treated in a consistent manner. Interprofessional and intraprofessional issues would be dealt with using a best practice approach and thus would lead to the best possible outcomes.

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?

RPNAO believes that when complaints or reports relate to the practice of an individual or individuals within the team context, it is important to ensure that the investigation is carried out in an interdisciplinary context and that the resolution is one that aims to deal with the systemic failures and the team environment.

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

Yes, RPNAO believes that regulatory Colleges should have the authority to collaborate where reports and complaints relate to professionals in a multidisciplinary setting.

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

RPNAO believes that collaboration could contribute to improved patient safety.

21. Is legislative change required to accomplish these goals?

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?

RPNAO believes that a joint quality assurance program would help to improve understanding between professions. Currently, the differences in requirements for quality assurance programs have led to a lack of respect for those professions whose quality assurance program is deemed to be “inferior” to another’s. For example, some Colleges require specific levels (numbers of hours) of continuing education, while others require a plan for continuing education, but no specific number of hours. RPNAO believes that the Ministry should fund research to show what quality assurance programs are most effective and lead to improved professional 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?

RPNAO does not believe that it is the scope of practice that should govern the quality assurance program, but rather that there should be a framework developed for all Colleges that outlines the types of activities that are best practices in quality assurance programs. This would lead to improved understanding that all professions are held to the same standards regarding the aspects of quality assurance such as continuing education.

24. Is legislative change required to accomplish these goals?

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?

RPNAO believes that while there may be some merit to having the Colleges work together on common standards of practice and professional practice guidelines, the addition of yet another organization only adds another level of bureaucracy that is unnecessary. Adding another body that is arm's length would add to the current question about whether the government truly believes in self-regulation or continues to want to "control" the regulatory colleges, even at arm's length.

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.

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

If the Ministry wanted to have a body that looked at consistent professional practice standards etc., there are possibly 2 bodies that they could consider: 1) The Professional Practice Network of Ontario (an organization dedicated to professional practice in an interdisciplinary environment), or the Federation of Health Regulatory Colleges.

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

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?

RPNAO recommends that the RHPA should require regulatory colleges to work collaboratively, and that it should also require professionals to work collaboratively. However, RPNAO believes that specific measures of this should be identified and used to measure compliance with this requirement.

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

Yes, the ministry should provide financial assistance to Colleges to undertake these activities to avoid the costs being downloaded to the members of colleges through increased fees.

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?

RPNAO believes that there should be specific measures/best practices identified to measure the success and/or compliance with this requirement. Once these are identified, the appropriateness of public or ministerial reporting should be determined.

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?

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.)

RPNAO believes that the issues of standards of practice and professional practice guidelines are less in the development of them, but more in the implementation of the standards. For example, there are still significant issues within the profession of nursing in that the standards of practice would say that RPNs can perform certain acts, and yet, in reality, they are not allowed to by administrators or employers. There are also discrepancies in when and how all nurses can enact their scope of practice. For example, nurses in rural and remote areas are “allowed” to do far more than those in urban settings, nurses in community do far more than those in hospital, nurses in a hospital after 6:00 p.m. can do more than they can do before that time. These discrepancies continue to confuse the system, and lead to professional dissatisfaction. RPNAO recommends that these issues be taken in to consideration when deciding any structures and processes to facilitate collaboration on standards of practice or professional practice guidelines.

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?

RPNAO believes that the development of a toolkit could be useful to help facilitate collaboration between colleges.

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

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

RPNAO believes that the standards of practice should be legally enforceable to allow the regulatory colleges to have the clout necessary to fulfill their mandate to ensure the safety of the public. Without this legal backing, they are not taken as seriously as they could be by both the public and their members.

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?

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

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

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

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?

RPNAO believes that the biggest issues for interprofessional practice are in fact at the clinical level. We believe that the issues are both inter and intraprofessional. There should be regulatory requirements for health care providers to collaborate to provide the best quality patient care. There must be best practices in interprofessional care determined with valid and reliable measures in place to determine if individuals and teams are meeting the standards. The RHPA could be amended to reflect best practice and to require Colleges to measure compliance within the quality assurance requirements of the legislation.

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

RPNAO believes that this requirement is a serious one and needs serious support to ensure it happens. RPNAO would support a law requiring health care providers to work and communicate effectively in or between teams, but would strongly suggest that there must first be best practices determined along with effective measures put in place in order to monitor and enforce compliance.

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