

Interprofessional Collaboration Consultation

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

Submitted by the
Ontario Association for Marriage and Family Therapy



"Helping with life's most precious relationships"

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Introduction

The Ontario Association for Marriage and Family Therapy (OAMFT) is pleased to respond to the Health Professions Regulatory Advisory Council's invitation to participate in this consultation on interprofessional collaboration.

OAMFT is a member group of the Ontario Coalition of Mental Health Professionals which has also submitted a response to HPRAC that is largely endorsed by OAMFT.

OAMFT has voluntarily self-regulated itself in the province for the past 30 years, and has only recently seen the long-term goal of statutory regulation realized with the passage of The Psychotherapy Act, 2007. As a result, OAMFT does not yet have the benefit of experience in working in a regulated environment so our responses are influenced and limited by this reality. However, thanks to the visionary leadership provided by the Minister of Health and Long-term Care in establishing four new regulatory colleges through the Health Systems Improvement Act in 2007, OAMFT members now aspire to register with the new College of Psychotherapists and Registered Mental Health Therapists in future years.

Some sixty years ago, the pioneers of the field of marriage and family therapy were professionals from multiple disciplines and the profession grew out of interprofessional collaboration among psychiatrists, psychologists, social workers, physicians, nurses, and pastoral counsellors who recognized that effective mental health therapy required a holistic, relational, collaborative and systemic approach. This approach has enhanced the capacity for marriage and family therapists to work interprofessionally and many OAMFT members currently contribute these skills on interprofessional teams in various settings.

This HPRAC consultation occurs at an opportune time as it is so germane to the high degree of interprofessional collaboration that will be required during the development of the new Ontario College of Psychotherapists and Registered Mental Health Therapists. Given that the Controlled Act of Psychotherapy will be shared by multiple professions under the RHPA as well as by the Ontario College of Social Workers and Social Service Workers, the ideologies and practice of interprofessional collaboration are particularly pertinent.

Interprofessional collaboration is the new frontier for the health professions in Canada and in Ontario and OAMFT welcomes this development.

OAMFT commentary in this submission will be largely limited to items relevant to the Psychotherapy Act and/or the profession of Marriage and Family Therapy.



Defining Interprofessional Collaboration

HPRAC has offered the following definition of interprofessional 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.

Please comment on the above statement that HPRAC has used to define collaboration among the Colleges. Are there elements that should be added or removed? If so, what are they?

OAMFT endorses the HPRAC defining statement and objectives for interprofessional collaboration among the regulatory colleges. When the Psychotherapy Act, 2007, becomes enforceable, the above definition would necessarily need to include those Colleges whose members will have access to the Controlled Act of Psychotherapy. Thus the vision for Interprofessional Collaboration will need to include professionals beyond those currently regulated under the Ministry of Health and Long-term Care, such as the Ontario College of Social Workers and Social Service Workers.

Eliminating the Barriers to Collaboration among the Colleges

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?)

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?

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?

OAMFT recognizes that in order for barriers to collaboration to be eliminated, intentional attention and political will are necessary. Clearly, given the research demonstrating the health benefits of interprofessional collaboration and care, the best interests and protection of the public takes precedence over protecting the autonomy of individual colleges. While not sufficiently experienced within the current regulatory environment to comment on specifics, OAMFT does recommend the following:

- *An independent oversight body, whose goal it is to facilitate collaboration among the Colleges, review the RHPA, the health profession acts, regulations, existing scopes of practice and standards of practice, with a view to eliminating any current barriers to collaboration while also protecting the autonomy and distinct identities of individual Colleges.*



- *The resulting specific recommendations of this oversight body are reviewed by the Colleges and HPRAC before finalization and implementation.*
- *The oversight body is given sufficient authority to mandate the recommendations.*

Professional Cultural Issues

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?

OAMFT recognizes that while a professional culture enhances professional identity, professional development and professionalism, and that it has actually motivated professionals to lobby for statutory self-regulation, professional culture has also often resulted in “turf wars” that create tension and conflict between professionals.

The challenge is balance.

From our perspective, Colleges exist to protect the public, while Professional Associations promote professional identity and provide the required support to professionals so that they are enabled to be responsible and ethical registrants in their College.

Increased membership in professional associations would give them the necessary involvement and funding to augment professional development opportunities, develop training specific to interprofessional collaboration, involve members in committees that would address matters related to interprofessional collaboration and provide a professional “safe place” where issues and concerns can be addressed outside of the regulatory body.

Professional Associations have the potential for strong positive influence on their members, and thus OAMFT recommends that professional association Membership be a requirement for College registration.

Liability Concerns:

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

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

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

OAMFT recommends that regulated health professionals be required to hold registration in their relevant College AND membership in their professional association in order to be eligible to purchase liability insurance:

- *Membership in a professional association enhances professionalism and thus, hopefully, results in fewer claims due to unethical conduct or incompetence.*
- *Requiring both College Registration and Association Membership would highlight for professionals the relevance of professional association membership to College registration. For example, in some jurisdictions in the USA, where only registration (licensing) is required, state professional associations of Marriage and Family Therapists have lost influence on the development of the profession due to decreased membership. .*

OAMFT recommends that regulated health professionals be required to hold a minimum standard for professional liability insurance coverage. However, this should not be an arbitrary figure applicable to all health professionals. The minimum requirement for liability insurance should be determined by specific risks of harm and precedents set by claims made for each health profession.



Developing Enablers for Collaboration among the Colleges

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?

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

OAMFT proposes that an independent oversight body make recommendations about potential changes to the RHPA (see above). OAMFT suggests that some regulation requiring and enabling collaboration may need to be established, as simply encouraging collaboration may not provide the momentum or structure necessary to accomplish the stated objectives of interprofessional collaboration.

Support to new Colleges

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

Given that the Controlled Act of Psychotherapy will be shared across several Health Colleges, OAMFT recommends:

- *the Transitional Council of the new College of Psychotherapists and Registered Mental Health Therapists be given staff support from the Ministry of Health and Long-Term care by someone well versed in Interprofessional Collaboration issues.*
- *that clinical or academic experience in interprofessional care be a criteria for consideration in selecting Council members*
- *the outcome of this HPRAC consultation be considered by the Transitional Council in making any recommendations regarding standards of practice and entry to practice competencies*

Administrative responsibilities

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

While OAMFT does not have College experience, it would seem that some administrative responsibilities could be shared with related Colleges for cost-effectiveness and efficiency. Perhaps an oversight body could determine whether centralized administrative responsibilities such as payroll, purchasing, facility rentals etc provided to the Colleges would actually streamline tasks and save funds without compromising College identity. Colleges would pay a fee for this service.

Common Structures for complaints, investigations, discipline

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 the amendment? 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?



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?
19. Should Colleges have further authority to collaborate in the disposition of complaints and reports relating to professionals in a multidisciplinary setting or practice?
20. Could such authority contribute to patient safety in interprofessional care?
21. Is legislative change required to accomplish these goals?

*Numerous marriage and family therapists work in interprofessional care settings, such as mental health centres, hospitals, family health teams, community health centres and addiction treatment programs. OAMFT suggests that providing a **common framework or model** while still giving individual Colleges the **responsibility, autonomy and authority** necessary to hold their own members appropriately accountable, would be more effective and less daunting for members of the public who may file complaints.*

Included in the common framework should be common guidelines and processes, as well as decision trees and options for sharing the responsibility- and avoiding duplication of effort- for joint investigations involving multiple professionals arising in interprofessional settings.

Should HPRAC decide NOT to recommend a more unified framework across individual Colleges, then given the momentum toward interprofessional care, greater flexibility will necessarily need to be given to individual Colleges and the act should be amended to enable Colleges to establish joint committees to respond to issues in interprofessional care settings..

A single complaints model (not necessarily a single body applying the model) with options relevant and particular to individual Colleges and/or particular Controlled Acts, would simplify matters for the public, and would save endless revision of the numerous and varying models across Colleges.

OAMFT also recommends that any revision of the current models include a consideration of the benefits of collaborative options such as mediation, conflict resolution and restorative justice as initial steps toward resolving complaints when this would be appropriate.

Legislative change will probably be required to accomplish these goals.

Joint quality assurance program

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?
24. Is legislative change required to accomplish these goals?

The Controlled Act of Psychotherapy which will be shared across professions and across Colleges, is a good example of the necessity to develop common standards of practice or guidelines. In fact, the process of doing so, during the development phase of the new College, may provide good case study material on interprofessional collaboration and team development.



Once common standards and practice guidelines are jointly developed, a joint quality assurance program would benefit both the public and professionals.

While it is the Colleges that must regulate members and ensure their competence to practice and determine standards of practice unique to their profession(s), OAMFT recommends that Professional Associations provide the primary opportunities for continuing education or competence and professional development. In our view, professional education is primarily the responsibility of institutions of learning, professional associations and independent businesses, not the Colleges. Of course, this could only be the case if membership in one's professional association is a requirement for College registration.

Structures and Mechanisms to facilitate collaboration among the colleges.

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, from our limited perspective, given the current duplication of effort as well as the considerable barriers to collaboration, an arm's length oversight body or organization would greatly facilitate collaboration toward common standards.

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.

OAMFT endorses the above mandates for an oversight body that facilitates collaboration and is given the necessary authority to ensure that the Colleges comply.

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

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?

Yes. Directives from the Minister would ensure movement toward the Minister's commitment to interprofessional collaboration.

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



Yes, given the Minister's evident commitment to interprofessional collaboration, financial incentives with strong accountability measures should be a priority.

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?

Yes, such accountability is a key to best performance and implementation of collaborative activities.

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?

An independent body could review the current standards and policies, and make recommendations toward greater consistency across Colleges for many of these matters. However, given the differences between colleges and their scopes of practice, it likely will not be possible, appropriate, nor in the public's best interest to mandate consistency across all colleges for all of the areas noted.

College Autonomy, Authority and Accountability

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?

An independent, arm's length oversight body could be mandated to address issues and make recommendations regarding the formation of joint colleges and facilitate collaboration among colleges who share controlled acts, but more importantly, such a body could set specific guidelines regarding interprofessional care best practices that inform how Colleges set practice guidelines relevant to each distinct profession, recognizing that scopes of practice may need to overlap at times.

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?

Yes, if the Colleges are mandated to use the Toolkit, by the oversight body.

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

The oversight body, in consultation with experts in Interprofessional Collaboration would be responsible for developing the Toolkit. In development of such a Toolkit, all professionals, agencies and Colleges, will likely need to be encouraged to remember that interprofessional collaboration is practiced not for its own sake but toward the interest of those we serve. This is an important distinction that must be made clear in all initiatives toward collaboration so that the public is well served and does not get caught in more wait-times or frustration while professionals are focused more on collaborating than on their patients.



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

Interprofessional Care at the Clinical Level

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?
42. Should Ontario law have a requirement similar to the one in New Zealand?
43. If so, what should the requirement look like and should there be consequences for a failure to meet the requirement?

Through daily experiences many Marriage and Family Therapists discern that the current practice of interprofessional care in clinical settings makes greater collaboration at the College level imperative. Currently, the Colleges do not reflect the interprofessional practice in the field, and leave those who practice interprofessionally with many questions.

Collaboration at the College level would create a larger system or culture of interprofessional care such that it becomes the new standard in care and will be recognized by Professional Associations to be a best practice in health care that they can actively promote. The public will experience the many benefits of interprofessional health care and will rightfully expect appropriate and efficient interprofessional collaboration in a circle of care as an integral part of their health care. OAMFT would applaud the realization of this goal, and recommends that all levels be facilitated to reach it.

While voluntary collaboration among Colleges would already move the Health sector a considerable distance toward the realization of Interprofessional Collaboration as a basic standard of health care, the literature review provided by HPRAC strongly suggests that this is not sufficient. OAMFT agrees and suggests that the Minister, for the sake of expediency, consider legislation requiring health professionals to collaborate – efficiently and effectively – toward the best interest of those they are privileged to serve.



PLEASE ATTACH THE FOLLOWING INFORMATION SHEET TO
YOUR SUBMISSION TO HPRAC.

TO:

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We prefer submissions to be made in Microsoft Word, either on disk (by mail) or by
email when possible. Electronic submissions can be made to:

HPRACSubmissions@ontario.ca.

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