

**ONTARIO SOCIETY OF CHIROPODISTS**

Submission to:

Health Professions Regulatory Advisory Council

Respecting

The Consultation Discussion Guide on Issues Related to the  
Ministerial Referral on Interprofessional Collaboration among  
Health Colleges and Professionals

May 2008

## ***INTRODUCTION***

The Ontario Society of Chiropractors (OSC) appreciates being afforded the opportunity to provide input on "Consultation Discussion on Issues Related to the Ministerial Referral on Interprofessional Collaboration among Health Colleges and Professionals". In principle the OSC is in agreement with attempts to enhance and encourage IPC, and has prepared the following response to the questions raised.

### ***Defining Interprofessional Collaboration***

The OSC is in agreement with the potential advantages and benefits which can be achieved within IPC. At the regulatory level, it is important to clearly define scope of practice issues, and recognize overlap to help encourage collaboration and not competition. To realize maximum success with IPC initiatives the OSC believes that the professional associations must be included in the development of policies and guidelines as these will pertain to and impact on the professionals who they represent.

### ***Eliminating Barriers to Collaboration among the Colleges***

There are many barriers to IPC. The major barrier for Chiropractor members is outdated and non integrated legislations and regulations. The OSC will be involved in the consultation process with HPRAC regarding the Minister's referral regarding chiropractic and podiatry. A detailed report will be provided on this issue.

The structure of the Ontario Health Care system is such that allied health professionals are limited with regards to IPC as they are not able to refer a patient to see a specialist physician without referring a patient first to their family physician, which due to physician shortages, they may not have.

Funding of some of the initiatives could become an issue and the onus should not simply fall with the college or its registrants to have to fund these initiatives, particularly if it were to compromise other college projects.

### ***Liability Issues***

In situations in which treatment may be carried out by a multitude of practitioners, the question of liability can become a concern. IPC between colleges can ensure that all practitioners have a minimum of liability insurance as determined by their colleges.

### ***Developing Enablers for Collaboration among the Colleges***

Interprofessional care at a clinical level is already taking place, but can always be enhanced. The responsibility to help in the establishment of new colleges should not fall on existing colleges as this could eat into their limited resources. These professions have sought to be regulated and should, having been successful, be willing to absorb the costs which go along with being self regulated under the RHPA.

IPC could be encouraged by establishing minimum standards and attempting to standardize some of the administrative policies and practices. Colleges should still

however remain autonomous and the OSC would not encourage merging of various colleges.

### ***Structural Mechanisms as part of IPC***

The OSC believes that there may be some merit in combining the complaints processes between colleges, and in particular in instances which involve multi-disciplinary patient care a combined complaints body could prove to be effective.

When it comes to investigations and discipline, combining the body dealing with the investigations and discipline may prove to be counter productive, and the OSC believes that investigating a complaint and handling the disciplinary outcome should still remain with each individual college.

Mechanisms should be put in place for sharing of information to help facilitate the complaints process. Determining a minimum level of standard and QA would also help facilitate determining methods to handle various complaints as well as determining suitable disciplinary outcomes.

### ***Collaborative Toolkits***

Toolkits might prove to be useful if they include standardized guidelines for colleges. These toolkits should be developed by the colleges with input from the profession through their associations.

### ***Standards of Practice and Professional Practice Guidelines***

There could be merit in establishing a Standards of Practice and Professional Guidelines for colleges with regards to common issues such as conflicts of interest and advertising. There will be profession specific aspects regarding consent and controlled acts, which would still be best dealt with in a manner appropriate to each profession.

### ***College Autonomy, Authority and Accountability***

It is a fine line to maintain and encourage self regulation whilst still ensuring colleges are functioning at their optimum and encouraging aspects such as IPC. Colleges should still have some latitude to help move the profession forward whilst fulfilling their mandate of public protection.

### ***Interprofessional Care at the Clinical Level***

IPC at the clinical level can be enhanced by the colleges working with the government, the associations and the public, to encourage IPC to ensure policies are carried through to delivery of care. IPC does already take place at a clinical level. It should be encouraged by clearly defining scopes of practice, and roles and responsibilities in a team approach, ensuring that all providers have access to each other and removing barriers of inter referral between allied health professionals and specialist physicians.

### ***Conclusion***

The OSC recognizes the importance of IPC and believes this would be best achieved if professional associations are included in initiatives. IPC can be effective when it comes to developing common policies across colleges, but would still need to recognize

fundamental differences. Investigative and disciplinary actions would need to be carried out by each college independently with standardized common guidelines. The ultimate environment for IPC at the clinical level would be one in which all barriers are removed allowing health professionals access to one another's expertise.