

**Building on Strength:  
Creating a Regulatory Environment that Fosters  
Interprofessional Collaboration**

Federation of Health Regulatory Colleges of Ontario Submission  
to the Health Professions Regulatory Advisory Council

May 2008

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On behalf of the Federation of Health Regulatory Colleges of Ontario, I would like to thank you for the opportunity to contribute to the discussion on interprofessional collaboration at the College level.

The health profession regulatory Colleges of the Federation have made a solid commitment to work collectively and support interprofessional collaboration among its members (inter-College Collaboration). In this submission we recommend measures that will advance inter-College collaboration and measures to create a regulatory environment which fosters interprofessional care throughout the healthcare system. We also call for a systems-level advisory body to address workplace issues which are barriers to collaboration at the clinical level.

For our part, the Federation intends to lead by example. Already, we are seen as the "go to" organization for Colleges seeking advice and a forum for interprofessional collaboration. By demonstrating greater inter-College collaboration on emerging issues, our organization will increasingly become a role model for practitioners collaborating at the point of care.

To consolidate and expand the strides we are making, the Federation is seeking a closer partnership with government. Specifically, we urge government to establish a vehicle to enable the Federation – as the collective 'public interest' voice of the Colleges – to become an active partner with government at the policy table. The objective of this partnership would be to ensure the early identification, and resolution, of regulatory issues. The Federation has a public interest mandate and speaks with one voice for the Colleges in this regard. As a partner, we can provide important expert regulatory advice to the legislature and policy makers.

Accordingly, the Federation is pleased to have the opportunity to respond to the Health Professions Regulatory Advisory Council's (HPRAC's) discussion guide. We see this paper as an important first step in working with the Council over the next few months to develop recommendations to government that promote inter-College collaboration and foster collaborative care among regulated health professionals at the clinical level.



Dr. Catherine Yarrow  
President

## I. Introduction

In this submission the Federation of Health Regulatory Colleges of Ontario (the Federation) responds with the collective voice of the Colleges to key issues concerning inter-College and interprofessional collaboration.

### Purpose

The purpose of this document is twofold:

- 1) To describe how the Federation plays a leadership role in fostering interprofessional collaboration among Colleges (or inter-College Collaboration) and how this role can grow; and
- 2) To respond in a general way to the overarching themes presented in the Health Professions Regulatory Advisory Council (HPRAC) Consultation Discussion Guide regarding interprofessional collaboration among health Colleges and professionals.

### Context

Recently, the Ontario Government passed into law the *Health System Improvements Act, June, 2007(HSIA)*. It included measures to update and revise the *Regulated Health Professions Act, 1991 (RHPA)*<sup>1</sup>. Specifically, the health regulatory Colleges were given the objectives to:

- promote and enhance relations between the College and its members, other health profession colleges, key stakeholders and the public;
- promote interprofessional collaboration with other health profession colleges; and
- develop, establish and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.<sup>2</sup>

These objectives are intended to provide the Colleges with increased flexibility and authority to work together in an evolving health care environment and to enable them to better promote inter-College collaboration and interprofessional collaboration at the clinical level.

As this Act came into force, the Minister of Health and Long-Term Care , the Hon. George Smitherman,(the Minister) wrote to the Health Professions Regulatory Advisory Council (HPRAC) for further advice on additional means to advance interprofessional collaboration at the College level (June 28, 2007). Specifically the Minister requested that HPRAC:

Recommend mechanisms to facilitate and support interprofessional collaboration between health Colleges... beginning with the development of standards of

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<sup>1</sup> The RHPA establishes the legislative framework for the regulated health care professions practicing in Ontario (currently 23 professions).

<sup>2</sup> HPRAC, Consultation Discussion Guide on Issues Related to the Ministerial Referral on Interprofessional Collaboration among Health Colleges and Professionals, February 2008, pg 8.

practice and professional practice guidelines where regulated health professions share the same or similar controlled acts, acknowledging that individual health Colleges independently govern their professions and establish the competencies for their profession [and to] take into account, when controlled acts are shared, of public expectations for high quality services no matter which health profession is responsible for delivering care or treatment.<sup>3</sup>

Following the Minister's referral, HPRAC circulated a Discussion Guide which raised numerous related issues

## **II. Building on Strength – Enhancing the Federation's Public Interest Role**

The Federation is an umbrella organization that brings together Colleges established under the *RHPA* to deal with issues of common interest. Ontario's health regulatory Colleges came together on a voluntary basis in 1992 to form the Federation. Together the 21 Colleges regulate more than 240,000 Ontario health professionals. Initially formed as an information-sharing network, we have grown into an organization that:

- communicates with the public;
- holds College and member education sessions;
- facilitates resource-sharing among Colleges;
- fosters the development of common resources; and
- addresses legislative issues as a collective voice.

Based on the Federation's experience, front-line regulators in other provinces are starting to follow suit.<sup>4</sup>

Here in Ontario, the Federation is now a mature organization with over 16 years of collective regulatory experience. We add value to the work of individual Colleges and collectively we are an asset to the health professions regulatory system. We believe our role in fostering interprofessional care lies in expanding our leadership capacity and working more actively with government and other regulators to promote the public interest.

Going forward, the Federation envisions an expanded role to:

- Bring regulators together in the public interest and provide one voice on health regulatory issues.
- Partner with the Ministry of Health and Long-term Care and HPRAC to foster interprofessional collaboration in the public interest.
- Promote the understanding of professional accountability in interprofessional care.

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<sup>3</sup> HPRAC, Consultation Discussion Guide on Issues Related to the Ministerial Referral on Interprofessional Collaboration among Health Colleges and Professionals, February 2008, pg. 2

<sup>4</sup> Registrars in BC and other provinces have informal gatherings/meetings. Alberta has created the Federation of Regulated Health Professions, a member of the Health Quality Council of Alberta.

- Enable the sharing of information from the regulatory system to support quality improvements in health care.
- Enable collection and dissemination of information for transparency and accountability to the public.
- Enable sharing of evidenced-based regulatory best practices to improve quality of care.
- Mentor new Colleges as they come under the *RHPA*.
- Accelerate change – support measures to address emerging health policy issues relevant to our regulatory mandate that are a priority for the Ministry of Health and Long-Term Care.

Accordingly, members have agreed to set up, and resource, a new Secretariat. The commitment of new resources will assist the Federation's ongoing work in fostering discussions regarding inter-College collaboration.

### **III. Creating New Partnerships**

As noted, the Federation can bring significant regulatory expertise to the policy table. For example, the Federation would be pleased to work with the Ministry of Health and Long-Term Care and their partners to establish consistency in interprofessional care competencies for use in the education system.

Other jurisdictions, such as New Zealand, have moved to harness the contributions of front-line regulators by creating forums to bring this group into the policy process as active participants. In contrast, Ontario's lack of joint discussion/decision-making has led to missed opportunities.<sup>5</sup> Consequently, we urge government to establish a vehicle for the Federation – as the collective 'public interest' voice of the Colleges – to become a partner with government at the policy table. The objective of this partnership would be to ensure the early identification, and resolution, of emerging issues where joint endeavour is the best recourse. Early identification of issues and a collective approach to addressing them will foster interprofessional collaboration in Ontario. To this end, the Federation will also seek out opportunities to partner with HPRAC, HealthForceOntario, and accreditation bodies (among others).

Ontario is fortunate to have a solid regulatory framework and an active umbrella organization upon which to draw. The Federation is a willing partner and we are looking for a commitment by government to work more actively with us to support inter-College collaboration and interprofessional collaboration at the clinical level.

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<sup>5</sup> Such as collectively developing strategies to address issues of labour mobility between Ontario and Quebec.

Recommendation #1:

That the government work with the Federation to ensure early identification of issues on which the Federation and the government can collaborate.

That the government provide a vehicle for the collective 'public interest' voice of the Colleges as represented by the Federation to be brought to the policy table as a partner.

#### **IV. Highlighting The Federation's Work Fostering Interprofessional Collaboration in the Public Interest**

##### **a) Creating a Regulatory Environment to Support Interprofessional Collaboration at the Clinical Level**

The Federation recognizes the importance of interprofessional collaboration to patient care and satisfaction and the job satisfaction and performance of health professionals. Accordingly, we exercised leadership to create a regulatory environment which fosters interprofessional collaboration at point of care. Examples of work by the Federation, and by groups of Colleges include, but by no means are limited to the following:

###### *1) Guide to Medical Directives and Delegation*

This guide was developed as a consensus document by the Federation. Seventeen Colleges were involved in its development. Relevant external stakeholders, including the Ontario Hospital Association, also played a key role.

The guide is intended for use by all health care professionals (whether regulated or not, as in the case of Physician Assistants) and addresses questions regarding the use of orders and delegation to facilitate interprofessional care by health professionals practicing in any setting across the province. It provides user-ready tools (templates) that enable health care providers and teams to work within their own Colleges' guidelines or regulations as fully practicing team members.

The Guide has been published and is in use in many settings including hospitals and Ministry pilot projects (e.g. Emergency Department projects and the Physicians Assistant initiative). The Federation is now exploring the potential updating of the guide to enhance its applicability throughout the health care system.

###### *2) Transfer of Accountability Project*

The College of Nurses of Ontario is partnering with the Ontario College of Pharmacists, and the College of Physicians and Surgeons of Ontario (as well as other non-regulators) to pilot a transfer of accountability project. Transfers of patient care happen across all sectors of health care: sometimes from one team to another, sometimes from one health care provider to another (from the same discipline or another). Transfers are "hotspots" for medical error and adverse events. The project's goal is to identify best practices

(regardless of disciplinary source) and generate some applicable lessons to improve patient safety outcomes.

### 3) *“Disruptive Behaviour” Pilot Project*

In 2003, in response to a growing body of literature identifying disruptive physician behaviour as a barrier to safe and effective health care delivery, the College of Physicians and Surgeons of Ontario brought together a number of stakeholders to address the issue of how to manage unprofessional physician behaviour.

Representatives of the College of Nurses and the Ontario College of Pharmacists were two of the regulatory Colleges who joined the work. Other stakeholders included the Ontario Hospital Association and the Ontario Medical Association. The initiative led to the publication of the Guidebook for Managing Disruptive Physician Behaviour in April 2008.

The Guidebook contains tools, including templates for Codes of Conduct and investigative procedures which are intended to apply to all those who work or volunteer in an institutional setting. They are tools for “teams” to best work together. An outreach program is currently underway that involves providing copies of the Guide to all hospitals in Ontario as well as educational sessions with hospital administrative leaders and physician leaders.

Preliminary discussions have begun to determine whether it would be advantageous for the Federation to build on this work to develop guidelines acceptable to all Colleges for professional behaviour in the workplace.<sup>6</sup> We believe that this tool supports professionals at point of care to enable them to develop a workplace that facilitates smooth interprofessional collaboration.

### 4) *Safe Interprofessional Opioid Prescribing*

The College of Nurses of Ontario is currently working with the Ontario College of Pharmacists, the College of Physicians and Surgeons of Ontario and the Royal College of Dental Surgeons of Ontario (together with other non-regulatory stakeholders) on a grant from the Canadian Patient Safety Institute to use a simulation model for educational programs to promote safe interprofessional opioid prescribing, dispensing and administration by health practitioners in community settings. This is only one aspect of a public policy focus on opiate prescribing in which these Colleges may work together for the next several years in the interests of patient safety and public protection.

### 5) *Identification of Toxic Metals in Dental Devices*

The College of Dental Hygienists of Ontario, the College of Dental Technologists of Ontario, the College of Denturists of Ontario and the Royal College of Dental Surgeons of Ontario worked together to develop a method to identify and warn both the public and the professions about toxic metals in dental devices.

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<sup>6</sup> [www.cpso.on.ca/What's New/](http://www.cpso.on.ca/What's%20New/) Managing Disruptive Physician Behaviour

## **b) Fostering Inter-College Collaboration**

The Federation is taking an active role in working with its members to promote interprofessional collaboration among its members. Examples of its collaborative efforts include:

### *1) Conducting a Discipline Hearing Programs*

The Federation annually offers basic and advanced education programs for the Colleges regarding the discipline process.

- The **Basic Program** is designed to provide professional regulators with a comprehensive orientation to the discipline process. Participants gain an understanding of: relevant principles of administrative law; roles of the various participants in the hearings process; activities that occur prior to a hearing; procedures associated with the hearings process; and responsibilities of panel members.
- The *new* **Advanced Program "Challenging Situations in Discipline Hearings"** is a beyond-the-basics learning opportunity for adjudicators.

### *2) Mentoring New Colleges*

The Federation recently amended its by-laws to enable the new professions coming under the *RHPA* to join as soon as their transitional councils are established. The Federation has also welcomed the first of the interim Registrars from the new Colleges as a guest at Federation meetings. The Federation plans to actively assist these Colleges as soon as the transitional councils are established.

### *3) National Continuing Competence Conference*

The Federation's quality assurance working group organized a National Continuing Competence Conference for regulated health professions which was delivered in November 2007 under the sponsorship of the Federation. The conference attracted participants from across Canada and demonstrated the Federation's commitment to fostering interprofessional collaboration. Its success is noted by the planning for a next conference in B.C. in 2009.

## **V. Discussion Guide Themes – Some Early Thoughts**

### **a) What Do We Mean by Interprofessional Collaboration?**

In general, the Federation supports the goals of interprofessional collaboration at the regulatory level as set out in HPRAC's discussion guide.

We think it is important to clearly distinguish collaboration at the College level (inter-College collaboration) from collaboration at the clinical (point of care) level.

The Federation views inter-College collaboration as enhancing and sustaining an environment of mutual respect and understanding and an environment conducive to sharing of resources to achieve our common regulatory interests. It includes an element of joint problem solving and involves Colleges working as role models to further common interests. The overarching goal of inter-College collaboration is to support professionals to provide safe, competent and ethical care in an evolving interprofessional health care environment.

It also includes establishing a regulatory environment which facilitates interprofessional collaboration at the clinical level.

### **b) What are the Barriers to Interprofessional Collaboration that could be Eliminated? What is not Needed?**

#### *RHPA: Innovation not New Legislation*

The Federation's members feel strongly that given the current infrastructure and legislative framework in place in Ontario, major legislative changes to the *RHPA* are **not** needed to promote inter-College or interprofessional collaboration at the clinical level.

Federation members see interprofessional collaboration as organic. It occurs every day within clinical practice settings and across settings. It is something that can be fostered, but not legislated. In fact, legislation can impede the innovations that occur naturally to enable more successful interprofessional collaborative efforts. Members have seen instances where legislation has caused a "push-back" effect, with the unintended consequence of undoing some of the natural evolution towards interprofessional collaboration.

It is important to note that the Colleges have not had a chance to work under the new objects set out in amendments to the *RHPA*. The Federation is of the view that the Colleges should work under the new objects for some time before further major legislative change is contemplated. The new objects will facilitate collaboration by giving Colleges a mandate to promote interprofessional collaboration.

There are many ways to further inter-College collaboration without making major regulatory or legislative changes to the *RHPA*. In our opinion, Colleges can take a greater leadership role in promoting interprofessional collaboration and have developed a work plan to advance this commitment. Major legislative changes to the *RHPA* are **not** needed to accomplish this.

#### *Other Legislation Presents Barriers*

There are a number of significant barriers to interprofessional collaboration at the practice level in other Acts. The *Public Hospitals Act (PHA)*, *Healing Arts Radiation Protection Act (HARP)* and the *Laboratory and Specimen Collection Centre Licensing Act* all pose significant legislative barriers to interprofessional collaboration. Similarly, provisions in these Acts interfere with professional autonomy by restricting the ability of various regulated health professionals to work to their maximum competence and capability.

## Recommendation #2

### Changes to Other Acts:

That the government immediately change Regulation 965 under the *Public Hospitals Act* to enable health professionals to order diagnostic and treatment procedures as appropriate to their scopes of practice.

That the government begin consultation on the development of a new *Public Hospitals Act* which will facilitate interprofessional collaboration.

That the government begin consultation to amend the *Healing Arts Radiation Protection Act* and the *Laboratory and Specimen Collection Centre Licensing Act* to facilitate interprofessional collaboration by enabling professions to order diagnostic procedures within their scopes of practice.

### *Consider Rule-Making Authority*

The health care system is continuously evolving, and change is occurring at a rapid pace. Regulations need to keep pace. The current regulatory approvals process is cumbersome and extremely slow.

The Federation understands that HPRAC is undertaking much work regarding rule-making authority, and we would like to work in partnership with government and HPRAC over the next few months to consider the issue of rule making authority as it relates to the development of standards of practice and other regulation needs.

Colleges would benefit from the creation of new processes to ensure rules are approved in a timely manner, without going through the time consuming and often cumbersome regulatory approvals process. It would also be necessary to ensure that rules would be enforceable.

## Recommendation #3

That the Federation work in partnership with government and HPRAC over the next few months to consider the issue of rule-making authority as it relates to the development of standards of practice and other regulation needs.

### *Explore Systems Readiness*

There are a number of other barriers to interprofessional collaboration which need to be considered if the health care sector is to support interprofessional collaboration at the clinical level. Issues to consider at a systems level include funding and service delivery structures, a common patient record and common data sharing. The government should consider conducting a systems readiness analysis to determine where the system-wide barriers to collaboration are at the clinical level.

### **c) Enabling Interprofessional Collaboration at the Regulatory Level – What We Can do Now**

#### *Federation Setting Common Principles*

Common principles can assist in creating a foundation for providing consistent guidance across regulated health professions to ensure quality assurance.

Working within the *RHPA*, the Federation sees a number of areas where the development of common principles would be useful; these include:

- a. terminology related to standards of practice
- b. practice expectations for interprofessional care
- c. role clarity in interprofessional care
- d. access to health records
- e. articulating expectations of interprofessional competencies
- f. conflict of interest – e.g. sale of goods
- g. advertising
- h. professional conduct

### **d) Enhanced Focus on Quality Assurance in Interprofessional Settings – Key for the Federation**

Quality assurance is critically important for all regulatory Colleges. This is an area where the Federation can speak with one voice in the public interest for all regulated health professions and has value to add. Questions such as who is responsible for quality assurance in an interprofessional setting (such as in a Family Health Team) are key to the patient's safety and to the patient's experience in the evolving interprofessional care setting. We are working to address these issues with the Colleges.

The Federation does not see a need for mandated joint Quality Assurance programs. There are many opportunities for collaboration among Colleges to ensure quality of care in interprofessional settings. For example, the development of common tools, such as the Medical Directives and Delegation Guide provide a common base of principles and expectations that can be incorporated into quality reviews as appropriate by Colleges. A number of Colleges have already collaborated in developing their quality assurance programs learning from each others' experiences and research. We think this trend will continue, and that this will be fostered by the Federation. Colleges also have a role in enabling the identification and dissemination of evidenced-based regulatory best practices as well as enabling sharing of information from the regulatory system to support quality improvements in health care.

There are a number of quality assurance issues that regulated professionals face that are beyond the regulatory purview of the Colleges. These larger health systems issues are discussed in section VI of this report.

#### *More Flexibility in Complaints, Investigation and Discipline*

The amendments to the *RHPA* introduced in the *HSIA* have given Colleges greater flexibility in the complaints process. The Colleges appreciate the enhanced clarity regarding the sharing of information about health professionals involved in a complaint.

We do have some questions as to whether the new measures go far enough to enable Colleges to effectively collaborate on the resolution of a complaint, and we are seeking legal advice on this issue.

The RHPA is explicit regarding how complaints are to be handled. The process is rigid and time consuming, and not necessarily well suited to issues raised in team-based care settings. While we value the complaints mechanism, we think it is valuable to consider an alternative mechanism which would give Colleges greater flexibility to give guidance to interprofessional concerns in team-based care. The formality of the complaints process may not be best suited to resolutions that would ultimately strengthen interprofessional care, rather than be divisive.

We are open to exploring new processes or provisions for joint investigations, common complaints, and addressing inconsistencies in disciplinary matters.

### **e) Structural Issues – Building on Ontario’s Strengths**

Eighteen years later, the framework put in place by Ontario’s *Regulated Health Professions Act* continues to be regarded as a leading model by other jurisdictions.<sup>7</sup> From 1991 to present, the health regulatory Colleges and Ontario’s regulated health professionals have acquired considerable experience working within its tenets. Recent changes introduced by the *HSIA* augment the *RHPA* and provide a solid framework on which to move the goal of interprofessional collaboration forward. To this end, the Federation wishes to see its expertise leveraged in new ways by the Ministry of Health and Long-Term Care.

While we recognize that some change is needed to better facilitate interprofessional collaboration, the Federation believes that the framework provided by the *RHPA*, HPRAC, the Ministry of Health and Long-Term Care and the Federation, in partnership, provide a solid foundation on which to build. Whereas other jurisdictions may require superstructures (because they lack the structure Ontario has), a new structure is not necessary to foster and promote interprofessional collaboration in Ontario.

### **f) College Autonomy, Authority & Accountability**

As noted in the Discussion Guide, the *RHPA* allows for overlapping scopes of practice and shared controlled acts in order to facilitate interprofessional collaboration. The Federation sees this overlap as enabling interprofessional collaboration at the clinical level. “Uptake” has however been slow.

The Minister’s request indicates that Colleges should develop standards of practice and professional practice guidelines where regulated health professions share the same or similar controlled acts. The potential for unintended consequences of such a move argue for caution.

For example, practitioners might perceive the development of common standards as an attempt to create a homogeneous health care provider or a homogeneous health care

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<sup>7</sup> With the introduction of the *RHPA*, came the founding of the Health Professions Regulatory Advisory Council (HPRAC). The Federation supports and is pleased to see an active, ongoing, open and transparent dialog between HPRAC and the Minister on matters concerning the regulation of health professions.

procedure. Common standards may also not serve the public interest. The public wants and needs to benefit from the expertise of different professionals on the team. A homogeneous workforce does not further this goal.

The Federation points out that the concept of controlled acts, and how they are performed, is complex. Controlled acts are performed in a variety of settings, by a number of different professionals, as part of a scope of practice. Professionals draw on a specific body of knowledge and philosophy and perform controlled acts for different purposes to meet differing needs. These acts are not therefore performed in a “homogeneous” manner.

The Minister’s referral does not specify that Colleges sharing a controlled act must develop identical standards. Rather, the Minister acknowledges that individual health colleges independently govern their professions and establish the competencies for their profession. While professions who share the same or similar controlled acts may be encouraged to consider whether they need similar standards of practice, practice guidelines or common principles, we believe that this should be left to the individual colleges to determine.

We appreciate that when there are overlapping scopes of practice, there are instances where conflicts arise. Colleges can and do resolve many of the scope of practice issues across professions, using public interest principles. Where the resolution involves regulatory or legislative rule making, the resolution typically goes beyond the recommendations of the Colleges and government personnel are involved.

We support HPRAC as continuing to have a key role in addressing these issues under the current legislation. Without rule-making authority, the ability to resolve scope of practice issues (including where controlled acts are shared) lies with HPRAC and the Minister.

## **VI. Broader Issues – Health Systems Advisory Body**

There is a growing realization among the health regulatory Colleges, that there needs to be an organization in place which has a mandate to advise the Minister on the functioning and continuous quality improvement of the health system as a whole in Ontario, regardless of the source of funding.

There are barriers to interprofessional collaboration at point of care that need to be addressed at a systems level. Examples of systems level barriers that members of Colleges face include:

- Members working in an unregulated/unlicensed environment. For example, psychologists, massage therapists, physiotherapists and chiropractors all work in rehabilitation clinics. Often clinics are owned and managed by people who are not regulated professionals. The regulated health professional is held accountable for his/her practice by their respective regulatory College, but there is no accountability on the part of the clinic owner.
- Members working in facilities funded or licensed by the Provincial Government: With some exceptions such as in Independent Health Facilities and licensed laboratories, issues of quality that go beyond an individual professional’s

behaviour are not within the purview of the Colleges. These issues become even more complex when multiple professions and funding sources are involved in care, such as in a Family Health Team within an academic health science centre.

- Issues such as quality and standards within facilities that affect a professional's ability to provide the standard of care required. Such standards often put the professional in a difficult position. For example, if the standards of the facility are not adequate to enable the professional to provide quality care, this can create a difficult situation for the professional.

The Federation notes that such an advisory body should focus on systems issues. Individual complaints dealing with a single professional should still be reported to the Colleges.

The Colleges also obtain information that could be of use to a systems advisory body. Currently there is no organization where Colleges can share information on trends. Similarly, there is no organization which collects and disseminates information to the Colleges.

#### Recommendation #4

That the government explore the feasibility of creating a health systems advisory body to advise the Minister of Health and Long-Term Care on the functioning and continuous quality improvement of the health system as a whole in Ontario, regardless of the source of funding.

## VII. Conclusion & Summary of Recommendations

The Federation has made a solid commitment to promote and support interprofessional collaboration. By implementing the recommendations in this report, the Federation believes that inter-College collaboration can continue to evolve at the College level and that interprofessional collaboration can flourish at the clinical level, sustained by a supportive regulatory environment. To achieve this, the Federation is making a number of recommendations. Specifically

1. To enhance the ability of the Federation to work actively as a partner with HPRAC and the government:
  - That the government work with the Federation to ensure early identification of issues on which the Federation and the government can collaborate.
  - That the government provide a vehicle for the collective 'public interest' voice of the Colleges as represented by the Federation to be brought to the policy table as a partner.
2. To make changes to other Acts:
  - That the government immediately change Regulation 965 under the *Public Hospitals Act* to enable health professionals to order diagnostic assessment treatments as appropriate to their scopes of practice.

- That the government begin consultation on the development of a new *Public Hospitals Act* which will facilitate interprofessional collaboration.
  - That the government begin consultation to amend the *Healing Arts Radiation Protection Act* and the *Laboratory and Specimen Collection Centre Licensing Act* to facilitate interprofessional collaboration by enabling professions to order diagnostic procedures within their scopes of practice.
3. To consider rule-making authority,
    - That the Federation work in partnership with government and HPRAC over the next few months to consider the issue of rule-making authority as it relates to the development of standards of practice and other regulation needs.
  4. To consider creating a health systems advisory body,
    - That the government explore the feasibility of creating a health systems advisory body to advise the Minister of Health and Long-Term Care on the functioning and continuous quality improvement of the health system as a whole in Ontario, regardless of the source of funding

We believe strongly that Ontario has a solid regulatory framework on which to build. Major regulatory changes to the *RHPA* are not needed. There is no need for a new regulatory oversight body. Government should work with existing organizations to address issues of inter-College collaboration and interprofessional collaboration at point of care.

We do see a need for a health systems advisory body to advise the Minister on the functioning and continuous improvement of the health system as a whole in Ontario, regardless of the source of funding.

For its part, the Federation intends to lead by example. Already, our members are working successfully together on many projects and, as a group, we see additional future opportunities for inter-College collaboration.

We also look forward to joining government and others at the policy table where we can contribute our expertise, on an ongoing basis, to the early identification – and resolution -- of regulatory and practice issues. The Federation, as the collective ‘public interest’ voice of the Colleges, is preparing for this role by establishing a Secretariat and urging government to create a vehicle for our participation as an active partner in the policy process. Our knowledge as front-line regulators will support sound decision making and result in the implementation of best practice solutions to foster inter-College collaboration and interprofessional collaboration at the clinical level in an ever-changing healthcare environment.

In summary, we see this submission as the beginning of a series of productive discussions over the next few months to further advance inter-College collaboration and to create a regulatory environment supportive of interprofessional collaboration at the clinical level.

Respectfully Submitted by:  
Federation of Regulatory Health Colleges of Ontario