

# **Nurturing Interprofessional Collaboration in Ontario**

College of Dietitians of Ontario Submission to the Health Professions Regulatory Advisory  
Council's Consultation Discussion Guide

May 30, 2008

## I. Introduction

### ***Context***

The *Regulated Health Professions Act, 1991 (RHPA)* establishes the legislative framework for (23) key health care professions practicing in Ontario. Recently, Bill 171 -- the *Health System Improvements Act, June, 2007 (HSIA)* -- revised the *RHPA* to include several new objects to promote interprofessional collaboration. Specifically, the health regulatory colleges for each profession were given the responsibility to:

- promote and enhance relations between the College and its members, other health profession colleges, and key stakeholders and the public;
- promote interprofessional collaboration with other health profession colleges;
- 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>1</sup>

The premise behind these objectives is that Ontario's health professions regulators needed a clearer legislated mandate and authority to work together to support effective inter-professional health care delivery by their members, the regulated health professionals in Ontario.

HPRAC is challenging colleges and others to consider whether some of the structural elements in the *RHPA* and health care system act as barriers or impediments to inter-professional collaboration. These structural elements have been previously identified to include: regulations concerning the delegation of Controlled Acts, overlapping scopes of practice, the need for greater sharing of information and collaboration on standards of practice among Colleges as well as greater collaboration with respect to other issues including professional liability insurance coverage, handling of patient complaints, investigations and discipline.<sup>2</sup>

### ***Minister's referral***

Subsequent to the enactment of the *HSIA*, the Honourable George Smitherman, Minister of Health and Long-Term Care (Minister) wrote to the Health Regulatory Advisory Council (HPRAC) for advice on additional means to further interprofessional collaboration at the College level.

While acknowledging that the Colleges independently govern regulated professions, the Minister's referral asks HPRAC to look at mechanisms that facilitate and support interprofessional collaboration among regulatory colleges -- beginning with the development of standards of practice and professional practice guidelines -- where regulated health professions share the same or similar controlled acts.<sup>3</sup> The impetus for the referral is the public's expectation for high quality services irrespective of which health profession delivers the care or treatment.

### ***Invitation to comment***

In February 2008, HPRAC invited the regulatory Colleges and other participants to comment on matters raised in its consultation discussion guide on collaboration among health colleges and professionals. The College of Dietitians of Ontario (CDO) is pleased to contribute to HPRAC's analysis and recommendations to the Minister. Our comments are directed to aspects of the themes identified by HPRAC:

- defining interprofessional collaboration;

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<sup>1</sup> HPRAC, [Consultation Discussion Guide on Issues Related to the Ministerial Referral on Interprofessional Collaboration among Health Colleges and Professionals](#), February 2008, pg 8.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid, pg 45.

- eliminating barriers to collaboration among the Colleges;
- developing enablers for collaboration among the Colleges and interprofessional care at the clinical level.

Details are provided in Section III of this submission. In each instance our input is informed by our interactions with fellow health regulatory Colleges, the experience of Registered Dietitians practicing in Ontario, and the public interest with respect to the services our health professionals provide.

## II. Key Messages

In its consideration of the responses to the Discussion Guide, CDO thinks that there are a number of key concepts/themes that HPRAC should keep in mind as it formulates its recommendations over the summer months. The main themes are:

### 1) Recognize the strengths of Ontario's current system and let them evolve with deliberate focus

- The *RHPA* and the updates introduced as part of the *Health System Improvements Act (HSIA)* already provide a strong health professions regulatory framework for Ontario. Colleges need time to work under the changes brought in by the HSIA to determine if any further regulatory change is needed to enable inter-college collaboration. The HSIA amendments to the RHPA are very recent and not as yet in effect. These changes along with the provincial government's promotion and support of inter-professional care (IPC) have already initiated change and commitment on the part of colleges to work more collaboratively in support of IPC. As such, CDO recommends avoiding precipitous actions, such as creating a new supra-structure or bringing in new legislative provisions. These may undermine the change process now underway. CDO prefers working through existing organizations, such as The Federation of Health Regulatory Colleges of Ontario (FHRCO), to move inter-college collaboration forward.
- Regulatory colleges have made great strides in supporting interprofessional collaboration among themselves and their members. This achievement should be acknowledged and fostered. The Colleges are seeking partnerships with the government and HPRAC to support and build on these achievements.

### 2) Create a Culture of Respect

- Successful collaboration among Colleges, and among professionals, lies with the development of a culture of respect for the contributions of each profession. Respect and culture cannot be legislated. It stems from a foundation of understanding of each profession's expertise and sharing the common goal of competent client-centered care. The culture of respect among colleges is rooted in a commitment to the common goal of public protection.
- Cultural change is best supported through educational initiatives based on clearly articulated expectations or indicators. CDO believes that colleges do have a collective role in setting out practice expectations specific to IPC in a way that, at minimum, expresses common principles and professional responsibilities. Educational initiatives around a common framework of IPC expectations and professions' scope of practice are vital to fostering effective IPC based on mutual respect. Other likely benefits are:
  - more optimal deployment of health human resources;
  - improved communication among professionals;
  - improved information-sharing across professions and colleges.<sup>4</sup>
- CDO supports new funding and partnerships with the Federation for educational and other initiatives to promote cultural change.

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<sup>4</sup> Overcoming a noted proclivity of health practitioners to question another's need-to-know. Systemic barriers (time and resources) also interfere with information sharing.

### 3) Enhance Professional Autonomy

- The tradition of physicians as gatekeepers and controllers of patient care is a barrier to IPC. It promotes practices that limit the role of many health professionals as well as an attitude of deference where these need to be replaced with the following:
  - acknowledgement of professional competence and expertise;
  - enhanced professional autonomy with mutual sharing of information; and
  - effective communication to support client-centered care.
- Funding and service models that encourage the continued practice of physician as controller without regard to professional expertise do not serve the goal of effective IPC and will continue to work against any regulatory initiatives instituted, however collaboratively they may be developed.
- There are legislative provisions in the system of controlled acts as well as in other acts such as the Public Hospitals Act, Healing Arts Radiation Protection Act and the Laboratory and Specimen Collection Centre Licensing Act requiring that orders be made by physicians and a select few professions even when the diagnostic or treatment procedure being ordered is outside of the client-specific knowledge and/or expertise of the ordering professional. CDO welcomes the scope of practice reviews for many of the health professions so that these control mechanisms can be reviewed and increased autonomy considered within the context of professional competence and promotion of more effective IPC.

Building on an established track record of inter-college collaboration, CDO joins other colleges in a renewed commitment to support IPC through collective college action.

### III. CDO Responses to Specific Themes/Questions in the HPRAC Consultation Discussion Guide

#### Defining Interprofessional Collaboration

HPRAC suggests that interprofessional collaboration “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;
- protect the public interest and regulate the health professions in a manner that maximizes collective resources effectively and efficiently;
- 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”

#### Our Response

The College of Dietitians of Ontario supports the statement of intent – particularly the preamble.

- The Provincial Government, HPRAC and the colleges share a common mandate of public protection and public interest. New partnerships to support IPC are welcomed based on clarity of purpose, appropriateness with the health professions regulatory mandate that we hold, and consideration of shared resourcing for specific initiatives.
- CDO supports the Federation’s leadership role in exploring specific inter-college initiatives.
- As a first priority, we would support creation of forums and strategies to promote more profound understanding of the scopes of practice and expertise of current and newly regulated health professions among colleges and their member health professionals. This understanding is an underpinning for continued inter-college collaboration as well as for effective IPC. An important goal of this priority initiative would be to bring clarity about appropriate overlaps and the value added of the unique professional expertise.
- As a second priority, CDO would support a common, cross-profession articulation of professional expectations for IPC with potential reference to the following: access to client information, communications, consent to treatment, record keeping and IPC competencies.

CDO is of the view that these actions will effectively support interprofessional collaboration and advance the outcomes itemized above.

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

#### ***Legislative and Policy Barriers***

HPRAC asks respondents to identify and describe any barriers in the *RHPA*, the health profession acts or their regulations that restrict or prevent collaboration among the Colleges; for example, do existing scopes of practice restrict or prevent collaboration among health professionals? Respondents are then asked if and how, the barriers they identified should be eliminated. (Question 2)

Similarly, HPRAC enquires if there are any policy or systems issues that act as barriers to collaboration among the colleges, and -- should they exist -- how to eliminate them. (Question 4)

Finally, HPRAC asks respondents to consider other Acts or regulations:

- to identify/describe any barriers they may pose that restrict/prevent collaboration among the Colleges; and
- if and how such barriers should be eliminated. (Question 3)

### **Our Response**

*Before responding we must note that the initial question (Question 2) blurs two distinct concepts which are more appropriately separated as:*

- *legislative barriers inhibiting collaboration among colleges; and*
- *legislative barriers inhibiting collaboration among health professionals*

The CDO believes that the common legislative framework for the regulation of health professionals established by the *RHPA* has successfully enabled collaboration between colleges over the past 14 years<sup>5</sup> and many examples are featured in the Federation submission.

The scope of practice model, including intentional overlaps and the system of controlled acts authorized to specified health professions, has necessitated collaboration. The collaboration has not always been without issues, but there have been definite successes. The scope of practice model as set out in the *RHPA* contemplated disagreements and the need to enable the evolution of the health care system and professions – hence the establishment of HPRAC and decision-making authority about change in scope of practice and controlled acts vested in the hands of the Minister and Provincial Legislature. Patient care practices are changing and health practitioners are engaging differently. This has resulted in the occasional dispute about interpreting overlapping scopes of practice and controlled acts. In the past, government and HPRAC have taken an active role in addressing these issues. If this practice is to change, government should clarify its expectations of the colleges and permit them to develop alternative approaches working with the Federation and/or in collaboration with HPRAC.

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<sup>5</sup> This includes collaboration around scopes of practice and controlled acts.

The *RHPA* and the scope of practice model can continue to provide an effective framework for resolving potential and emerging issues in patient care and scopes of practice. For example, CDO when faced with a challenge about Registered Dietitians performing swallowing assessments, the system of controlled acts and the dietetic scope of practice statement were relied on to answer the question “is swallowing assessment and the management of dysphasia in the scope of practice of dietetics?”. Working within the *RHPA* framework, the CDO developed its dysphagia policy with knowledge and input from other colleges. The realities of patient care require collaboration within a team of professionals who overlap effectively. A hallmark of effective collaboration is the agreement of team members to defer to another’s profession-specific expertise as needed depending on a variety of circumstances. In our example, patient care could have suffered if one profession claimed swallowing assessment as their sole purview.<sup>6</sup> However, the existing legislative framework and college collaboration serves us well in addressing the issue.

#### *Policy and/or Systems Barriers*

In our view there are no policy or systems issues that act as barriers to collaboration among the colleges. Colleges frequently collaborate – on many fronts. The renewed commitment among colleges to address IPC using regulatory instruments will accelerate the collaboration.

#### *Barriers Introduced by Other Statutes/Regulations*

Three statutes contain provisions to control the ordering of diagnostics and treatment procedures and they impede interprofessional collaboration founded on respect for professional competence and expertise. These provisions restrict the ability of various regulated health professionals to work to their maximum competence and capability and need to be considered, at minimum, in the context of scope of practice reviews.

- The *Public Hospitals Act* prevents most regulated health practitioners from ordering diagnostic and treatment procedures in public hospitals.
- The *Healing Arts Radiation Protection Act* and the *Laboratory and Specimens Collection Centre Licensing Act* also unduly limits who can order diagnostic procedures.

Restricting who can order diagnostic and treatment procedures in public hospitals profoundly constrains the scope of practice of Registered Dietitians in public hospitals and in other facilities that model their practices on those of hospitals where many health professionals are trained and indoctrinated. It is unacceptable that professionals who have superior expertise in their professional scope of practice, such as Registered Dietitians for nutrition supplements, therapeutic diets and enteral and parenteral nutrition, must defer to others to sign an order. This often delays care. This situation acknowledged, Registered Dietitians and many other professionals are supported by physicians and employers to develop “work arounds” to enable timely and effective client care. These “work arounds” are increasing in use and include medical directives and delegation and MD orders that simply state “per RD”. While medical directives can be used very effectively to enable interprofessional care that capitalizes on the expertise of health professionals, they are resource-intensive to develop and depend on the goodwill of physicians who are not always supportive of change. CDO highly recommends that the *Public Hospitals Act* and Reg. 965 be reconsidered and amended to introduce provisions that support IPC rather than impede it.

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<sup>6</sup> Challenges associated with the scope of practice model have had more to do with ‘protectionism’ than the regulatory framework.

**Business Issues: Liability**

HPRAC requests information about any possible liability issues.

- Do you have evidence from your experience that liability issues are a barrier to interprofessional care? (Question 6)
- Should all regulated health professionals be required to hold minimum professional liability insurance coverage? (Question 7)

**Our Response**

In our experience, liability issues have not presented a barrier to interprofessional care. It has been our experience that claims against the profession's liability insurance plan have been to cover expenses for a proceeding of the college rather than paid out to members of the public who had claims against a Registered Dietitian. We should also note that currently, most large employers, such as hospitals, cover health professionals for liability. And, in some instances, employers require regulated practitioners to take on additional coverage beyond the liability coverage for the organization.

Currently, there are only 4 of the 21 Colleges that do not require all members to carry separate professional liability insurance, CDO being one of these. CDO has been actively exploring whether to require some or all members of the college to carry separate liability insurance. Approximately 50% of our members work in clinical areas of practice. We note that the argument for this based on experience with claims is not at all compelling. However, public interest would certainly suggest clients should have access to payments should they be the subject of malpractice.

**Developing Enablers for Collaboration among the Colleges****Legislative "Enablers"**

HPRAC requests input on changes to government statutes/regulations that may be needed to encourage, require, facilitate, and enable collaboration among the Colleges; specifically:

- the RHPA (Question 9); or
- other Acts. (Question 10)

**Our Response**

Our position is that changes to the *RHPA* and regulations are not necessary to enable inter-college collaboration in the public interest. The *RHPA* was amended to add collaboration to the objects of colleges and this provision comes into force in June 2009. Colleges have been working collaboratively to implement the changes to the *RHPA* and actively considering priorities to give effect to the new objects.

Inter-college collaboration would be enabled or facilitated through greater sharing of information among colleges, the identification of priorities for collaborative projects, and enhanced resourcing. The Federation has addressed all three of these enablers and is making good headway on finalizing an action plan to address IPC in the health care system. Appropriate partnership is a fourth enabler under review by the Federation. It would be short-sighted and counter-productive to introduce additional legislation to force inter-college collaboration. This has to evolve from the past collaborative experiences and present commitment.

Within their mandate to regulate health professions, colleges use regulations, standards for ethics, professional standards, and competencies to set out the broad expectations for professional practice. We note that, for dietetics, all of these regulatory instruments include provisions for collaboration with clients and appropriate others. CDO believes that more prominence could be given to the IPC expectations through inter-college projects. The three priority areas for collaborative work identified by CDO are:

1. articulation of IPC principles and competencies
2. framework for record keeping identifying common elements and responsibilities across professions
3. clear articulation of expectations about timely access/sharing of client information for IPC

The report, Interprofessional Care: A Blueprint for Action in Ontario (July 2007), provided useful content that is informing the Federation's priority setting. Provincial initiatives on interprofessional education are also noted with a comment that this focus is important as part of the cultural change in support of IPC.

An additional change agent for IPC would be a new commitment among employers regarding appropriate and effective IPC. Employers must also show leadership in the development of supportive workplace policies, procedures, roles, and practices. They must also invest in workplace education and evaluation in order to create the climate and oversight for cultural change.

#### ***Support for New Health Regulatory Colleges***

HPRAC also enquires if collaborative policy or program initiatives are needed to ensure support new Colleges during start-up. (Question 11)

#### **Our Response**

Today's environment differs from the early 90's when the RHPA created new colleges. To meet public (and public policy) expectations, new colleges are expected to 'fast-track' to a level of maturity that reasonably approximate that of existing colleges.

As a member of the Federation, CDO supports a continued role for the Federation in supporting new Colleges. The Federation is already active in welcoming new colleges and is committed to sharing the expertise developed over decades of health professions regulation. FHRCO and CDO has already shown commitment and will continue to support new colleges in a variety of ways including: information sharing; orientation; resource sharing such as Quality Assurance Program tools, member education materials, and procedure manuals; mentorship; and guidance on leading edge systems.

#### ***Shared Administrative Services***

Another topic raised by HPRAC is the potential for related colleges to share administrative responsibilities. Respondents are also asked to comment on barriers concerning shared administration services. (Question 12)

#### **Our Response**

In our view, shared administrative services should not be forced – collaborative projects are being used with greater frequency to achieve common college objectives and this should be allowed to continue to evolve. The use of common third parties, e.g. for investigation and legal services, has created some efficiencies beyond joint projects and further opportunities are being explored (e.g. exploration of a common insurance carrier, HIROC, for risk pooling and shared risk management ).

### ***Complaints, Investigations and Discipline***

HPRAC asks if Ontario should 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. (Question 13)

If a common framework is not the direction to take, HPRAC asks if the *RHPA* should be amended to give individual colleges greater flexibility, within their own already-established structures, to deal with these matters. (Question 15) Respondents who agree with this suggestion are then asked what should/should not be addressed by this means.

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? (Question 16)

Considering reforms in other jurisdictions, HPRAC asks respondents to speculate on the merits of a single complaints model in Ontario, and how such a model might be funded. (Question 17)

### **Our Response**

The Ontario experience with provincial agencies handling complaints (e.g. the Human Rights Commission) and appeals (e.g. HPARB), with their backlogs and resource problems does not inspire CDO to support a provincial structure to handle complaints about all regulated health professions. Further, the need to create different structures and processes to handle complaints has not been presented in a coherent and convincing manner. Given the amendments to the *RHPA* made in the *HSIA* to further enable colleges to collaborate in investigations of complaints have not as yet come into force, it is premature to comment on the adequacy of these amendments to address complaints that involve multiple professions. As yet, there is no documentation to indicate that current structures cannot handle IPC issues fairly and effectively.

Before moving to change or create new processes/structures, it is 'stepwise' to:

- track the complaints involving more than one profession;
- monitor the processes used by college for joint investigations and the impact of joint investigation on outcomes, efficiency and process satisfaction ; and
- disseminate and encourage voluntary adoption of best practices throughout the regulatory system.

Serious consideration of the options featured in the Discussion Guide should be deferred until all parties have a clearer picture of what is meaningful based on the experience of actual cases and outcomes.

### ***Disposition of Complaints***

Expanding on this line of enquiry, respondents are also asked if colleges should have further authority to collaborate in the disposition of complaints and reports relating to professionals in a multidisciplinary setting or practice. (Question 19)

On this subject, HPRAC requested comments on the link between this type of authority and patient safety in interprofessional care. (Question 20)

### **Our Response**

CDO would like to see an exploration of the use of alternative dispute resolution (ADR) by Colleges as part of a strategy to address complaints/reports involving multiple regulated professionals in a care setting. While multiple party ADR adds complexity, it holds the promise of accelerating change in interprofessional practice as people come together to review situations and what needs to change in the interest of patient safety and quality care. CDO appreciates that this type of ADR is complex and would need time to be developed and evaluated before being able to determine whether it should be supported as a key feature of the health professions regulatory system.

### ***Quality Assurance (QA) -- Joint Programs***

HPRAC is also seeking input on the ability of a joint quality assurance program to provide opportunities for enhanced continuing competence and exposure to best practices 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. (Question 23)

### **Our Response**

CDO does not support the suggestion of joint QA Programs and does not see the relevance to overlapping scopes of practice and controlled acts. First, it is important to recognize that controlled acts are performed within a profession's scope of practice and the application of the knowledge and skill must always take place in the context of a professional scope of practice. In addition, different professions can rely on different depths of knowledge and skill to perform the controlled act.

It is true that multiple professions draw from shared or overlapping bodies of knowledge. College QA programs typically aim to support health professionals to access the current bodies of knowledge (research and evidence) to support currency of practice.

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

Respondents are invited to comment on the notion of an independent arm's-length organization to facilitate/support collaboration among colleges. As envisioned, this organization would develop common standards of practice and professional practice guidelines. (Question 25)

Those favouring the idea are asked what should/should not be included in the organization's mandate. (Question 26) 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.

### **Our Response**

On this matter, we endorse the Federation's message of caution and urge government to avoid hastily creating costly new structures which divert energy and resources into the creation of a new bureaucracy to the detriment of meaningful changes begun with the enactment of the HSIA amendments to the RHPA in 2009. Needed at this juncture are:

- improved communications between MOHLTC, the Federation and HPRAC;
- new collaborations across public protection partners;
- new resources for joint projects; and
- time for current Federation initiatives to be realized.

The Federation is poised to do more to support IPC and colleges are increasing the resources flowed to the Federation to better achieve IPC goals through the Federation.

### ***Ministerial Powers***

HPRAC is seeking advice on the Minister's use of his existing powers under the *RHPA*, to direct the colleges to engage in specific collaborative initiatives -- such as the development of instruments to support interprofessional care. (Question 29)

Respondents supporting the suggestion are asked if financial or other incentives to the colleges to undertake these activities. (Question 30)

### **Our Response**

Using the RHPA ministerial powers to force Colleges to engage in specific collaborative activities raises concerns. Firstly, it brings into question the nature of the relationship among the key RHPA partners – the Minister/Ministry and the Colleges – all of whom share in the same regulatory objective of public protection. CDO is of the view that the Minister would be more successful in achieving specific objectives related to IPC if respectful partnerships, based on mutual trust and understanding, were formed with the Federation and individual Colleges. It is our understanding that Colleges would welcome a more direct dialogue with Ministry officials to determine the opportunities and collaboratively set a work plan to achieve mutual IPC objectives.

New funding on a project-specific basis would be welcome. It is certainly more efficient than creating new structures and has the potential to be effective sooner.

### ***Minimum Guidelines, Standards and Policies:***

*Conflict of Interest, Advertising, Record Keeping, Consent Process*

HPRAC raises the subject of introducing consistent minimum guidelines, standards and policies for conflict of interest, advertising, record keeping and the consent process (among other things) across all colleges.

Respondents who agree are asked to suggest areas where guidelines, standards and policies could effectively be applied to all regulated health professions.

Respondents who disagree are asked to provide reasons. (Question 32)

### **Our Response**

This should be explored with colleges through the Federation with a view to open the dialogue on common principles and the development of a potential framework for common standards.

The CDO would give high priority to collaborative work in the following areas:

- common language / understanding of terminology used by Colleges in relation to practice expectations (i.e. standards, guidelines, policies)
- common record keeping principles; and
- practice expectations for IPC/team based health care delivery (focusing on communications, access to client information, respect for professional scopes of practice, and role clarity) and
- IPC competencies

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

HPRAC enquires if the standards of practice/professional practice guidelines adopted by the colleges should be legally enforceable. Respondents are invited to state why or why not. (Question 36)

If their response is affirmative, they are asked to consider if 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. Again, respondents are asked to explain their views. (Question 37)

### **Our Response**

The current system, where draft regulations are scrutinized by MOHLTC is problematic in that this ministry function is not appropriately resourced to provide a timely and effective service. As a result, the system is most definitely not working well to ensure current and enforceable rules in the interest of the public. CDO welcomes the external scrutiny of its proposed regulations, but the current process is simply not working and this creates a dilemma.

It is difficult to answer the specific questions in the discussion guide without first having a clearer understanding of what HPRAC means by practice “standards”.

Operationally we find that many, but certainly not all, of the rules related to professional practice require amendment only infrequently. They are principle-based and enduring. With respect to these rules, the college does not require its own enforceable new rule-making capability but would welcome it if this is the only way to resolve the Ministry/Provincial Government process shortcomings.

Standards of “practice” – if defined to mean things like clinical standards – are another matter. In this case, the standards rely on a changing practice environment or a changing body of knowledge/evidence. To remain current, a different system is required. Enforceability comes from being able to interpret/judge standards with reference to the body of knowledge and situations/circumstances that existed at the time of an allegation. It is questionable in the first instance whether clinical standards should constitute an

enforceable rule or continue to be used as part of the judgment whether a member has met a standard of professional practice or acted competently given all of the circumstances.

Clinical “practice standards” are a moving target as “enforceable rules” because of two variables:

- the professional judgment that goes into practice;
- the judgment that goes into determining the appropriateness of conduct/ behaviour in light of (all of) the circumstances relevant to consideration of an allegation.

The processing of regulations is a problem that must be resolved. Practice standards can be handled in a variety of ways so that they can be used in College proceedings, however, there are other regulations, most importantly registration regulations and quality assurance program regulations, that suffer from the lack of responsive and timely processing. It is as important to this College to resolve the regulation-making issue for other types of regulations as it is for practice “rules”.

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

#### ***The Role of Colleges in Promoting Interprofessional Care at the Clinical Level***

HPRAC asks how greater collaboration among the Colleges will serve to enhance interprofessional care at the clinical level. (Question 40)

#### **Our Response**

Colleges are committed to work through the Federation to support interprofessional care and CDO fully supports the collaboration on common frameworks and guiding principles. This is part of the natural evolution of the Federation and, CDO sees this as a starting place that holds promise for yet more collaboration on IPC once the basics of principles is addressed. Further, CDO will continue to advocate for cultural change within the health care system through collective work to articulate practice expectations and competencies for IPC. Our aim is a contribution to changes in attitudes and behaviours.

#### ***Regulatory Enablers for Interprofessional Care at the Clinical Level***

Finally, HPRAC asks if changes to the *RHPA*, the health profession acts or their regulations would encourage, require, facilitate and enable interprofessional care at the clinical level. (Question 41)

#### **Our Response**

Collaboration among regulated health professionals at the practice level would be difficult to legislate. As noted previously, it involves a cultural shift supported through:

- knowledge/understanding of professional roles/scopes of practice;
- standards (and related initiatives) that clarify professional expectations;

- improved communication;<sup>7</sup> and
- 'actionable' respect<sup>8</sup> for the unique knowledge/competencies of the various professions.

As cited above, the CDO supports and participates in activities designed to bring about cultural change. To accelerate the process, we would like to table the following points.

- Provisions in Acts other than the *RHPA*, that require a limited number of professions to sign for orders requested by other (often more specialized) regulated health professionals, create the perception that MDs 'oversee' the other professionals.<sup>9</sup> In turn, this perception or attitude manifests as a broadly-based behaviour constituting a barrier to interprofessional collaboration founded in mutual respect.
- There are a number of specific examples that current legislation (either the *RHPA* or others) prevents RDs from working to their full abilities/full scope of practice. Examples include:
  - Ordering TPN, enteral nutrition, therapeutic diets
  - Skin pricking for blood glucose monitoring
  - Writing orders for lab tests

Consequently other drivers are needed.

## I V. Conclusion

The CDO has appreciated this opportunity to consider the issues and opportunities related to inter-college collaboration. We would suggest that this response be a first step in a series of discussions over the next few months. The CDO encourages HPRAC to work with the Colleges as partners in moving interprofessional collaboration forward.

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<sup>7</sup> This will help ensure that professionals communicate with other members of the team around changes to a client's care plan enabling other disciplines to respond appropriately (e.g. SLPs coordinating with RDs when making change to recommendations about oral intake that may affect the client's nutrition care plan).

<sup>8</sup> Respect that is put into practice.

<sup>9</sup> Consider changes to the Public Hospitals Act to enable professionals to practice to their full scope of practice.