

Ian R. Nicholson, Ph.D., C.Psych.

Psychologist



Annie Schiefer, Project Manager
Health Professions Regulatory Advisory Council
55 St. Clair Ave. W., Suite 806, Box 18
Toronto, ON M4V 2Y7

**Re: Consultation on Issues Relating to Ministerial Referral
on Interprofessional Collaboration among Health Colleges and Professionals**

I should indicate that I am strongly in favour of this important initiative. I believe that the province needs to work to provide greater supports for interprofessional care on behalf of our patients. I have had the good fortune in my clinical work to have been a part of a number of interprofessional care teams – some of which have been very effective and some of which where the difficulties in the team have interfered in patient care.

My main concern in writing this letter is to respond to the following question:

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?

While I am not aware of barriers in other Acts or regulations that restrict or prevent collaboration among the Colleges, I am aware of other Acts that have restricted collaboration amongst the regulated members of interprofessional care teams and impede their functioning.

As Health Force Ontario described in their 2007 report “*Interprofessional Care: A Blueprint for Action in Ontario*”: “Existing legislation and regulations are perceived to be barriers to health professions fully functioning to their scope of practice, thus resulting in underutilization of health human resources”. I have encountered many situations over the years in the care of patients where interpretations of legislation have interfered with the care of patients.

In particular, acts such as the Public Hospitals Acts, the Mental Health Act and the Health Insurance Act, all substantively place members of interprofessional health care teams in different sets of accountabilities and responsibilities. This leads to problems of functioning within health care teams. There would need to be substantive changes in these pieces of legislation to allow for greater equity and, therefore, greater collaboration amongst members of the health care teams.

With the Public Hospitals Act, in particular, I have encountered problems. A patient can be referred to a psychologist in a hospital, the referring physician leaves, and, with no other physician takes the care of the patient, the psychologist must stop providing care to the patient since there is not a physician responsible for the care of the patient in the hospital.

Teams may get together to discuss patients but, since the physicians aren't paid to attend such a meeting, they do not attend. When the team makes the plan, the physician later overrides it because the physician is responsible for the care of the patient.

With team members paid in different ways with different sets of responsibilities to their payers, as a result of different legislation supporting the different sets of responsibilities, the care of the patient by the team becomes as fragmented as their sources of income. To have a team work effectively, these differences must be eliminated.

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?

The main barriers with the cultural issues related to collaboration would be the strong historical sense of a hierarchy amongst the professions (which is reinforced by the legislation described above).

True interprofessional teams are the result of a number of professions working together for the care of their patients, not having one member automatically in charge because of their profession – not because of the needs of the patient or the leadership skills of the members of the clinical team.

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

There is no evidence that the liability issues are a barrier to interprofessional care. This is clearly described in the Conference Board of Canada report, “*Liability Risks Interdisciplinary Care: Thinking Outside the Box*”.

I want to thank the Commission for the opportunity to comment on the Discussion Guide on this important issue .

Sincerely

Ian R Nicholson, Ph.D., C.Psych.