

May 28, 2008

Ms. Annie Shiefer, Project Manager
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
Suite 806, Box 18
Toronto, Ontario M4V 2Y7

Dear Ms. Schiefer,

The Ontario Homeopathic Association appreciates the opportunity to respond to the 'Consultation Discussion Guide on Issues Related to the Ministerial Referral on Interprofessional Collaboration among Health Colleges and Professionals' dated February 2008.

Although the homeopathic profession has flourished in Ontario for many years homeopathy is a new profession under the RHPA and so we have limited experience with the issues addressed in this impressive Discussion Guide. Interprofessional Collaboration in the interest of best patient care is an initiative that we strongly support as we go forward. Our comments were prepared in collaboration with The Ontario College of Homeopathic Medicine.

We look forward to continued consultation with HPRAC as we move ahead in the regulation process.

Sincerely,

Maya de Szegheo-Lang,
President
Ontario Homeopathic Association

Defining Interprofessional Collaboration

1. The Ontario Homeopathic Association supports the elements outlined for interprofessional collaboration provided that areas of patient care and treatment by each professional are clearly understood. Given this context an ideal environment for patient care and health outcomes would be provided.

Eliminating the Barriers to Collaboration among the Colleges

4. Homeopaths work in a variety of clinical situations, from individual to multi discipline clinics, often with CAM professionals. In general, collaboration and cross referral can be effective here and provide for optimal care and confidence for patients. However, issues of territoriality do arise among Colleges whose members compete for private health care dollars.

Some professional cultural issues may arise between Colleges whose members are publicly funded and those who are privately paid, such as homeopathy. Issues arise in the areas of territory protection, trust issues, lack of understanding, or inaccurate knowledge of different medical systems and philosophies which may in turn inhibit willingness to collaborate. Furthermore, this may result in a patient's hesitance to inform health care professionals of all treatment they are undergoing. At the same time there appears to be increasing interest among health professionals from many Colleges to embrace all health care options for their patients. Besides legal, system and policy issues, willingness to collaborate is also affected by matters of credible information, mutual trust, confidence and acceptance at the clinical and professional member level.

Relieving legislative and regulatory barriers would ideally open the door to increased dialogue towards collaboration among Colleges. Professional associations could promote and mandate this effort through dialogue and collaborative member and public information initiatives.

Structural Mechanisms

13-17 A common framework to address complaints, investigations or disciplinary matters may have some benefit. However it could prove problematic to some professions. Varying levels of both risk of harm and authorized controlled acts would seem to require different parameters and procedures. Professions with lesser potential risk and fewer or no controlled acts could be held to higher unwarranted liability and other consequences.

18-21 Joint investigations would seem to be an efficient way to address complaints arising in a multidisciplinary setting. If the complaint is clearly related to a professional of a particular regulatory college, it should be dealt with by that college. However it can be anticipated that the process might become muddled and adversarial among the colleges involved if the complaint is less clear as to fault. It is therefore unclear whether this would contribute to patient safety in interprofessional care settings.

29 Having the Minister exercise his powers under the RHPA should be done as a last resort. Interprofessional Collaboration is a new and developing process and should be given adequate time to work its way through the Colleges.

33 As long as professions are distinct, issues related to standards of practice and professional practice guidelines that deal with closely related activities, should be dealt with in a single College for those separate professions. Although the professions listed have some similarities in terms of scope of practice, the issues should be dealt with in the separate Colleges as there are distinctions in practice amongst the professions. Collaborative councils might be useful to facilitate collaboration among similar issues, although autonomy of Colleges needs to be maintained.

34-35 A collaboration toolkit or guidelines developed with the participation of the Colleges would be useful to facilitate and support collaboration amongst the Colleges.

Interprofessional Care at the Clinical Level

41-43 Collaboration at the clinic level is dependent on trust and respect amongst health professionals. This is a process that develops over time, through networking and building effective and competent relationships. A model such as the New Zealand example forces collaboration from the top down is inappropriate as it requires people to work together before mutual trust has developed. This would inevitably be problematic and be counterproductive to collaborative efforts.