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Submission to the Health Professions Regulatory Advisory Council
Interprofessional Collaboration Project

Introduction

I am pleased to forward herewith my personal views in response to the “Consultation Discussion Guide on Issues Related to the Ministerial Referral on Interprofessional Collaboration among Health Colleges and Professionals.” Please note that the comments presented here do not reflect the position of the Transitional Council of the College of Traditional Chinese Medicine of Ontario which has not yet been appointed.

Response to HPRAC’s Questions

1. Definition of Interprofessional Collaboration

The statement “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....” gives the impression that regulatory colleges do not

work together and they do not share information. As a matter of fact, there has been extensive sharing of knowledge and information among registrars and the colleges through the Federation of Health Regulatory Colleges of Ontario, its working groups such as the standing Quality Assurance Working Group, other ad hoc groups and Registrars' meetings to share experiences, address specific issues such as conflicts of interest, advertising, privacy, investigation, complaints and discipline, delegation, and to provide education to Council and members. All colleges are aware of their regulatory responsibilities and have made public protection their mandate.

Despite limitations on college resources and competing priorities facing each college, efforts have been made to collaborate. For members of colleges to embrace interprofessional collaboration, there needs to be an environment that cultivates collaboration and mutual respect among individual health professionals and where patients understand health care options to make informed choices and trust that all regulated health professionals act in their best interest.

2. Eliminating Barriers to Interprofessional Collaboration

There are many barriers to interprofessional collaboration in the practice environment as presented in HPRAC's research documents and by stakeholders in consultation sessions. To eliminate these barriers to create an environment for interprofessional collaboration require a strategic systems approach that fosters trust and sustains confidence between professionals, patients, health care facilities, employers and the public. This can only be achieved through the concerted efforts of all parties involved in health care and professional regulation, not just with making amendments to the *RHPA* and legislating the regulatory colleges to collaborate.

It would be useful to consider:

- Reviewing and redefining the roles of MOHLTC (and its branches, agencies), HPRAC, HPARB, FHRCO, colleges, professional associations, health care facilities, employers, MTCU and educational institutions in facilitating interprofessional collaboration in the best interest of the public.

- MOHLTC working in partnership with regulatory colleges and FHRO to mount a public relations campaign to
 - 1) educate the public, college councils, health care facilities and employers on the health professional regulation under the *RHPA*; the respective scopes of practice, authorized controlled acts, competencies and risks of unqualified practitioners to dispel misunderstandings and cultivate acceptance of registered members of colleges [especially the less known professions and newly regulated professions];
 - 2) provide resources for an easily accessible portal to facilitate dissemination of accurate, clear and up-to-date information on each profession's scope of practice, authorized controlled acts and competencies to assist patients to make informed choice of care and for professionals to network.

- MOHLTC taking a leadership and coordinating role to provide timely, effective, efficient and adequate support to new colleges in (1) the training of transitional councils, registrars and potential future members on the role of and accountability of regulatory colleges, the *RHPA*, *etc.*, (2) regulations and entry to practice competencies development; (3) advising the public and practitioners of their rights during the transition before formal proclamation of the colleges; and (4) assisting in setting up the network for new colleges to seek information from and if necessary, negotiate changes with, relevant provincial ministries and agencies and municipalities.

- Mechanisms to require health care facilities not operated by regulated professions to have regulated health professionals on site to supervise the operation or to provide services to patients according to practice standards set by regulatory colleges. Unless this condition is met, such facility should not be allowed to register their business name and to offer their services to the public. This would require negotiation and coordination with provincial ministries and municipal governments that currently register these facilities.

Other Thoughts - Government Funding Pilot Projects to Foster Interprofessional Collaboration

Quality, cost-effective and timely delivery of healthcare depend on collaboration of a large and diverse team of professionals. Government could foster consistency and best practices in interprofessional collaboration through piloting and funding of the new emerging colleges in:

- Defining scopes of practice and controlled acts;
- Development of competencies and practice standards for registration;
- Assessment of education and training of practitioners for registration purposes;
- Development and maintenance of membership database;
- Communication strategies; and
- Establishing administration structure, etc.

An Example from Hong Kong.

To foster interprofessional collaboration of Western and Chinese medical services, their Hospital Authority piloted some 30 clinics in public hospitals, teaching universities and community non-profit organizations where the public can access health care services in various specialist fields such as tumors, respiratory diseases, cardiovascular and cerebrovascular diseases, diseases of the digestive system, diabetes, hypertension etc. In these clinics, patients have the choice of either receiving TCM treatment or a collaborative consultation by specialists in TCM and Western medicine. These clinics are also sites for medical and TCM students to gain practicum/internship experience, and for faculties to conduct evidence-based clinical research on the effects of Chinese medicine and treatment.

Conclusion

Sustainable interprofessional collaboration is grounded in trust, fairness and equity to all partners. The *RHPA* and the regulatory colleges are components of a wider system. The government must work on, lead, facilitate and provide resources for a comprehensive strategy to address interprofessional collaboration.