

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO

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May 30, 2008

Ms Barbara Sullivan, Chair
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West, Suite 806
Toronto, ON M4V 2Y7

Dear Ms Sullivan:

Re: Consultation on Interprofessional Collaboration among Health Colleges and Professionals

Thank you for the opportunity to comment on Issues Related to the Minister's referral on Interprofessional Collaboration among Health Colleges and Professionals and for providing the Discussion Guide dated February 2008.

The College of Psychologists of Ontario is familiar with the submission of the Federation of Health Regulatory Colleges of Ontario in response to this consultation and believes that the Federation's submission contains a number of important recommendations.

For purposes of the College's submission, comments will focus principally on interprofessional collaboration among health regulatory colleges. Rather than answer each question in the Discussion Guide, comment will be made on the general topic of each group of questions.

Please feel free to contact me if HPRAC has any questions or concerns regarding issues identified in this submission.

Sincerely,

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Interprofessional Collaboration among Health Colleges and Professionals

Defining Interprofessional Collaboration

Question 1.

The College is supportive of collaborative efforts already initiated among health regulators and frontline health professionals. As noted by the Federation of Health Regulatory Colleges of Ontario, there have already been several collaborative initiatives undertaken by health regulatory colleges.

The College supports the general aspirational statements that are the proposed focus of interprofessional collaboration initiatives.

However, we note that the expression “enhance scopes of practice” may be confusing. It may suggest that scopes of practice in general will be extended when the principal intent may be to ensure that professionals are able to practice to the full extent of their professional competencies within their current scopes of practice. For example, the College has been advised that in some settings members of the profession may be prevented from autonomously exercising the full scope of their knowledge and skills within their authorized scope of practice. This represents a loss of opportunity for the public to receive services from qualified professionals and may create an artificial barrier to access to needed health services.

Accordingly, the College recommends that attention be focused on optimizing the functioning of professionals within their scopes of practice. This may necessitate opening and updating of labour agreements or employment agreements depending on the setting.

Recommendation #1. That the Ministry consider systemic changes to ensure that health professionals are permitted to practice to the full extent of their professional competencies within their authorized scopes of practice, regardless of the setting in which health services are delivered.

Eliminating Barriers to Collaboration among the Colleges

Questions 2-5

Recent amendments to the Regulated Health Professions Act which permit Colleges to share confidential information with other Ontario regulators are expected to facilitate joint investigations and possible collaboration on other College regulatory processes. However, as noted in response to Questions 18-21, it seems that the Colleges would still be prohibited from sharing confidential complaint information with anyone other than another regulatory

College. Perhaps more might be done to facilitate joint investigations where a complaint has been lodged against more than one of the professionals engaged in an interprofessional collaborative practice.

As noted above, a number of collaborative initiatives have already been undertaken among the health regulatory Colleges. In recent months, several days of meetings to discuss these issues have fostered a resolve to seek further opportunities for inter-College collaboration.

Question 6-8

It is not clear that liability issues are a barrier to interprofessional care. It would be reasonable to expect health professionals to obtain liability insurance if they were not so covered by their employers. The minimum coverage would best be determined by the insurers' experience and estimate of risk given the particulars of the professional practice.

Developing Enablers for Collaboration among the Colleges

Questions 9-12

The Federation has recently amended its Bylaws to permit new Colleges to join the Federation as soon as their Registrars and Transitional Councils have been appointed by Cabinet. For its part the College of Psychologists of Ontario is willing to mentor the new College of Psychotherapists and Registered Mental Health Therapists. The Registrar has already consulted on several occasions with the Chair of the Coalition of Mental Health Therapists many of whose members expect to participate in the new College. There will be more opportunity for collaboration once the Government has appointed the Registrars and transitional Councils of the new Colleges.

With respect to barriers to shared administrative services, those colleges that met several years ago to discuss these issues abandoned the idea due to constraints presented by the duty of confidentiality, the varying lease terms and the general perception that duplication was more likely than efficiency in any effort to share administrative services.

Structural Mechanisms

Questions 13-17

The RHPA provides for the same procedures for each College to follow in investigating complaints. It is not clear that a centralized complaints model, even to receive complaints would create any efficiencies as the complaints would still need to be adjudicated by the individual regulatory bodies. It might be useful to have a central organization to whom to report on any systems

issues encountered during a complaint investigation. This proposal is addressed in the Federation submission.

Question 18-21

Now that the Colleges are able to share information with each other, it may be easier to conduct joint complaint investigations. However, it seems unlikely that confidential information could be shared with any other professionals working in a collaborative practice, including those against whom a related complaint may have been lodged by the same complainant. This might limit the possibilities for joint investigation and joint resolution of related complaints. As this College has had very little experience with complaints against professionals in collaborative practices, the experience of other colleges may be more informative.

Question 22-24

Many work settings already have a comprehensive quality assurance program for the various services offered by collaborating professionals. The Colleges have a quality assurance working group for sharing best practices. Most psychology regulators and many of the other health regulatory colleges in Ontario do not promulgate standards of practice but rely instead on the profession to provide current research on evidence-based practice and expertise on reasonable standards of practice. While it might be reasonable for the health regulatory colleges to jointly develop general principles for interprofessional practice, this would not necessitate a joint quality assurance program or any legislative change.

Question 25-28

There are currently collaborative initiatives and the potential exists for further collaboration among the health regulatory colleges without any need for another organization to be created to facilitate such collaboration.

As noted above, the College is supportive of the Federation's recommendation that an advisory entity be created with an overview of the entire health system, regardless of funding sources, so that there would be a place where colleges could report any trends or systemic issues identified by the health regulatory colleges. Such an entity could support continuing quality improvement throughout the health system.

Questions 29-32

Colleges are free to initiate collaborative activities and to report on them to the Minister either when asked or on their own initiative in their annual reports so there is no need for any formal mandate to do so.

There may be some general principles that might be appropriate across a number of the health Colleges but, given the diversity of professional practice scopes, it may not be feasible to develop minimum standards that would be appropriate across all Colleges. Currently there is legislation relating to consent which does have fairly general application and each College has regulations or standards relating to advertising, conflict of interest and record keeping. Colleges may collaborate on the development of common minimum principles specifically for collaborative practice if they judge these to be appropriate in the settings in which their members practice.

Question 33

Under the current system, the health Colleges have the potential to consider whether to collaborate on the development of practice standards and guidelines. However, should there be a discrete problem which appears to be intractable then the Ministry has the authority to direct that the Colleges in question reach a resolution or to impose a resolution.

Question 34-35

The College does not believe that a Collaboration Toolkit is required.

College Autonomy, Authority and Accountability

Questions 36-39

The delay in obtaining Ministry approval of regulations coupled with the Ministry's policy prohibiting rolling incorporation impedes the Colleges' ability to develop timely and current regulations that reflect ongoing changes in legislation, professional practice and the workplace. The result is a loss of flexibility needed by the Colleges to adapt to the evolving challenges and requirements for the provision of health services. Typically the College has written standards of professional conduct (as opposed to practice standards) to cover those areas where a regulation has not been approved. This gives the College more flexibility in revising the standards as needed to reflect changes in legislation, the workplace and professional practice. The College would be interested in exploring whether rule-making would be of assistance in this circumstance and whether such rules would be enforceable.

Interprofessional Care at the Clinical Level

Question 40

It is not clear that there is a direct linkage between collaboration among the Colleges and collaboration of frontline professionals at the clinical level. Varying combinations of professions work in different settings. Through its standards and guidelines, the College can encourage its members to work collaboratively with other professions. Collaboration among the colleges may help in addressing concerns that might arise in collaborative practice.

Questions 41-43

No changes to the RHPA, the health profession Acts or their regulations appear to be required to facilitate interprofessional care at the clinical level. However, the Government is encouraged to consider a review of other health legislation such as the Public Hospitals Act. In addition, healthcare funding models which foster interprofessional collaborative practice would be of benefit to consumers.