HPRAC

Consultation Discussion Guide on Issues Related to the Ministerial Referral on Interprofessional Collaboration among Health Colleges and Professionals

February 2008

Health Professions Regulatory Advisory Council (HPRAC)

Table of Contents

Invitation to Comment 2

PART 1: Introduction and Discussion Guide Outline 4
Introduction 4
Discussion Guide Outline 5

PART 2: Background 7
About HPRAC 7
2006 Report: Regulation of Health Professions in Ontario: New Directions 7
The Minister's Letter 8
Consultation Process 9
Scoping the Discussion of Interprofessional Collaboration among the Colleges 9

PART 3: Context 11
Current Legislative and Regulatory Framework 11
Ontario's Evolving Health Care System 14

PART 4: Research and Public Consultations 17
Summary of Workshops 17
Summary of Literature Review 19
Summary of Jurisdictional Review 22

PART 5: Your Opinion Counts: How to Make your Submission to HPRAC 24
HPRAC's Questions 26

PART 6: Next Steps 36

Appendix A: Glossary of Terms 37
Appendix B: Complete List of Controlled Acts 39
Appendix C: Health Profession Regulatory Colleges in Ontario 40
Appendix D: Complete List of Discussion Guide Questions 41
Appendix E: Letter from the Minister of Health and Long-Term Care (June 28, 2007) 45
Appendix F: Note on Statutory Self-Regulation of Health Professions 48

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Invitation to Comment

On June 28, 2007, the Minister of Health and Long-Term Care (Minister) requested that HPRAC:

> *recommend mechanisms to facilitate and support interprofessional collaboration between health Colleges… beginning with the development of standards of practice and professional practice guidelines where regulated health professions share the same or similar controlled acts, acknowledging that individual health Colleges independently govern their professions and establish the competencies for their profession* [and to] *take into account, when controlled acts are shared, of public expectations for high quality services no matter which health profession is responsible for delivering care or treatment.*

In responding to a request for advice from the Minister, the Health Professions Regulatory Advisory Council (HPRAC) regularly seeks comment from members of the public, interest groups, health professionals, health professions regulatory Colleges (Colleges), community groups and other interested organizations. Your response to this Discussion Guide will assist HPRAC in making its recommendations to the Minister.

At the outset, we want to express our thanks to you for reviewing the Guide, and we look forward to receiving your ideas, suggestions and comments. You may find it helpful to refer to the Literature Review and the Jurisdictional Review, both of which are posted on the HPRAC website at http://www.hprac.org. You may also want to refer to the statutes that govern the health professions. To review them, please visit http://www.e-laws.gov.on.ca/index.html.

This Discussion Guide explores issues, challenges and opportunities relating to collaboration among Ontario's health professions, their regulators and their members.

HPRAC welcomes all responses to this document. **The deadline for written submissions is April 15, 2008**, and HPRAC hopes that you will be able to forward your comments to us prior to that date. Where possible in your response to the questions, we would appreciate references to the literature you refer to, and to your experiences in collaboration among professions (it is not necessary that you respond to all questions). Responses should be addressed to:

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

We prefer submissions to be made in Microsoft Word, either on disk (by mail) or by email when possible. Electronic submissions can be made to: HPRACSubmissions@ontario.ca. If fax is more convenient for you, please address your comments to: HPRAC, INTERPROFESSIONAL COLLABORATION PROJECT, at 416-326-1549. Hard copy submissions should be sent to the above address.

Please attach the information sheet, included on page 24, to your submission.

HPRAC will be conducting consultations on matters associated with interprofessional collaboration over the spring and summer of 2008. The details of the dates and locations for the consultations will be posted on the HPRAC website at http//:www.hprac.org.

PART 1: Introduction and Discussion Guide Outline

Introduction

This Discussion Guide provides background related to the Minister's request for advice on interprofessional collaboration. It presents some possible mechanisms to enhance collaboration among the Colleges to enhance public protection and facilitate better patient care. The Guide provides the context for interprofessional collaboration as distinct from the examples of interprofessional care delivery models found in a variety of settings along the health care continuum.

Evolution and change within the health care system requires examination of the various statutes, regulations and policies that support the system to ensure that they are keeping pace with the changing needs of patients, providers and health care organizations.

The Minister has asked HPRAC to review the role of the Colleges that regulate the health professions in Ontario and to recommend mechanisms to facilitate and support interprofessional collaboration among health Colleges. His request comes at a time of unprecedented change and transformation within the health care system, including a strong desire among patients and providers to move towards a patient-centred approach to health care delivery.

Two workshops involving health professions regulatory Colleges, and health care associations and organizations were held in October 2007. In addition to the information from the October workshops, a review of the literature[1] and a review of experiences in other jurisdictions[2] were conducted. These are posted on HPRAC's website (http://www.hprac.org).

A number of themes emerged from the workshops, literature and jurisdictional reviews, including:

- A growing number and variety of interprofessional models of clinical care are emerging across the care continuum;
- More research on the benefits of interprofessional care to patient care and the results is available;
- Commitment and progress in the development of interprofessional education, particularly at the post-graduate level, is apparent;
- A limited number of initiatives in legislative and regulatory frameworks to support interprofessional collaboration, including the appropriate role for health regulatory bodies, have been recorded and evaluated, and
- Some developments related to interprofessional collaboration in other Canadian jurisdictions, as well as internationally -- including the United States, the United Kingdom, Denmark, Australia, New Zealand and parts of the European Union -- are instructive.

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[1] HPRAC (February 2008). Interprofessional Regulatory Collaboration: A Summary of Key Reference Documents & Selected Highlights from the Literature.
[2] HPRAC (February 2008). Interprofessional Collaboration: A Summary of Interprofessional Regulatory Collaboration in other Jurisdictions.

While this Discussion Guide and the literature review frequently reference the evolution of interprofessional patient care, this document, including the possible options and questions posed in it, stresses those areas where Ontario's health professions' Colleges can or should work together – or have the flexibility to introduce new mechanisms to promote interprofessional collaboration.

In addition to the evolution of the health care system and changes in which health care is provided, recent developments in Ontario (including the regulation of five new professions since 2006), make this an opportune time to review the role of the Colleges and to find new and better ways to strengthen cooperation, alliances and new relationships – both among the Colleges and consequently among the health professionals they regulate.

This Discussion Guide builds on HPRAC's knowledge of the evolving health care system, information and experience put forward in workshops that we sponsored, and the research and evidence that we have gathered from other jurisdictions. It offers a series of legislative and regulatory options, some of which are new, and some of which reflect experience in other provinces and countries that could be adopted and adapted to the Ontario setting. Through the questions that we pose, we are seeking your knowledgeable advice. We want to know not only the ideal, but what is workable, and how any legislative or regulatory initiatives will advance safe and effective patient care.

Discussion Guide Outline

Your responses to questions included in this Guide will help HPRAC formulate its advice to the Minister. In the end, decisions regarding processes and mechanisms to enhance interprofessional collaboration in Ontario rest with the Minister, the Government and the Legislature of Ontario, and we expect that the Minister will take HPRAC's recommendations into serious account. Therefore, HPRAC's recommendations must meet demanding public policy tests. Your advice to us, through your submissions, will help build our recommendations to the Minister.

This Discussion Guide is divided into six parts:

PART 1: **Introduction and Discussion Guide Outline:** Provides an overview including the purpose and intent of this Discussion Guide.

PART 2: **Background:** Provides information about HPRAC and its mandate, including reference to HPRAC's 2006 Report *Regulation of Health Professions in Ontario: New Directions*. This information provides some perspective for the Minister's letter of June 28, 2007, describes the consultation process that will be undertaken for this project, and defines the scope of HPRAC's examination.

PART 3: **Context:** Reviews the history of health professions regulation in Ontario, including the current regulatory framework, and provides additional context regarding challenges and opportunities arising from the Government's health transformation agenda.

PART 4: **Research and Public Consultations:** Provides an overview of the research and public consultations undertaken by HPRAC since September 2007.

PART 5: Your Opinion Counts: How to Make your Submission to HPRAC: Describes how to make a submission to HPRAC, and presents background and a series of questions relating to possible mechanisms to facilitate and support interprofessional collaboration.

PART 6: Next Steps: Describes the steps that HPRAC will undertake through the spring and summer of 2008 as it prepares its advice and final report to the Minister.

Also included in this Discussion Guide are a series of appendices to assist participants in their consideration of HPRAC's questions:

Appendix A – Glossary of Terms
Appendix B – List of Controlled Acts
Appendix C – List of Health Professions Regulatory Colleges in Ontario
Appendix D – List of Discussion Guide Questions
Appendix E – Letter from the Minister of Health and Long-Term Care (June 28, 2007)
Appendix F – Note on Statutory Regulation

PART 2: Background

About HPRAC

HPRAC is an independent agency of the Government of Ontario created in 1993 under the *Regulated Health Professions Act, 1991* (*RHPA*) to provide advice to the Minister on matters related to the regulation of health professions in Ontario. Its mandate includes providing advice on:

- Whether unregulated health professions should be regulated;
- Whether regulated health professions should no longer be regulated;
- Amendments to the *RHPA* and related Acts, and their regulations;
- Matters concerning the Quality Assurance programs of the Colleges, and
- Any matter related to the regulation of health professionals, referred to HPRAC by the Minister.

HPRAC also has a duty to monitor each College's Patient Relations program and to advise the Minister about its effectiveness.

The Minister relies on recommendations from HPRAC as an independent source of information, analysis and advice in the formulation of public policy. In providing its advice and conducting its affairs, HPRAC is independent of the Minister, the Ministry of Health and Long-Term Care, the Colleges, health care associations and others who have an interest in issues on which advice is provided.

2006 Report: Regulation of Health Professions in Ontario: *New Directions*

In 2005, in response to a request for advice from the Minister, HPRAC combined several inter-related questions into one major Legislative Framework document, which was published in April 2006, as part of HPRAC's report entitled *Regulation of Health Professions in Ontario: New Directions,* hereinafter referred to as *New Directions*[3].

In that report, HPRAC recognized that regulators needed increased flexibility and authority to work together, and recommended that Ontario's regulatory environment for health professions support innovative ways to deliver health care to patients – including a greater focus on interprofessional care. HPRAC noted a series of structural challenges within Ontario's existing regulatory structure for health professions, including those related to 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. Accordingly, HPRAC recommended that:

> *The procedural code be amended to give the colleges flexibility to deal with multidisciplinary practice and to send a signal encouraging colleges to cooperate and share information. Other specific recommendations include the introduction of a new objective for*

[3] Available on HPRAC's website at
http://www.hprac.org/en/reports/resources/New_Directions_April_2006_EN.pdf

colleges to promote interdisciplinary collaboration on matters such as common scopes of practice, joint investigations and quality programs.

Following the Release of *New Directions,* the Government of Ontario introduced Bill 171, the *Health System Improvements Act, 2007,* that received royal assent on June 4, 2007. The Act amended the *RHPA* to include an instruction to Colleges regarding interprofessional collaboration similar to that included in *New Directions.* Under the revised *RHPA*, Colleges in Ontario were given several new objectives:

- To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders and the public;
- To promote interprofessional collaboration with other health profession colleges; and,
- To 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.

The Minister's Letter

On June 28, 2007, the Minister requested HPRAC's advice on a number of matters affecting the regulation of health professions in Ontario. His letter asked HPRAC to respond to questions relating to:

- Mechanisms to facilitate and support interprofessional collaboration among Colleges;
- The scope of practice of registered nurses in the extended class;
- Regulations concerning non-physician professions who prescribe or use drugs in the course of their practice;
- Framework and process for changes to drug regulations for non-physician prescribers;
- The regulation of diagnostic sonographers;
- Consideration of an association model for personal support workers;
- The regulation of dental assistants;
- The regulation of paramedics and emergency medical attendants, and
- The regulation of chiropody and podiatry.

This Discussion Guide addresses the Minister's request that HPRAC:

> *recommend mechanisms to facilitate and support interprofessional collaboration among health Colleges **…** beginning with the development of standards of practice and professional practice guidelines where regulated health professions share the same or similar controlled acts, acknowledging that individual health Colleges independently govern their professions and establish the competencies for their profession* [and to] *take into account, when controlled acts are shared, of public expectations for high quality services no matter which health profession is responsible for delivering care or treatment.*[4]

[4] The Minister's letter to HPRAC is attached as Appendix E.

HPRAC will provide advice to the Minister on these matters in an Interim Report by March 31, 2008, and in a Final Report by January 31, 2009.

Consultation Process

HPRAC embarked on a two-phased approach to respond to the Minister's request for advice. Prior to developing this Discussion Guide, HPRAC sponsored two workshops with representatives from provincial health care associations and health professions regulatory Colleges to discuss the broad issue of interprofessional collaboration, and released literature and jurisdictional reviews related to this issue. These materials are available on HPRAC's website, http://www.hprac.org.

Scoping the Discussion of Interprofessional Collaboration among the Colleges

There are many issues related to **interprofessional care** at the clinical level, and many definitions and meanings of the subject. For clarity and discussion, HPRAC has adopted the definition that was framed by HealthForceOntario:

> Interprofessional care is the provision of comprehensive health services to patients by multiple health caregivers who work collaboratively to deliver quality care within and across settings.[5]

This Discussion Guide is designed to explore the issues, challenges and opportunities relating to interprofessional collaboration among health Colleges. To provide a context for the Guide, HPRAC has developed the following statement to convey its interpretation of what the Minister's question portends. Our view is that any initiatives 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;
- Regulate the health professions in a manner that maximizes collective resources effectively and efficiently, while protecting the public interest;
- 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.

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[5] HealthForceOntario (July 2007). Interprofessional Care: A Blueprint for Action in Ontario, Interprofessional Care Steering Committee, Government of Ontario, p. 44.

Strengthening collaboration between and among the Colleges should be grounded in a series of underlying principles:

- The responsibility to meet the public's expectations for improved access to high quality, safe services and patient-centred care;
- Optimizing the contribution of all health professionals, and
- Maintaining self-regulation.

HPRAC is, therefore, seeking ways for the Colleges to progress by removing or minimizing any unnecessary barriers that exist and to consider new means for the Colleges to support and enable interprofessional care by their members at the clinical level. In this Discussion Guide, HPRAC is asking you to examine several possible mechanisms to facilitate and support enhanced collaboration. These options may or may not be practicable steps towards the ultimate goal of enhancing the delivery of interprofessional, patient-centred care. There may be other opportunities that are not addressed in the questions that you may want to put forward, and we would like to explore those as well. These questions are presented for your consideration, and we invite your response and comment, along with other options that you might want to introduce. You may choose to answer some or all of the questions.

Your opinion counts!

PART 3: Context

Current Legislative and Regulatory Framework

A) The Evolution of Health Professions Regulation in Ontario

In 1982, the Minister of Health initiated the Health Professions Legislation Review (HPLR), a far-reaching formal review of health professions in Ontario. The HPLR's mandate was to make recommendations to the Minister in the form of draft legislation with respect to:

- Which health professions should be regulated;
- Updating and reforming the *Health Disciplines Act,1980 (HDA)*;
- Devising a new structure for all legislation governing the health professions, and
- Settling outstanding issues involving several professions.

A key feature of the *HDA* was that it provided exclusive scopes of practice to five health professions, effectively creating practice monopolies, which many experts considered to be broader than necessary and therefore not in the public interest. The *HDA* did not include a mechanism to control the performance of potentially harmful acts falling outside defined scopes of practice.

The HPLR released its final report in 1989, and recommended:

- A uniform (or omnibus) health professions procedural code be enacted;
- Twenty-four health professions be granted or maintain self-regulation, including four professions then regulated by the *Drugless Practitioners Act,* seven professions then regulated by individual statutes, six professions then regulated by the *HDA,* and seven professions then unregulated, and
- A new independent policy development agency be established.

In response to the HPLR's recommendations, the Government introduced the *RHPA,* and 21 profession-specific Acts to provide a comprehensive framework for regulating most health professions in Ontario. Practitioners and professional practice are both regulated under the *RHPA*. The *RHPA* addresses issues of public protection by:

- Restricting who may perform hazardous acts and procedures;
- Prohibiting unregulated practitioners from providing treatment or advice when physical harm to the patient or client may result;
- Restricting the use of professional titles and designations;
- Providing complaints, discipline and fitness to practise processes, and
- Requiring reporting of incompetence, incapacity or professional misconduct.

The *RHPA* governs approximately 220,000 health professionals in Ontario. Each profession is governed under a profession-specific Act by a self-regulatory College established under the *RHPA*.

B) The *Regulated Health Professions Act, 1991*

The *RHPA* establishes a statutory framework for the regulation of health professions in Ontario, including a central statute, a Procedural Code and legislation to regulate specific professions. It also affects unregulated practitioners who provide health care

services by restricting the activities and procedures they may perform. The *RHPA* framework sets out:

- The health professions that are regulated, their scopes of practice and protected titles;
- The powers and duties of the Colleges;
- Those health care acts and procedures that may only be performed by regulated health professionals – known as Controlled Acts;
- The professional obligations of regulated health professionals, and
- Fitness to practise, complaints, discipline and appeals procedures.

RHPA Controlled Acts

The *RHPA* designates 13 Controlled Acts. These are procedures that, if not performed correctly and by a competent person, present a significant risk of harm to patients or clients. They may be performed only by regulated health professionals to whom one or more of the Controlled Acts are designated by a profession-specific Act under the *RHPA.*[6]

The *RHPA* Harm Clause

The effect of the Harm Clause is to prohibit potentially harmful activities not specifically addressed by the Controlled Acts. The Harm Clause prohibits individuals, other than regulated health professionals acting within their scope of practice, from treating or advising individuals about their health in circumstances where it is reasonably foreseeable that serious physical harm may result. The *RHPA* allows regulated health professionals to delegate performance of part or all of a Controlled Act in specified circumstances.

Policy Objectives

The *RHPA* has four inter-related policy objectives:

Public protection

- Restrictions on which practitioners may perform harmful acts and procedures;
- Prohibition against unregulated practitioners providing treatment or advice when it is reasonably foreseeable that serious physical harm may result;
- Restrictions on the use of professional titles and designations;
- Complaints, discipline and fitness to practise processes, and
- Funding for therapy for victims of sexual abuse.

Quality of care

- Broad regulatory authority given to Colleges, including authority to set and enforce standards of practice, and
- Mandatory Quality Assurance and Patient Relations programs.

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[6] See Appendix B for a list of the Controlled Acts.

Access

- Abolition of exclusive scopes of practice, and
- Fewer restrictions on direct access to practitioners.

Accountability

- Transparency through requirements for open Council meetings, discipline hearings and complaint reviews, and
- Balanced representation on the governing Councils of Colleges, including representation by professionals, academics and the public.

C) Post *RHPA* Legislative and Regulatory Developments

The Ontario Ministry of Health and Long-Term Care communicated its *Principles for Quality Assurance Programs and Regulations* under the *RHPA* to Colleges in 1996. The document sets out three components of Quality Assurance programs:

- Identifying members who are incompetent or unfit to practise, or whose deficiencies can be improved through remedial activities, and programs to address these issues;
- Maintaining and improving members' competence, and
- Raising "the collective bottom-line performance of the profession, by focusing on patient outcomes and 'what works best'."

In addition to the *RHPA,* other laws have implications for regulated health professions. By example, Ontario's legislation includes:

- The *Health Care Consent Act*, *1996,* establishes responsibilities for regulated health professionals, as well as safeguards for patients and clients, and sets out requirements for informed consent for treatment, personal care services and admission to long-term care facilities;
- The *Personal Health Information Protection Act*, *2004,* provides a broad framework for safeguarding the privacy of patients and clients and the confidentiality of personal health information;
- The *Health System Improvements Act, 2007,* amended the *RHPA* to include the instruction to Colleges regarding interprofessional collaboration (see Part 2);
- The *Drug and Pharmacies Regulation Act, 1990,* specifies the requirements for the operation of a pharmacy and the role of professionals in the dispensing, compounding and selling of drugs, and
- The *Public Hospitals Act, 1990,* and regulations under it, specifies certain roles and authorities for health professionals.

The regulation of health professions in Ontario is a sustained, evolving process. A number of new professions have been regulated subsequent to the passing of the *RHPA*, including:

- Midwifery under the *Midwifery Act* in 1991;
- Social workers and social service workers, regulated through the Ministry of Community and Social Services under the *Social Work and Social Service Work Act*, *1998*;
- Traditional Chinese Medicine under the *Traditional Chinese Medicine Act, 2006*;
- Homeopathy under the *Homeopathy Act, 2007;*

- Kinesiology under the *Kinesiology Act, 2007*;
- Naturopathy under the *Naturopathy Act, 2007*;
- Pharmacy Technicians under the *Pharmacy Act, 1991,* and
- Psychotherapy under the *Psychotherapy Act, 2007*.

Ontario's Evolving Health Care System

Over the past decade, the provincial and federal governments have grappled with implementing broad-based health care reforms. Implementation has been complicated by many challenges, including the growing and changing needs of an aging, more diverse population, introduction of new technologies, shortages in the supply of health human resources and escalating health care expenditures. Top of mind issues for all governments today are wait times, patient safety, quality of care and the sustainability of the health care system.

As part of its commitment to transforming the health care system, the Ministry of Health and Long-Term Care has implemented a number of reforms that affect the way care is delivered in Ontario. For example:

- Wait time strategies for cancer, cardiac, knee, hip and cataract operations and MRI and CT scans (2004); expanded to paediatric surgery and other services (2006/2007); to orthopaedic surgery (bone and joint) and all ophthalmologic surgery (2007/2008); and to all surgical specialties (2008/2009);
- Long-Term Care Reform (2004);
- The introduction of Community Health Centres (2004);
- The introduction of Family Health Teams (2005);
- Chronic disease prevention and management framework (2005);
- The introduction of the Local Health Integration Networks (2006), and
- The establishment of HealthForceOntario to address the shortage of health human resources through a provincial strategy (2006).

Recently, HealthForceOntario brought together experts from the health care sector to develop recommendations to enhance interprofessional care. This work culminated in a document entitled *Interprofessional Care:* A *Blueprint for Action in Ontario*.[7] The review and implementation of its recommendations is underway in partnership with the health care and education sectors. One of the recommendations called for a legislative review to identify opportunities to reduce barriers and increase opportunities to support interprofessional care. Legislation that may need to be examined as part of this work includes:

- *Ambulance Act, 1990;*
- *Drug and Pharmacies Regulation Act, 1990;*
- *Healing Arts Radiation Protection Act, 1990;*
- *Health Insurance Act, 1990;*
- *Laboratory and Specimen Collection Centre Licensing Act, 1990;*
- *Mental Health Act, 1990;*
- *Public Hospitals Act, 1990;*

[7] Available on HealthForceOntario's website at
http://www.healthforceontario.ca/WhatIsHFO/IPCProject/IPCBlueprint%20for%20Action.aspx

- *Regulated Health Professions Act, 1991;*
- *Long-Term Care Act, 1994;*
- *Community Care Access Corporations Act, 2001,* and
- *Profession-specific health professional Acts.*

Challenges and Opportunities

There are many challenges to enhancing interprofessional care, including:

- Competition, fear and misunderstanding among health professionals;
- Historic impediments, including profession-specific education, differences in philosophical approach to care, overlapping and conflicting bodies of knowledge, and cultural differences among professions;
- Competing accountability frameworks;
- Numerous Colleges that have similar scopes of practice, share the same or similar Controlled Acts and that regulate professionals who provide closely related services, often involving the same areas of the body;
- Lack of knowledge, acceptance and respect of competencies, skills and training of all health professions by patients and other health professionals;
- Lack of flexibility in the *RHPA*;
- Fragmented approach to the health care system reinforced by care models, elements of the *RHPA*, individual professionals and the government's policies;
- Infrastructure, and
- Lack of a clear mandate and funding for interprofessional collaboration.

While there are a number of challenges to interprofessional care and collaboration, there are also numerous opportunities. Some arise from:

- Emergence of new health professions and Colleges that need mentoring and support from those that are more established;
- Three new interprofessional collaboration objects for the Colleges in Schedule M of the *Health System Improvements Act, 2007*;
- Sharing of resources or functions among Colleges;
- Increase in interprofessional education in professional schools;
- Implementation of government policies to promote interprofessional collaboration, and
- Leadership among Colleges and key government ministries.

Overlapping scopes of practice represent both an opportunity to promote greater collaboration and a potential barrier to it. The *RHPA* allows for overlapping scopes of practice and shared Controlled Acts, which enable collaboration by permitting a number of health professions to perform many of the same activities. On the other hand, different interpretations of the same or similar Controlled Acts and different standards of practice among professions that perform the same or similar Controlled Acts can create competition and turf protection issues between professions. The lack of a mechanism to resolve conflicts has been described as a barrier to enhanced interprofessional collaboration.

HPRAC's literature and jurisdictional reviews provide an insight into the challenges and opportunities for interprofessional care and collaboration among the Colleges and other regulatory bodies and their members. It is clear that the *RHPA* and other legislation affecting health professions and professionals should not be barriers to interprofessional care or collaboration.

PART 4: Research and Public Consultations

Summary of Workshops

On October 17 and 18, 2007, HPRAC sponsored two workshops[8] in Toronto on interprofessional collaboration. The purpose of the workshops was to engage participants in a preliminary discussion of a number of questions:

- What are the regulatory Colleges in Ontario doing to promote interprofessional collaboration?
- What are the barriers to interprofessional collaboration?
- How can the barriers be addressed?
- What do the Colleges need or want to satisfy the new objects of interprofessional collaboration under the *Health System Improvements Act, 2007*?
- How can rule-making contribute to interprofessional collaboration?
- What new requirements are needed to meet interprofessional collaboration goals?

A) What are the Colleges doing to promote interprofessional collaboration?
People who participated at the workshops confirmed that there is growing interest among health care associations, Colleges, health professionals and providers in exploring opportunities to support and advance interprofessional collaboration. This support is being demonstrated through current action in clinical, teaching, research and policy settings. Examples of activities taking place include:

- Support for the philosophy of interprofessional collaboration as articulated in strategic planning sessions and documents;
- Identification of collaboration as a core competency in some Colleges;
- Sharing of standards and request for information in establishing revised or new standards by other professional groups;
- Development of delegation and medical directives guidelines and sharing of specific directives among Colleges;
- Cross appointments and representation from other Colleges on professional committees;
- Expansion of interprofessional teams in clinical settings including hospitals, Community Health Centres, Family Health Teams and long-term care settings;
- Shared electronic health records;
- Renewed focus on interprofessional education and training at universities and colleges, including changes in curriculum design and collaborative research on interprofessional education policy, and
- Organization of interprofessional collaboration conferences and think tanks.

B) What are the barriers to interprofessional collaboration?
The lack of a common understanding of terms related to interprofessional collaboration, such as collaborative care, and interprofessional collaboration, is a key barrier to

[8] The first workshop involved discussions with health care leaders representing health care professional and health provider associations in Ontario. The second workshop involved representatives from the Colleges, including health professionals, public appointees to College Councils, and College staff.

advancing reforms that will support interprofessional collaboration. The lack of clarity contributes to ambiguity and a general lack of awareness, understanding and trust among professionals and Colleges with respect to each other's roles, scopes of practice and competencies, including how they relate to each other and to patient care.

Another barrier identified by workshop participants related to overlapping scopes of practice and shared Controlled Acts. Speakers noted the existence of both different interpretations and different standards of practice among professions that perform the same or similar Controlled Acts. These differences have the potential to create competition and turf protection issues among professions, which are often difficult to resolve.

Some additional barriers identified by workshop participants were:

- Absence of established collaboration between professions arising from lack of time and resources to advance interprofessional collaboration models, lack of collaboration guidelines, lack of guidance and support in interprofessional collaboration team development, overlapping scopes of practice, and different access among professions to Controlled Acts;

> *"There is a need to ensure that the definition of collaborative practice addresses the interface between individual vs. professional scope of practice."*
> *Source: Workshop Participant*

- Turf protection and power relationships arising from different remuneration methods;

- Regulatory challenges, including process and delays in getting regulations approved; duplication in developing regulations that could be shared among Colleges; the increasing tendency to develop guidelines instead of regulations; rigidity and tightness of standards that inhibit changes;

- Concern of some new professions, such as Traditional Chinese Medicine, about the clinical approaches of other professions to shared or similar Controlled Acts, and

- Organizational and government policies and structures that reinforce silos.

C) How can the barriers be addressed?
Participants at the workshops identified possible ways to address some of the barriers:

Clinical	▪ Revisit and revise scopes of practice for some professional groups; ▪ Clarify areas ripe for change, such as overlapping scopes and shared Controlled Acts; ▪ Recognize that standards are evolutionary, and ▪ Change funding models that conflict with interprofessional collaboration.
Education and Teaching	▪ Address practice of silos and segregation in educating health professionals; ▪ Provide more education opportunities across professions to promote interprofessional collaboration; ▪ Establish mentoring programs;

	▪ Learn from and build on successful interprofessional education models; ▪ Enhance integration of interprofessional collaboration at the educational and training level; initial education that includes understanding of different health professions' roles and the benefits of interprofessional collaboration in fostering better health care; ▪ Ensure that new professions have a clear understanding of the roles and accountabilities of the *RHPA*, and the potential for joint development of standards for similar controlled acts, and ▪ Strengthen collaboration between the Ministry of Health and Long-Term Care and the Ministry of Training, Colleges and Universities.
Research and Policy	▪ Clarify definition of interprofessional collaboration, Controlled Acts; ▪ Learn from and apply what other professions and/or jurisdictions have done to advance interprofessional collaboration; ▪ Create common resource repositories, and ▪ Review practices common to all Colleges to understand similarities.
Legislative and Regulatory	▪ Address issues arising from conflicting legislation and regulations, such as differences in common principles among Colleges in areas such as quality assurance; ▪ Clarify distinction between bylaws, regulations, rules, guidelines and standards; ▪ Confirm degree of authority for individual Colleges to regulate and enforce adoption of best practice standards; ▪ Promote joint quality assurance and quality improvement processes and continuing competency; ▪ Enhance opportunities for joint investigations where professionals from more than one College are involved in a complaint or report; ▪ Address differences in standards on record keeping, competencies, guidelines and expectations; ▪ Strengthen conflict resolution process, and ▪ Revise the *Public Hospitals Act* to address barriers, and amend other legislation, as required, to facilitate interprofessional collaboration.
Structural	▪ Clarify level of support and accountability of existing structures, such as Federation of Health Regulatory Colleges of Ontario; ▪ Enhance formal and informal communication among Colleges and professions; ▪ Leverage current professions and their role in meeting needs of population; ▪ Amend existing laws and regulations to incorporate multidisciplinary teams in the development process; ▪ Embrace the electronic health record as a mechanism for change, and ▪ Address long-standing turf issues by moving toward binding arbitration.

Participants at both workshops confirmed that there is a strong desire for, and commitment to promote, more collaboration among professions. Identifying and responding to some of the barriers in the current system was identified as a key starting point for improving the status quo.

Summary of Literature Review

HPRAC conducted a literature review related to interprofessional collaboration. The review focused on identifying key documents that inform discussions about legislative,

regulatory, policy, structural and organizational issues as they relate to facilitating and supporting Colleges and their members in advancing interprofessional collaboration. Given the variety of issues affecting interprofessional collaboration and the different ways in which the concept has been defined and discussed in the literature, the literature review was organized with a view to addressing a number of key issues:

- What is the definition of interprofessional collaboration? What other terms are used to define interprofessional collaboration?
- What is driving the current level of interest in interprofessional collaboration to improve patient outcomes?
- What are the benefits attributed to interprofessional collaboration? Does interprofessional collaboration improve patient outcomes?
- What are the regulatory levers and barriers to review?

Highlights emerging from the literature review:

A) Renewed Interest in Interprofessional Collaboration and Interprofessional Care Models

- The theme of interprofessional collaboration has emerged in a number of contexts with a number of recent reports calling for a greater focus on interprofessional collaboration in education, research, clinical practice, legislation and regulation.
- Although many patients, caregivers, health professionals, and decision-makers are ready to embrace collaborative health care, current policies often present barriers that hamper transformation to team-based health care. These barriers include: inconsistent government policies and approaches; limited health human resource planning; regulatory and legislative frameworks that create silos, and models of funding and remuneration that discourage collaboration.[9]
- Growing interest in interprofessional collaboration is also raising issues with respect to the management of professional boundaries and, in particular, the relationship of professional care providers with each other, as well as among those responsible for regulating health professionals.

> *Interprofessional collaboration is increasingly being viewed as a key strategy for providing the best quality and most effective care to people who require multiple services, or who use both acute and primary health care services.*
> *Source: Enhancing Interdisciplinary Collaboration in Primary Health Care initiative, April 2005-B*

B) Variation in the Use of Terminology Employed to Describe Interprofessional Care

- Key terms used to describe interprofessional care include: team; teamwork; collaborative care; collaborative practice; multidisciplinary

> *In the Canadian context 'the legal and regulatory framework, particularly as it governs the responsibilities held by each of the professions, represents more of a hindrance to getting professionals to collaborate than the source of leverage it should be'.*
> *Source: Bourgeault & Mulvane, 2006*

[9] Canadian Health Services Research Foundation (June 2006). *Teamwork in healthcare: promoting effective teamwork in healthcare in Canada. A policy synthesis.*

care; interdisciplinary care; interprofessional care. Specific definitions of interprofessional collaboration in the context of regulatory reform were not found in the literature.

C) Growing Body of Research Related to Interprofessional Care

- Much of the literature describes past and current experiences related to interprofessional care models, and comments on the successes and barriers related to these practices. Recent literature, in particular, has started to look more closely at some of the current policy and system issues that have facilitated or presented barriers to collaborative-based health care.

- Although there is a general sense that teamwork produces better results for patients, there are difficulties in demonstrating the relationship through research. There is, however, evidence that supports the value of interprofessional care, increasing patient and provider satisfaction, and decreasing health care costs when employed in a variety of practice settings.[10]

- In evaluating the results of inter-disciplinary collaborative care, based on existing assessments, clients and patients of inter-disciplinary collaborative care show significant satisfaction with the results of this type of care. Studies in various countries show positive results in quality of life and care with a range of patient and client types, including veterans with complex care needs, children with special needs, geriatric patients and users of mental health services, as well as people in the general patient population.[11]

> *The move towards more extensive use of collaborative health care teams raises a host of issues related to the management of professional boundaries. There are important institutional, regulatory and economic factors that both foster and hinder the success of collaborative health care teams…Little research has been focused on the broader/macro factors that influence the success in implementing collaborative care models, particularly outside of institutional settings.*
> *Source: Bourgeault & Mulvane, 2006*

- Literature supporting the value of interprofessional education is thin. This is especially the case for published reports of pre-licensure interprofessional education. A body of knowledge that defines the frequency and nature of interprofessional experience must be created to ensure that health care professionals have the requisite knowledge, attitudes and skills to engage in collaborative practice.[12]

D) Facilitating Interprofessional Collaboration Requires Strategic Changes

- There is a need for mechanisms that will enable regulators of various health professions to work together to build effective interprofessional collaborative arrangements within and across the health care continuum.

- Momentum for enhanced interprofessional collaboration requires supportive structures, including legislative, regulatory and legal frameworks. While momentum

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[10] Ibid.

[11] Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative (May 2005). *Enhancing Interdisciplinary Collaboration in Primary Health Care, Barriers and Enabling Factors Task Groups Report.*

[12] Herbert, Carol P. (May 2005). Editorial: "Changing the culture: Interprofessional education for collaborative patient-centric practice in Canada." *Journal of Interprofessional Care.* 19: S1, 1-4.

for change seems to be emerging in legislative and regulatory frameworks, some of the literature concludes that, overall, the current legislative and regulatory frameworks are not conducive to interdisciplinary collaboration.[13]

- At the system level, legislative and regulatory reforms must keep up with changes and trends in the practice environment. Existing legislative and regulatory frameworks in Canada are inconsistent in the way they define Scope of Practice of the health professions. Barriers that prevent practitioners from functioning to their full Scope of Practice mean that health human resources are not being fully utilized.[14]

- Legislative and regulatory action is required for a shift toward interdisciplinary collaboration to take place. Among other things, any revised legislation must: recognize the validity of collective practice; clearly set out scopes of practice for each health profession; define the roles, responsibilities, accountabilities and relationships through an express agreement among members of a collaborative practice.[15]

- Legislatures and regulators have not traditionally made collaborative care one of their main objectives. Current legislation and regulation do not prohibit collaborative practice, nor do they encourage, require, facilitate or enable it. Legislation and regulations should be updated and amended to expressly support collaboration. In Canada, there is inconsistency and a lack of clarity in legislation and regulation with respect to collaboration. When these flaws exist, regulators and health care professionals err on the side of caution. Therefore, legislators and regulators must be clear and consistent in emphasizing the importance of collaboration.[16]

> *There is considerable dispute within the policy community as to when and which regulatory barriers to competition are appropriate. At one extreme, it is vital that only qualified individuals be allowed to give complex care and perform potentially dangerous procedures. At the other extreme, regulation may be seen as a form of 'turf protection' focused more on increasing professional incomes, without necessarily improving patient outcomes.*
> *Source: Deber, Baumann, 2005*

- Regulators have an important role to play in supporting collaborative practice through the development of partnerships between themselves and educators, government and the public. Encouraging regulators to work together in the areas of quality assurance, complaints and discipline would signal the importance of collaboration to health professionals.[17]

Summary of Jurisdictional Review

HPRAC examined the following jurisdictions to determine the type of mechanisms that they have adopted to enhance interprofessional collaboration:

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[13] Watson, Diane and Wong, Sabrina (2005). *Canadian Policy Context: Interdisciplinary Collaboration in Primary Health Care.* The Conference Board of Canada, Commissioned by the Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative. Ottawa.
[14] Canadian Health Services Research Foundation. Op. cit.
[15] Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative. Op. cit.
[16] Conference Board of Canada (2007). *Achieving Public Protection through Collaborative Self-Regulation: Reflections for a New Paradigm.*
[17] Ibid.

- Ontario;
- Alberta;
- British Columbia;
- Quebec;
- Victoria, Australia;
- Denmark;
- New Zealand;
- The United Kingdom;
- Nebraska, United States;
- Virginia, United States; and
- Washington State, United States.

HPRAC researched each jurisdiction's legislative and regulatory framework, and identified government policies, strategies and key legislative and regulatory mechanisms. Some of the initiatives undertaken in these jurisdictions include:

- Legislative reforms focused on facilitating the ability of health care practitioners to collaborate with one another (the provinces of Alberta, British Columbia, and Quebec, Victoria and New Zealand);
- Establishment of specific bodies dedicated to enhancing collaboration among health professions regulators (Quebec, United Kingdom), and
- Some emerging common processes or systems for all health professions regulators regarding complaints, investigations, disciplinary processes and procedures (Quebec, Victoria, New Zealand, Denmark, Nebraska, Virginia and Washington).

While HPRAC identified some innovative and emerging approaches to interprofessional collaboration in other jurisdictions, on balance collaboration among regulatory bodies did not appear to be as well developed as interprofessional initiatives at the clinical and educational levels.

In Alberta, British Columbia, New Zealand and Victoria (Australia), legislative and regulatory reforms undertaken in recent years have created a legislative framework similar to that which Ontario has had in place since 1991, when it enacted the *RHPA* and non-exclusive scopes of practice.

The introduction of common complaints, investigations or disciplinary processes and procedures for all health regulators was the most common initiative present in seven jurisdictions that were reviewed.

Also of note, the United Kingdom has taken significant steps towards modernizing the regulation of its health professions with the publication of a White Paper on the regulation of health professionals in 2007. Among the White Paper's noteworthy proposals is the consideration of areas in which regulatory practice and legislative provisions should be harmonized across regulatory bodies to ensure that each has the most up-to-date and comprehensive duties and powers.

New Zealand was the only jurisdiction which, through its *Code of Health and Disability Services Consumers Rights* explicitly guarantees that every health care consumer has the right to expect cooperation among providers to ensure quality and continuity of services.

YOUR OPINION COUNTS...

MAKING YOUR SUBMISSION TO HPRAC:

PLEASE ATTACH THE FOLLOWING INFORMATION SHEET TO YOUR SUBMISSION TO HPRAC. YOUR SUBMISSION SHOULD BE SENT NO LATER THAN APRIL 15, 2008, TO:

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

We prefer submissions to be made in Microsoft Word, either on disk (by mail) or by email when possible. Electronic submissions can be made to: HPRACSubmissions@ontario.ca. If fax is more convenient for you, please address your comments to: HPRAC, INTERPROFESSIONAL COLLABORATION PROJECT, at 416-326-1549. Hard copy submissions should be sent to the above address.

Submission Details:

NAME: ______________________________

ORGANIZATION, IF ANY: ______________________________

TITLE: ______________________________

ADDRESS: ______________________________

CITY: ____________ PROVINCE: ____________ POSTAL CODE: ____________

E-MAIL ADDRESS: ______________________________

PHONE: ____________ DATE OF SUBMISSION: ____________

Please note that complete submissions or excerpts may be referenced in HPRAC's report to the Minister of Health and Long-Term Care, and that they will be posted on HPRAC's website. All submissions and correspondence may be the subject of a request under the Freedom of Information and Protection of Privacy Act (FIPPA). If you wish any part of your response, submission or correspondence to be withheld, please indicate that and provide the reason for your request.

This sheet can be downloaded with the full Discussion Guide (PDF format) from the HPRAC website, http://www.hprac.org, in the Interprofessional Collaboration section under Current Ministerial Referrals.

PART 5: Your Opinion Counts: How to Make your Submission to HPRAC

Possible Mechanisms to Facilitate and Support Collaboration among Health Professions' Colleges

The *Health System Improvements Act, 2007,* established a clear mandate for the Colleges to engage in greater interprofessional collaboration.

The Act provides new enablers for Colleges to interact with one another, including the additional College objects, to take effect no later than June 2009, as well as revised confidentiality provisions that clarify the Colleges' ability to share information with one another for the purposes of the *RHPA*.

To assist the Colleges in achieving the new objects, the Minister has asked HPRAC to recommend mechanisms to facilitate and support collaboration among the Colleges.

The literature and jurisdictional reviews demonstrate the important role that regulators must fulfill in supporting and enabling interprofessional care at the clinical level.

HPRAC has an opportunity to recommend options to the Minister that will provide Colleges with needed tools to improve collaboration among the Colleges and their members.

HPRAC has considered:

- The challenges Colleges have faced in their collaborative endeavours;
- The steps taken in other jurisdictions, and
- Possible mechanisms for a made-in-Ontario solution to advance collaboration among the Colleges.

HPRAC'S QUESTIONS

To assist HPRAC in developing advice for the Minister, the Council has developed a number of questions on which your comments and insights are sought. We welcome and appreciate your participation, and hope that you will provide notes and references from your knowledge and experience, as well as other thoughts about ways in which interprofessional collaboration can and should be supported. We are asking that all responses be forwarded to HPRAC no later than April 15, 2008.

Defining Interprofessional Collaboration

Background: This Discussion Guide is focused on exploring the issues, challenges and opportunities concerning the Minister's request for advice from HPRAC.

While many definitions exist for "interprofessional care" (i.e., interprofessional collaboration at the clinical level); none was found in the Literature Review for collaboration at the regulatory (i.e., College) level. To provide the context for this Discussion Guide and to focus its response to the Minister's request, HPRAC proposes that any initiatives 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;
- Regulate the health professions in a manner that maximizes collective resources effectively and efficiently, while protecting the public interest;
- 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.

QUESTION FOR DISCUSSION:

1. Please comment on the above statement that HPRAC has used to focus this discussion and initiatives. Are there elements that should be added or removed? If so, what are they?

* * * *

Eliminating the Barriers to Collaboration among the Colleges

Background: People who participated in HPRAC's workshops as well as information from the literature review confirm that many patients and clients, caregivers, health care professionals, health care providers, regulators and decision-makers are ready to embrace interprofessional care. Evolution and change within the health care system requires examination of the various legislation, regulations and policies that support the system to ensure that they are keeping pace with the changing needs of those affected.

In response to the Minister's request, HPRAC is seeking to find ways to enable the Colleges to collaborate by eliminating the barriers to collaboration and identifying new ways for the Colleges to support and enable interprofessional care by their respective members at the clinical level. In this Discussion Guide, HPRAC has identified some possible mechanisms to facilitate and support enhanced collaboration among the Colleges as a step towards the ultimate goal of enhancing the delivery of interprofessional, patient-centred care.

In its report to the Minister, HPRAC intends to address the legal, policy and systems issues that are currently acting as barriers to collaboration among the Colleges. By way of example, in *New Directions*, HPRAC reported to the Minister that the language of section 36 of the *RHPA* (the so-called "secrecy clause") acted as a barrier to the transfer of information between and among Colleges. This barrier was addressed in the *Health System Improvements Act, 2007,* by clarifying the Colleges' ability to share information with one another for the purposes of the *RHPA*.

QUESTIONS FOR DISCUSSION:

2. Are there barriers in the *RHPA*, the health profession acts or their regulations that restrict or prevent collaboration among the Colleges? If so, what are they? Should they be eliminated? If so, how? (For example, do existing scopes of practice restrict or prevent collaboration among health professionals?)

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?

4. Are there other policy and/or systems issues that act as barriers to collaboration among the Colleges? If so, what are they? Should they be eliminated? If so, how?

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?

* * * *

Liability Issues

Background: Some organizations have indicated that lack of a legislative requirement for professional liability insurance coverage for all regulated health professionals may be a significant impediment to collaborative team building. Others disagree.

QUESTIONS FOR DISCUSSION:

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

7. Should all regulated health professionals be required to hold minimum professional liability insurance coverage?

8. If so, what would be the minimum expected terms and conditions for that insurance coverage?

* * * *

Developing Enablers for Collaboration among the Colleges

Background: As mentioned at the beginning of Part 5, the *Health System Improvements Act, 2007,* establishes a clear mandate for the Colleges to engage in greater collaboration with one another. The questions in this section examine some different approaches that could be used to facilitate this.

HPRAC's literature review indicates that the legislation and regulations governing Colleges should not prohibit collaboration among the Colleges nor should it be silent on the issue of collaboration. Instead, the legislation and regulations should specifically encourage, require, facilitate and enable collaboration among the Colleges.

> *Legislatures and regulators have not traditionally made collaborative care one of their main objectives. Current legislation and regulation do not prohibit collaborative practice, nor do they encourage, require, facilitate or enable it. Legislation and regulations should be updated and amended to expressly support collaboration. In Canada, there is inconsistency and a lack of clarity in legislation and regulation with respect to collaboration. When these flaws exist, regulators and health care professionals err on the side of caution. Therefore, legislators and regulators must be clear and consistent in emphasizing the importance of collaboration.*[18]

Mechanisms should be built into the legislative framework to enable regulators of various health professions to work together to build effective interprofessional collaborative arrangements within and across the health care continuum.

QUESTIONS FOR DISCUSSION:

9. What changes to the *RHPA*, the health profession acts or their regulations are needed to encourage, require, facilitate and enable collaboration among the Colleges?

10. What changes to other Acts or regulations are needed to encourage, require, facilitate and enable collaboration among the Colleges?

[18] Ibid.

11. What collaborative policy or program initiatives are needed to ensure support is provided to new Colleges as they are being established?

12. Are there administrative responsibilities within Colleges that could be shared with related Colleges? What barriers exist to shared administration services?

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Structural Mechanisms

Background: HPRAC's jurisdictional review identified some approaches to health professions' regulation that are supported by *structural mechanisms* worthy of consideration. Several jurisdictions have established common complaints, investigations or disciplinary frameworks for all or several health professions.

Some say that "*encouraging regulators to work together in areas of quality assurance, complaints and discipline would signal the importance of collaboration to health professionals*".[19] A common framework for such matters might lend itself to more effective and efficient management of complaints that might arise in an interprofessional care setting.

Standards of practice are developed by regulated health professions through mechanisms reflected in legislation. They are intended to guide a profession in its delivery of health care and ensure the appropriate level of quality. They may also promote continuous learning and improvement. Examples of standards of practice include record keeping, reporting of diseases and standards for the performance of one's duties.[20]

Professional practice guidelines are regulatory instruments that provide recommendations to members of a profession on matters such as codes of ethics, consent and advertising.[21]

Complaints, Investigation and Discipline

Background: Victoria (Australia), New Zealand, Denmark, Nebraska, Virginia and Washington all have a common complaints, investigation or disciplinary framework for all regulated health professions.

QUESTIONS FOR DISCUSSION:

13. Should Ontario 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?

14. If so, what should and should not be included in the common framework?

[19] Ibid.
[20] Ibid., p. 14 and 51.
[21] Ibid., p. 14 and 50.

15. If not, should the *RHPA*, nonetheless, be amended to give individual Colleges greater flexibility to deal with complaints, investigations and discipline arising in an interprofessional care setting within their own already-established structures?

16. If so, what should and should not be addressed in an amendment to the statute? 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?

17. Considering reforms in other jurisdictions, what would be the merits of a single complaints model in Ontario? How should such a 'model' be funded?

Background: In its 2006 *New Directions* report to the Minister, HPRAC recommended that, when a complaint or report concerns a service provided in a multidisciplinary environment, Colleges be given explicit authority for their investigators to work with investigators from other Colleges, and to share information in the course of the investigation. Evidence from the Patient Safety movement indicates that medical errors most frequently are not the fault of one individual, but may be the result of several systemic failings.

QUESTIONS FOR DISCUSSION:

18. Would the authority to conduct joint investigations following complaints or reports relating to professionals who work in a multidisciplinary setting or practice provide more efficient investigations of such cases?

19. Should Colleges have further authority to collaborate in the disposition of complaints and reports relating to professionals in a multidisciplinary setting or practice?

20. Could such authority contribute to patient safety in interprofessional care?

21. Is legislative change required to accomplish these goals?

* * * *

Quality Assurance

Background: Some Ontario Colleges have informally developed joint quality assurance programs that involve more than one profession.

QUESTIONS FOR DISCUSSION:

22. Would a joint quality assurance program among relevant Colleges enable the Colleges to develop common standards of practice or professional practice guidelines where the same or similar Controlled Acts are shared?

23. Would a joint quality assurance program 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, provide opportunities for enhanced continuing competence and exposure to best practices? If yes, how should program standards be jointly set and measured?

24. Is legislative change required to accomplish these goals?

* * * *

Standards of Practice and Professional Practice Guidelines

Background: Some jurisdictions have introduced a new body (independent of government and of the regulatory bodies) to assist with interprofessional collaboration and, in some cases, with the development of standards of practice and professional practice guidelines. For example:

- Quebec has established an Interprofessional Council that acts as an advisory body to the Government and as a coordinating body for the regulatory orders (i.e., the Colleges). The Interprofessional Council creates opportunities for the exchange of ideas and information among the regulatory bodies, intervening as the collective voice on issues of common interest to them and providing information to the public.

- Virginia has established a Board of Health Professions that:
  - Evaluates the need for coordination among the health regulatory boards and their staff and reports its findings and recommendations to the Director and the boards;
  - Monitors the policies and activities of the Department, serves as a forum for resolving conflicts among the health regulatory boards and between the health regulatory boards and the Department and has access to departmental information;
  - Promotes the development of standards to evaluate the competency of the professions and occupations represented on the boards, and
  - Examines scope of practice conflicts involving regulated and unregulated professions and advises the health regulatory boards and the General Assembly of the nature and degree of such conflicts.

- The United Kingdom has established the Council for Healthcare Regulatory Excellence (CHRE), an arm's-length agency accountable to Parliament and responsible for overseeing the health regulatory bodies. Its mandate includes the promotion of best practice, cooperation and consistency in the regulation of health care professions, in the interest of patients. The Council also has the power to direct regulators to make or change its rules if it believes that such a change is necessary to protect the public (subject to the approval of both Houses of Parliament).

- Denmark has established a Secretariat for Clinical Guidelines as a unit of the National Board of Health. It supports medical societies and other health care professionals in developing clinical guidelines. The clinical guidelines are evidence-based, involving interdisciplinary work. This encompasses relevant medical

specialists as well as other health care professionals and integrates organizational and health economic aspects and patients' views.

QUESTIONS FOR DISCUSSION:

25. Should an independent arm's-length organization facilitate and support collaboration among the Colleges, particularly with a view to the development of common standards of practice and professional practice guidelines?

26. If so, what should its specific mandate include or not include? 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.

27. Are there any existing bodies that could take on responsibilities in this area? If so, what are they?

28. If not, should a new and independent oversight body be formed? If so, how should it be funded?

Background: The Minister's request states that *"regulators should develop standards of practice and professional practice guidelines where regulated health professions share the same or similar Controlled Acts."*

However, without a clear legislative mandate to do this, it may be difficult for the Colleges to justify spending limited time and scarce resources on something that is not legally required of them.

QUESTIONS FOR DISCUSSION:

29. Should the Minister direct the Colleges, using his existing powers under the *RHPA*, to engage in specific collaborative initiatives (e.g., to develop instruments to support interprofessional care)? Why or why not?

30. If so, should the Minister provide financial or other incentives to the Colleges to undertake these activities?

31. Should the Colleges be required to report to the Minister and/or the public on their collaborative activities on a regular basis? Why or why not?

32. Should minimum guidelines, standards and policies concerning matters such as conflict of interest, advertising, record keeping and the consent process be consistent across all Colleges? If yes, what guidelines, standards and policies could effectively be applied to all regulated health professions? If not, why not?

Background: When closely related professions are regulated by the same College, one set of standards of practice and professional practice guidelines may govern those professions.

Ontario regulates audiology and speech-language pathology as two distinct professions within a single College. As part of its regulatory reform process, British Columbia will designate audiology, speech-language pathology and hearing instrument dispensing as three distinct professions within a single "umbrella" college. The United Kingdom regulates dentists, dental hygienists and dental therapists under one regulatory body, and dispensing opticians and optometrists under another. Nebraska has stated that closely related professions should be regulated by the same body when possible.

Some have suggested that joint structures may be a viable approach to facilitating interprofessional collaboration.

QUESTION FOR DISCUSSION:

33. What kinds of structures and processes could facilitate collaboration among Colleges to address issues related to standards of practice and professional practice guidelines for those professions that deal with closely related activities (e.g. dental hygiene, dental technology, dentistry and denturism; or opticianry, optometry and ophthalmology)? (For example, joint colleges, collaborative Councils or independent bodies such as the Council for Healthcare Regulatory Excellence in the UK.)

* * * *

Tools and Templates

Background: Some of the participants who attended the October 2007 workshops suggested the development of templates or tools that regulators could use to facilitate collaboration among Colleges, including:

- Terms of reference for joint College committees established to address common standards of practice or professional practice guidelines (e.g., composition, objectives, roles and responsibilities, mechanisms for exchanging information, coordination of activities, staffing, ground rules);
- Sample Memorandum of Understanding language between Colleges on their collaborative initiatives (e.g., principles, purpose, goals, targets, measures and evaluation framework);
- Templates for regulatory and non-regulatory instruments that could be adopted or adapted by the Colleges;
- Approaches to common strategic planning, oversight, public and member engagement on specific collaborative initiatives, and
- Tools to measure collaborative initiatives and identify key success factors.

QUESTIONS FOR DISCUSSION:

34. Would the development of a *Collaboration Toolkit*, containing some or all of the elements suggested above, serve to facilitate and support collaboration among the Colleges?

35. If so, what should be included in a *Collaboration Toolkit* and who should be responsible for developing it?

* * * *

College Autonomy, Authority and Accountability

Background: Some workshop participants described their concerns related to their ability to govern their members because:

- The standards of practice and professional practice guidelines adopted by Colleges are not legally enforceable;
- The Colleges do not have independent rule-making authority, and
- Government examination and approval of regulations concerning such matters can be a lengthy process.

Some jurisdictions provide greater autonomy for health professions regulators, allowing them to develop legally enforceable rules without approval from government or the Minister. For example, New Brunswick provides for autonomous self-regulation for medicine, nursing and dentistry. In other words, there is no need for these New Brunswick regulators to seek legislative action (i.e. pass a regulation) to fulfill their regulatory mandate.

Collaboration among the Colleges (particularly in respect of the development of standards of practice or professional practice guidelines concerning shared or similar Controlled Acts) might allow interprofessional care and patient-centred care to continue to evolve in Ontario; however, if the Colleges were to successfully collaborate in the development of such standards of practice or professional practice guidelines, issues concerning their enforcement by Colleges could remain.

QUESTIONS FOR DISCUSSION:

36. Should the standards of practice and professional practice guidelines that the Colleges adopt be legally enforceable? Why or why not?

37. If so, should 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? Why or why not?

38. What kinds of enforceable rules should the Colleges be able to make without needing Ministerial or legislative approval?

39. What accountability must accompany any rule-making authority?

* * * *

Interprofessional Care at the Clinical Level

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

Background: In *New Directions,* HPRAC recognized the importance of collaboration among the Colleges, and recommended that Ontario's regulatory environment for health professions be structured to support innovative ways to deliver health care to patients – including a greater focus on interprofessional care. The *Health System Improvements Act, 2007,* amended the *RHPA* to include an instruction to Colleges (within their new objects) concerning interprofessional collaboration similar to HPRAC's recommendation contained in *New Directions.*

QUESTION FOR DISCUSSION: 40. How will greater collaboration among the Colleges serve to enhance inter-professional care at the clinical level?

* * * *

Developing Regulatory Enablers for Interprofessional Care at the Clinical Level

Background: The literature states that the law must do more than simply "not prohibit" interprofessional care at the clinical level; it must encourage, require, facilitate or enable it.

By way of example, New Zealand has implemented a positive legal requirement for all health care providers to work and communicate effectively in or between teams to ensure quality and continuity of services.

QUESTIONS FOR DISCUSSION: 41. Are any changes to the *RHPA*, the health profession acts or their regulations needed to encourage, require, facilitate and enable interprofessional care at the clinical level? If so, what are they? 42. Should Ontario law have a requirement similar to the one in New Zealand? 43. If so, what should the requirement look like and should there be consequences for a failure to meet the requirement?

Thank you for your response to these questions.

PART 6: Next Steps

Responses to this Discussion Guide, along with feedback from consultations to be held in the spring and summer of 2008, will be considered by HPRAC in preparing its advice and its Final Report to the Minister.

HPRAC welcomes all responses to this document. **The deadline for written submissions is April 15, 2008.** HPRAC encourages submissions prior to that date.

Responses should be addressed to:

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

Electronic submissions can be made to: HPRACSubmissions@ontario.ca

If possible, we prefer submissions to be made in Microsoft Word, either on disk (by mail) or electronically. Electronic submissions can be made to: HPRACSubmissions@ontario.ca.

If fax is more convenient for you, please address your comments to: HPRAC, INTERPROFESSIONAL COLLABORATION PROJECT, at 416-326-1549. Hard copy submissions should be sent to the above address.

Please continue to monitor HPRAC's website at http://www.hprac.org for information on consultations and ongoing updates.

Appendix A: Glossary of Terms

The Glossary of Terms was developed for this Discussion Guide.

Collaboration among Health Colleges
HPRAC has developed the following statement to convey its interpretation of what the Minister's question portends. Our view is that any initiatives 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;
> - Regulate the health professions in a manner that maximizes collective resources effectively and efficiently, while protecting the public interest;
> - 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.

Colleges
Colleges are not teaching institutions but are regulatory bodies whose primary duty is to serve and protect the public interest. As with many regulators, Colleges' responsibilities include developing, establishing and maintaining qualifications for membership in the College; approving professional and ongoing education programs; establishing and enforcing professional and ethical standards and receiving and investigating complaints against members of the College; and dealing with the issues of discipline, professional misconduct, incompetence and incapacity.

Health Professions Regulatory Advisory Council (HPRAC)
The Health Professions Regulatory Advisory Council is an independent body that provides advice to the Minister on matters relating to the regulation of health professions in Ontario.

Interprofessional Care
Interprofessional care is the provision of comprehensive health services to patients by multiple health caregivers who work collaboratively to deliver quality care within and across settings.[22]

Professional Practice Guidelines
Regulatory instruments that provide recommendations to members of a profession. Guidelines require regulatory (College) approval. Examples of guidelines include codes of ethics, consent and advertising.[23]

[22] HealthForceOntario. Op. cit.

***Regulated Health Professions Act* (*RHPA*)**
The *Regulated Health Professions Act, 1991,* provides a comprehensive framework for regulating health professions in Ontario. The Act regulates both health professionals and professional practice. It includes such elements as scopes of practice, Controlled Acts and the Harm Clause, and also affects unregulated practitioners who provide health care services by restricting the acts and procedures they may perform.

Scope of Practice
Under the *RHPA*, each profession-specific Act includes a scope of practice statement describing the general range of activities a qualified member of that profession may perform. Scopes of practice do not grant exclusivity. In May 2007, HPRAC published a document entitled *Review of a Professional Scope of Practice under the Regulated Health Professions Act.* This document contains a broader definition of the term scope of practice and identifies many of the key elements that it entails. The report is available on HPRAC's website at http://www.hprac.org.

Standards of Practice
Standards of practice are developed by regulated health professions through mechanisms reflected in legislation. They are intended to guide a profession in its delivery of health care and ensure the appropriate level of quality within a profession. These standards may also promote continuous learning and improvement. Examples of standards of practice include record keeping, reporting of diseases and standards for the performance of one's duties. [24]

Title Protection
Title Protection limits who may use a title or designation. For example, in Ontario under the *Social Work and Social Service Work Act*, the title of "Social Worker" is protected and reserved for individuals registered with the College of Social Workers and Social Service Workers. No other practitioners may call themselves or hold themselves out as Social Workers

[23] Conference Board of Canada. Op. cit., p.14 and 50.
[24] Conference Board of Canada. Op. cit., p.14 and 51.

Appendix B: Complete List of Controlled Acts

Controlled Acts, as described in the *RHPA* statute, are those procedures that, if not done correctly and by a competent person have a high element of risk.

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.

2. Performing a procedure on tissues below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surface of the teeth, including the scaling of teeth.

3. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.

4. Setting or casting a fracture of a bone or a dislocation of a joint.

5. Administering a substance by injection or inhalation.

6. Putting an instrument, hand or finger,
   a. beyond the external ear canal,
   b. beyond the point in the nasal passages where they normally narrow,
   c. beyond the larynx,
   d. beyond the opening of the urethra,
   e. beyond the labia majora,
   f. beyond the anal verge, or
   g. into an artificial opening into the body.

7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act (i.e. *RHPA*).

8. Prescribing, dispensing, selling or compounding a drug as defined in subsection 117 (1) of the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.

9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.

10. Prescribing a hearing aid for a hearing impaired person.

11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.

12. Managing labour or conducting the delivery of a baby.

13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response (*RHPA*, section 27).

A new Controlled Act, included in the *Health System Improvements Act, 2007* has yet to be proclaimed. It is as follows:

14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgment, insight, behaviour, communication or social functioning.

Appendix C: Health Profession Regulatory Colleges in Ontario

1. College of Audiologists and Speech-Language Pathologists of Ontario
2. College of Chiropodists of Ontario
3. College of Chiropractors of Ontario
4. College of Dental Hygienists of Ontario
5. College of Dental Technologists of Ontario
6. College of Denturists of Ontario
7. College of Dietitians of Ontario
8. College of Massage Therapists of Ontario
9. College of Medical Laboratory Technologists of Ontario
10. College of Medical Radiation Technologists
11. College of Midwives of Ontario
12. College of Nurses of Ontario
13. College of Occupational Therapists of Ontario
14. College of Opticians of Ontario
15. College of Optometrists of Ontario
16. College of Physicians and Surgeons of Ontario
17. College of Physiotherapists of Ontario
18. College of Psychologists of Ontario
19. College of Respiratory Therapists of Ontario
20. Ontario College of Pharmacists
21. Royal College of Dental Surgeons of Ontario

The government is currently working to establish Colleges to regulate Traditional Chinese Medicine, Homeopathy, Kinesiology and Psychotherapy.

Prior to the passage of the *Naturopathy Act*, naturopathic doctors had been regulated in Ontario under the *Drugless Practitioners Act.* With the passage of the *Naturopathy Act, 2007*, naturopathic doctors will be regulated under the *RHPA*.

Appendix D: Complete List of Discussion Guide Questions

Defining Interprofessional Collaboration

HPRAC has developed the following statement to convey its interpretation of what the Minister's question portends. Our view is that any initiatives 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;
- Regulate the health professions in a manner that maximizes collective resources effectively and efficiently, while protecting the public interest;
- 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.

1. Please comment on the above statement that HPRAC has used to define collaboration among the Colleges. Are there elements that should be added or removed? If so, what are they?

Eliminating the Barriers to Collaboration among the Colleges

2. Are there barriers in the *RHPA*, the health profession acts or their regulations that restrict or prevent collaboration among the Colleges? If so, what are they? Should they be eliminated? If so, how? (For example, do existing scopes of practice restrict or prevent collaboration among health professionals?)

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?

4. Are there other policy and/or systems issues that act as barriers to collaboration among the Colleges? If so, what are they? Should they be eliminated? If so, how?

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?

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

7. Should all regulated health professionals be required to hold minimum professional liability insurance coverage?

8. If so, what would be the minimum expected terms and conditions for that insurance coverage?

Developing Enablers for Collaboration among the Colleges

9. What changes to the *RHPA*, the health profession acts or their regulations are needed to encourage, require, facilitate and enable collaboration among the Colleges?

10. What changes to other Acts or regulations are needed to encourage, require, facilitate and enable collaboration among the Colleges?

11. What collaborative policy or program initiatives are needed to ensure support is provided to new Colleges as they are being established?

12. Are there administrative responsibilities within Colleges that could be shared with related Colleges? What barriers exist to shared administration services?

13. Should Ontario 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?

14. If so, what should and should not be included in the common framework?

15. If not, should the *RHPA*, nonetheless, be amended to give individual Colleges greater flexibility to deal with complaints, investigations and discipline arising in an interprofessional care setting within their own already-established structures?

16. If so, what should and should not be addressed in the amendment? 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?

17. Considering reforms in other jurisdictions, what would be the merits of a single complaints model in Ontario? How should such a model be funded?

18. Would the authority to conduct joint investigations following complaints or reports relating to professionals who work in a multidisciplinary setting or practice provide more efficient investigations of such cases?

19. Should Colleges have further authority to collaborate in the disposition of complaints and reports relating to professionals in a multidisciplinary setting or practice?

20. Could such authority contribute to patient safety in interprofessional care?

21. Is legislative change required to accomplish these goals?

22. Would a joint quality assurance program among relevant Colleges enable the Colleges to develop common standards of practice or professional practice guidelines where the same or similar Controlled Acts are shared?

23. Would a joint quality assurance program 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, provide opportunities for enhanced continuing competence and exposure to best practices? If yes, how should program standards be jointly set and measured?

24. Is legislative change required to accomplish these goals?

25. Should an independent arm's-length organization facilitate and support collaboration among the Colleges, particularly with a view to the development of common standards of practice and professional practice guidelines?

26. If so, what should its specific mandate include or not include? 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.

27. Are there any existing bodies that could take on responsibilities in this area? If so, what are they?

28. If not, should a new and independent oversight body be formed? If so, how should it be funded?

29. Should the Minister direct the Colleges, using his existing powers under the *RHPA*, to engage in specific collaborative initiatives (e.g., to develop instruments to support interprofessional care)? Why or why not?

30. If so, should the Minister provide financial or other incentives to the Colleges to undertake these activities?

31. Should the Colleges be required to report to the Minister and/or the public on their collaborative activities on a regular basis? Why or why not?

32. Should minimum guidelines, standards and policies concerning matters such as conflict of interest, advertising, record keeping and the consent process be consistent across all Colleges? If yes, what guidelines, standards and policies could effectively be applied to all regulated health professions? If not, why not?

33. What kinds of structures and processes could facilitate collaboration among Colleges to address issues related to standards of practice and professional practice guidelines for those professions that deal with closely related activities (e.g. dental hygiene, dental technology, dentistry and denturism; or opticianry, optometry and opthalmology)? (For example, joint colleges, collaborative Councils or independent bodies such as the Council for Healthcare Regulatory Excellence in the UK.)

34. Would the development of a *Collaboration Toolkit*, containing some or all of the elements suggested above, serve to facilitate and support collaboration among the Colleges?

35. If so, what should be included in a *Collaboration Toolkit* and who should be responsible for developing it?

36. Should the standards of practice and professional practice guidelines that the Colleges adopt be legally enforceable? Why or why not?

37. If so, should 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? Why or why not?

38. What kinds of enforceable rules should the Colleges be able to make without needing Ministerial or legislative approval?

39. What accountability must accompany any rule-making authority?

Interprofessional Care at the Clinical Level

40. How will greater collaboration among the Colleges serve to enhance interprofessional care at the clinical level?

41. Are any changes to the *RHPA*, the health profession acts or their regulations needed to encourage, require, facilitate and enable interprofessional care at the clinical level? If so, what are they?

42. Should Ontario law have a requirement similar to the one in New Zealand?

43. If so, what should the requirement look like and should there be consequences for a failure to meet the requirement?

Appendix E: Letter from the Minister of Health and Long-Term Care (June 28, 2007)

Ministry of Health and Long-Term Care

Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Tel 416-327-4300
Fax 416-326-1571
www.health.gov.on.ca

Ministère de la Santé et des Soins de longue durée

Bureau du ministre

10e étage, édifice Hepburn
80, rue Grosvenor
Toronto ON M7A 2C4
Tél 416-327-4300
Téléc 416-326-1571
www.health.gov.on.ca

JUN 28 2007

Barbara Sullivan
Chair
Health Professions Regulatory Advisory Council
55 St. Clair Ave. West, 8th Floor
Toronto, ON M4V 2Y7

Dear Ms Sullivan: Barbara

I would like to take this opportunity to thank you and the members of the Health Professions Regulatory Advisory Council (HPRAC) once again for the considerable time and effort given in providing advice on the multiple complex issues in HPRAC's report *Regulation of Health Professions in Ontario: New Directions, April 2006.*

Our government is committed to ensuring that the health profession regulatory system keeps pace with and supports the health care needs of Ontarians. This letter asks the Advisory Council for advice and recommendations on important matters that support this commitment, and in particular addresses issues associated with interprofessional collaboration, patient safety and certain other matters reviewed by the Council. Specifically, I am asking the Council to:

1. Recommend mechanisms to facilitate and support interprofessional collaboration between health Colleges beginning with the development of standards of practice and professional practice guidelines where regulated health professions share the same or similar controlled acts, acknowledging that individual health Colleges independently govern their professions and establish the competencies for their profession.

   In HPRAC's analysis, I ask it to take into account, when controlled acts are shared, of public expectations for high quality services no matter which health profession is responsible for delivering care or treatment.

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2. Undertake a review of the scope of practice for registered nurses in the extended class under the *Nursing Act, 1991*, and include in the review the proposals made by the Council of the College of Nurses of Ontario with respect to controlled acts and the practice of registered nurses in the extended class.

3. Examine the authority given to non-physician health professions to prescribe and/or use drugs in the course of their practice under the *Regulated Health Professions Act*, 1991 (RHPA) and the health profession Acts. I ask that the Council provide advice specific to each of these professions respecting whether lists, categories or classes of drugs should be prescribed by regulation for the profession, or whether restrictions on prescribing of drugs should be placed in regulation under the respective health profession Act.

   I also ask that the Council provide advice on a framework and process for the ongoing evaluation of requests by Colleges for changes to regulations in this regard to ensure that such regulations reflect efficiency, best practices of the profession and provide maximum public protection.

4. With regard to a previous HPRAC report, make recommendations on the currency of, and any additions to, advice provided in relation to the regulation of diagnostic sonographers.

5. I wish to thank the Council for its advice regarding the regulation of personal support workers. I have recently posted the report on the Ministry of Health and Long-Term Care website for public review and comment. I would like the Council now to build upon its report and provide me with further advice.

   I recognize with you the extensive health care services provided by personal support workers in numerous environments. HPRAC concluded that steps other than regulation of personal support workers under the RHPA are appropriate for the protection of the public interest at this time, and speak to the fledgling nature of the organizations representing this important group of health care providers.

   In its *New Directions* report, HPRAC spoke highly of the evolution of a particular professional association which grew in stages to a professional association with a strong commitment to the public interest, in addition to serving as an advocate for the profession.

   I would appreciate HPRAC's advice as to whether a model such as this would be appropriate for personal support workers, what steps would be necessary, and what supports would be required to facilitate the creation of such an association for this sector.

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6. Advise whether the practice of dental assistants ought to be regulated under RHPA and if so, what would be the appropriate scope of practice, controlled acts and titles authorized to the profession. Also, I would like the Council to take into account the activities these practitioners undertake with respect to x-rays and other forms of energy and the circumstances in which these are being done.

7. Advise whether paramedics and emergency medical attendants should be regulated under the RHPA, and if so, what would be the appropriate scope of practice, controlled acts and titles authorized to the profession.

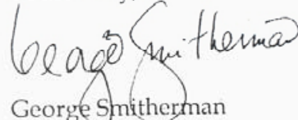
8. Review issues relating to the regulation of chiropody and podiatry and provide advice as to whether and how there should be changes to existing legislation regarding these related professions. Include in your review an analysis of the current model of foot care in Ontario, issues regarding restricted titles, and whether the existing limitations on the podiatrist class of members should continue.

I understand that my request deals with many complex regulatory issues that will take considerable time to complete. I would like HPRAC to plan to provide me with advice and recommendations for item 1 regarding mechanisms to facilitate and support interprofessional collaboration between health Colleges relating to the development of standards of practice and professional practice guidelines, and item 2 regarding a review of the scope of practice for registered nurses in the extended class under the *Nursing Act*, 1991 before March 31, 2008.

I recognize the tremendous effort put forward by the Council in delivering its previous advice. Please extend my thanks to the members of Council, both past and present, for their remarkable work in enhancing the quality and safety of health care in Ontario.

I would also like to express my gratitude to you, Barbara, for your leadership and dedication to public service.

Yours truly,



George Smitherman
Minister

cc: Presidents and Registrars of all Colleges under the RHPA
Presidents of associations representing health professionals regulated under RHPA
Chair, Board of Directors of Drugless Therapy-Naturopathy
President, Ontario Association of Naturopathic Doctors

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Appendix F: Note on Statutory Self-Regulation of Health Professions

Note on Statutory Self-Regulation of Health Professions

Statutory self-regulation of health professions helps protect health care consumers by ensuring that practitioners meet defined professional standards and competence. It involves establishing a Register of practitioners who are qualified and competent to practise, and restricting use of a specific title to practitioners included on the Register.

For patients/clients, caregivers and the public, a modern statutory regulatory framework provides some assurance that practitioners are not only suitably qualified, but also competent and current with developments in their fields.

The governing Councils of Colleges include lay members who represent the broader public interest. Their role is to ensure that the views of patients/clients and the public-at-large are heard.

Matters of concern to Colleges include entry-to-practice qualifications, registration, standards of practice, continuing professional development, complaints, discipline and enforcement, and in a small minority of cases, health and fitness to practise. Sanctions, such as suspension or removal from the Register, can be applied to any practitioner whose fitness to practise is impaired.

Professional self-regulation affects both practitioners' initial entry into a profession and their continuing professional development and competence to remain in practice. Regulation also serves to reassure health professionals of the competence of other practitioners to whom they refer patients/clients. In addition, it provides a means of recourse, should a patient/client encounter a professional problem with a practitioner.

Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
Suite 806, Box 18
Toronto, Ontario, Canada M4V 2Y7

Telephone: 416-326-1550
Toll-Free: 1-888-377-7746
Fax: 416-326-1549

Website: **www.hprac.org**

E-mail: **HPRACWebmaster@ontario.ca**

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