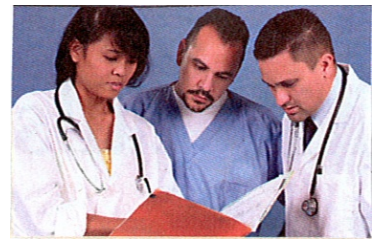




PRESENTATION TO THE STANDING COMMITTEE ON SOCIAL POLICY

BY

**MS. Janet Kasperski, RN, MHSC, CHE
Chief Executive Officer
The Ontario College of Family Physicians**



Collaboration Matters

Contact:
Ms. Janet Kasperski, RN, MHSc, CHE
Chief Executive Officer
THE ONTARIO COLLEGE OF FAMILY PHYSICIANS
340 Richmond Street West
Toronto, Ontario M5V 1X2
Tel: (416) 867-9646 • Fax: (416) 867-9990
Email: jk_ocfp@cfpc.ca • Website: www.ocfp.on.ca

September 28th, 2009

The Ontario College of Family Physicians (OCFP) actively participated in the HPRAC process. Our documents make it very clear that we support the intent of Bill 179 and its emphasis on interdependent collaborative practices amongst healthcare professionals.

Many of the concerns that Bill 179 is attempting to address arose from the critical shortage of family doctors in this province. Family physicians and the patients they serve are very appreciative of the government's many efforts to address the shortage of family doctors in this province. As the College representing 9300 family physicians in Ontario, we are pleased that the efforts of the past few years are starting to show great promise. Ontario's medical universities are leading the country in the percentage of medical students who identified family medicine as their specialty of choice this year. Amongst the universities out West, the average percentage choosing family medicine was 27%; in Quebec it was 29% and in the Eastern provinces it was 31%. ***Here in Ontario it was 41%***. That is something to celebrate. In the practice environment over 9,000,000 people are formally rostered with their own family doctors and a number of our Members are privileged to work in an interprofessional team environment. Their patients are the true beneficiaries of the type of care that Bill 179 supports.

In the minds of the media and the public, increased scopes of practice for non-physicians is still tied to the shortage of family physicians and not to the enhancements in patient care that accrue when physicians, nurses, pharmacists and other healthcare professionals establish collaborative relationships. A quote in a weekend newspaper illustrates this point: "With as many parts of the province suffering from an acute physician shortage, surely if a doctor isn't available, a well-trained nurse practitioner is better than nothing." The government, family doctors or especially nurses do not want to see NPs described as "better than nothing", nor do we wish NPs to be viewed as physician-substitutes.

The Canadian Nurses Association and the College of Family Physicians of Canada released a Vision Statement two years ago which the OCFP strongly endorses. We envision a healthcare system in which every Canadian would have the majority of their care delivered in a family practice by a family doctor and a registered nurse and/or a nurse practitioner. The Vision recognizes that family practices are the bedrock, the very foundation, of our Canadian healthcare system. Studies show that health outcomes are better when patients have their own family doctor and the care delivered by their doctor is supported by other primary care team members. The key role that RNs and NPs should play in family practices is highlighted in the Vision and the evidence used to support the Vision clearly emphasizes the importance of collaboration in the primary care sector.

The OCFP recognizes that when a doctor or a nurse practitioner works in isolation, the impact on quality patient care can be described as $1 + 0 = 1$. When they work in parallel to one another or sequentially, then $1 + 1 = 2$. It is only when superb nursing skills combine with excellent medical skills that we create synergy so that $1 + 1 = 3$.

The safe prescribing of medications requires training in taking a medical history, performing a physical examination, determining the medical investigations that are needed and then interpreting the results, and formulating a differential and/or working diagnosis for the patient and each clinical presentation. These are skills that the family doctor brings to the collaborative team. If pharmacists work collaboratively with family doctors, we have the ability to more effectively monitor adverse drug reactions, provide guidance and advice in regards to best medication regimes, review chronic disease prescriptions for a limited time period and counsel patients regarding the use of medications (prescribed and over the counter). ***In other words, 1 + 1 = 3.***

Bill 179 could be viewed as an attempt to create independent practices if expanded scopes of practices are seen as the end goal. The Bill could be strengthened by ensuring that language makes it very clear

that the intent is not to provide expanded scopes of practice in order to support independent practices and more silos in the system. The current language means that the regulations will need to be carefully constructed to ensure that Bill 179 results in the fostering of true interdependent practices amongst all of the healthcare professionals.

The OCFP reviewed Bill 179 through a lens of its ability to support collaborative practices and improving access to care with an overlay of concern for patient safety.

The sections of the Bill that we have reviewed and support are as follows:

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- ❖ The adoption of a new object for Health Professional Regulatory Colleges that makes it clear that each College should develop its own standards of practice but should do so through a process that includes collaboration and consultation with the other Colleges
- ❖ The clause in regards to a Supervisor, the appointment of a Supervisor for the established Colleges such as CPSO or CNO should occur rarely, if at all, given the commitment of government to self-regulation in the healthcare. The circumstances under which such a Supervisor would be appointed need to be clearly delineated.
- ❖ Remote dispensing; however, it should be limited to areas of the province that are able to establish an acute need for such a service since the personal, ongoing relationship with a pharmacist is an important adjunct to patient safety.
- ❖ Increased powers to prescribe, administer, dispense, compound, sell, mix and use drugs or other substances as stated in the Bill for each profession requires careful consideration. Each College that is granted added powers should be required to review its implementation plan by an Expert Committee appointed by the Lieutenant Governor in Council. The Committee should review the circumstances when the power would be needed, the conditions required to ensure patient safety and the methods that would be used to address conflicts of interest, particularly in the arena of prescribing and selling. Our views on the expanded roles of pharmacists, nurse practitioners and others are well documented in our documents to the HPRAC and the Minister.
- ❖ The amendment to allow the Lieutenant Governor in Council to create an Expert Panel to identify the list of drugs and other substances that various professionals would be allowed to prescribe, administer, dispense, compound, sell, mix or use is very much support this process and seen as key to patient safety.
- ❖ A similar Expert Committee should be established to review and guide the safe implementation of “Additional Authorized Acts” to ensure that the process is anchored in concerns regarding patient safety and is a model of collaborative and consultation amongst the Colleges. Again, the documents we have previously provided document our concerns in this arena.
- ❖ The powers afforded to the HPRAC will ensure that the Minister receives required advice and ensures transparency in the activities conducted by HPRAC.
- ❖ The requirement that Colleges make team-based care a key component of their quality assurance programs which ensure ongoing competence of registered health professionals.
- ❖ Require all health care professionals to have professional liability insurance; liability protection should be the term used since it implies responsibilities to protect, not only the individual professional, but the other individuals and organizations that may be impacted upon if a problem occurred. The language seems to indicate that the Colleges would be responsible for providing the insurance coverage.

In summary, we support Bill 179 in principle and see its value – a greatly support collaborative practices in healthcare.

About The Ontario College of Family Physicians:

The Ontario College of Family Physicians (OCFP) is the Ontario Chapter of the College of Family Physicians of Canada (CFPC). The OCFP is a provincial, voluntary, not-for-profit organization whose mandate includes undergraduate, post-graduate education, the continuing professional development of family physicians and the maintenance of high standards of medical care and education in family practice.

The OCFP is the voice of family medicine in Ontario and represents more than 9,300 family physicians who provide patient care for remote, rural, suburban, urban and inner city communities throughout Ontario. The building and maintenance of high standards of practice, the continuing professional development of our members and improved access to high quality family medicine services for all residents of Ontario are at the heart of our organization.