



Ontario College of
Social Workers and
Social Service Workers

Ordre des travailleurs
sociaux et des techniciens
en travail social de l'Ontario

250 Bloor Street E.
Suite 1000
Toronto, ON M4W 1E6

Phone: 416-972-9882
Fax: 416-972-1512
www.ocswssw.org

**Health Professions Regulatory Advisory Council (HPRAC)
Consultation on Issues Related to the Ministerial Referral
on Interprofessional Collaboration among Health Colleges and Professionals**

**Discussion Guide Submission
from the
Ontario College of Social Workers and Social Service Workers (OCSWSSW)
May 2008**

Defining Interprofessional Collaboration

The overall objective of this consultation is to respond to the request for advice on interprofessional collaboration from the Minister of Health and Long-Term Care. Broadly stated, the Minister 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.

The OCSWSSW applauds HPRAC for not limiting the consultation to the health Colleges governed by the *Regulated Health Professions Act (RHPA)* and actively included the OCSWSSW, which is governed by the *Social Work and Social Service Work Act (SWSSWA)*, and accordingly is accountable to the Minister of Community and Social Services. In the context of this referral, the OCSWSSW includes itself in the definition of "health regulatory colleges", especially if one subscribes to the broad definition of health as stated in the World Health Organization (WHO) constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." To our knowledge, the OCSWSSW is the only regulatory body, not governed by the RHPA, whose members provide health care services. It is estimated that 50% of the OCSWSSW's 12,000 members provide services in health care settings.

This unique position often results in OCSWSSW's exclusion from initiatives that pertain to health regulatory issues. For example, in the Discussion Guide's Glossary of Terms, "social worker" is provided as an example of a protected title. However, in Appendix C, Health Professions Regulatory Colleges in Ontario, there is no reference to the Ontario College of Social Workers and Social Service Workers. Such inconsistency leaves the College concerned that participation on issues pertaining to regulation in health care in particular or health issues in general can be fortuitous. The recent initial omission of members of the OCSWSSW from being authorized to perform the controlled act of psychotherapy in Bill 171 is a prime example of the potential for oversight inherent in the current system.

In the spirit of comprehensive interprofessional collaboration, the OCSWSSW strongly recommends that a creative inter-Ministerial mechanism be developed that would ensure its full involvement in initiatives by the Ministry of Health and Long-Term Care and

HPRAC that impact the College's role in regulating its members who provide services in health care settings.

Eliminating the Barriers to Collaboration among the Colleges

While the health professions are governed by the RHPA and their regulatory bodies are accountable to the Minister of Health and Long-Term Care, as previously noted, social workers and social service workers are governed by the SWSSWA and the OCSWSSW is accountable to the Minister of Community and Social Services. There is much similarity between the RHPA and the SWSSWA, including the primary duty to serve and protect the public interest. Although the functions and processes of the respective regulatory bodies are also similar, the differences in legislative accountability serve, at times, as a barrier to collaboration. Collaboration amongst regulatory bodies, though occurring on an informal basis, would be enhanced by inter-Ministerial collaboration to, among other things, establish a mechanism to provide a statutory pathway to link non-RHPA health professions and Colleges to provincial health and health regulatory initiatives.

Doctors and nurses have collaborated from the beginnings of formalized nursing care. Social workers too have a long history of collaborative practice, dating to 1905 when they were introduced into Massachusetts General Hospital to work collaboratively with physicians by addressing social conditions that interfered with treatment.¹ As collaborative practice in medical care spread throughout the 1960s and 1970s, and an interest in interdisciplinary education for interdisciplinary practice grew through the 1980s, social work practice has been characterized by conferring, cooperating and consulting with colleagues of one's own and other disciplines.²

Undoubtedly, professional cultural issues can exist within interprofessional teams in clinical settings and are likely best dealt with at the team level. As the momentum for interprofessional collaboration in Ontario takes hold, regulatory Colleges have a role in sustaining the professional identity of their members, while taking steps to prevent this identity from detracting from collaboration. The growing trend towards interdisciplinary record-keeping, for example, will require Colleges to establish standards of practice that promote a common understanding of the patient to accomplish better patient outcomes.

The OCSWSSW does not require its members to hold professional liability insurance coverage, and has no evidence to suggest that liability issues are a barrier to interprofessional care. Although members of the OCSWSSW who are private practitioners are strongly advised to hold professional liability insurance, this requirement could be redundant for members who are working in organizations, and onerous for those whose salaries are low. Presumably, most individuals are adequately covered by their organization's liability insurance, and if not, may choose to acquire their own coverage.

Developing Enablers for Collaboration among the Colleges

Although social workers and social service workers who work in hospitals, are for the most part, required by the Act and their employers to register with the OCSWSSW, other health care settings, for example, community based health care organizations, may not

¹ Bailey Germain, C. (1984). *Social Work Practice in Health Care*. The Free Press, Collier Macmillan Publishers

² Ibid

have the same requirement. A stronger mechanism is needed to ensure that these individuals are required to become registered.

The OCSWSSW, established in 1999, has benefited greatly from the experience of the RHPA colleges, who have been very supportive and willing to share their resources. The OCSWSSW, though not a member of the Federation of Health Regulatory Colleges of Ontario (FHRCO), has welcomed participation in its working groups and the Registrar of OCSWSSW attends FHRCO meetings as an observer. Now, with eight years of regulatory experience, the OCSWSSW is in a position to support new colleges as they are established. This informal network of collaboration seems to have been effective to date.

In regard to a common framework for all regulated health professions to address complaints, investigations or disciplinary matters arising in an interprofessional care setting, the OCSWSSW does not have evidence to comment on this and feels it would be prudent to collect data about the frequency of interdisciplinary complaints before embarking on establishing a new framework. To achieve this, it would be helpful to have the means to share information amongst colleges, about complaints that appear to involve more than one profession.

Authority to conduct joint investigations and to collaborate in the disposition of complaints may increase efficiency, but holds an inherent risk that the decision-maker may not have sufficient knowledge about each profession to make a sound decision. Complaints and disciplinary matters are arguably the point of highest conflict and controversy in regulation, and may therefore not be the optimum place to introduce interprofessional regulatory processes.

A more appropriate place to introduce joint processes appears to be in the area of common standards of practice or professional practice guidelines where the same or similar Controlled Acts are shared. A joint quality assurance program would also be useful for shared Controlled Acts.

It does not appear to be necessary to create an additional organization to facilitate and support collaboration among the Colleges, though the OCSWSSW would, as already stated, benefit from a mechanism for inclusion in health-related endeavours. The issue of public education is one area where it would be helpful for the OCSWSSW to participate with other Colleges in order to pool resources.

The notion of the Minister directing Colleges, using his existing powers under the RHPA, to engage in specific collaborative initiatives, appears to be the very antithesis of collaboration, which “may be defined as a cooperative process of exchange”.³ The Colleges whose members have been authorized to perform the controlled act of psychotherapy have already come together to discuss issues of common interest in the regulation of psychotherapy.

Developing common standards of practice for controlled acts such as psychotherapy, could serve as a starting point for enhanced regulatory collaboration. This experience could then be evaluated and used to identify other matters that could benefit from a standard approach. Some flexibility must be retained, however, to allow for individual

³ Ibid

professional differences and distinctions. While many practice principles will be widespread, others will not. For example, social workers and social service workers, perhaps more so than other professions, typically work not only with individuals, but with dyads and families. This practice reality adds complexity which must be captured in standards of practice that perhaps would not apply to other professions.

The OCSWSSW views its Code of Ethics and Standards of Practice as “legally enforceable”. Subsections 26 (2) (a) and (c) of the SWSSWA describe “professional misconduct” as conduct that, “contravenes [the SWSSWA], the regulations or the by-laws” or “is defined as being professional misconduct in the regulations”. The Code of Ethics and Standards of Practice are approved in College by-law and “failing to meet the standards of the profession” is a defined act of professional misconduct (O. Reg. 384/00, s.2.2). The OCSWSSW is currently developing practice guidelines to speak to best practice and current trends. These practice guidelines are not intended to carry the same weight as standards of practice which set the minimum standards of professional practice and conduct.

Interprofessional Care at the Clinical Level

While the literature on the benefits of interprofessional education may be thin, the literature regarding its necessity for the benefit of patient care goes back decades. A cultural shift to interprofessional collaboration at **all** levels – educational, clinical, regulatory, legislative - is needed. Consistency of standards of practice and statutory amendments will promote a level playing field for all professions. Scopes of practice within legislation, mandated registration, shared controlled acts, a statutory mechanism to link RHPA Colleges with non-RHPA health Colleges and processes and finally, inter-Ministerial collaboration between the Ministry of Health and Long-Term Care and the Ministry of Community and Social Services will all lead to the enhancement of interprofessional care at the clinical level.