

**Regulators' Roundtable on
Optimizing Competencies**

Sutton Place Hotel
Toronto, ON
March 30, 2007

Summary Report
May 1, 2007

*Prepared by:
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Regulators' Roundtable on Optimizing Competencies

Summary Report

Table of Contents

- 1.0 INTRODUCTION..... 1
 - 1.1 Background, Goals and Objectives..... 1
 - 1.2 Opening Remarks..... 1
- 2.0 SETTING THE STAGE 2
- 3.0 WHAT ARE THE ISSUES? 4
- 4.0 WHAT IS HAPPENING NOW?
 - 4.1 Current Strategies and Mechanisms 5
 - 4.2 Potential Strategies and Mechanisms 6
- 5.0 WHERE DO WE GO FROM HERE? 8
- 6.0 CLOSING REMARKS..... 8
- Appendix A: Meeting Agenda..... 9
- Appendix B: Meeting Participants 11
- Appendix C: Reported Strategies/Mechanisms being used to Address Issues 12

1.0 INTRODUCTION

1.1 Background, Goals and Objectives

In 2005, the Conference of Deputy Ministers (CDM) of Health and the federal/provincial/territorial Ministers of Health approved the *Framework for the Collaborative Pan-Canadian Health Human Resources (HHR) Planning* developed by the Federal/Provincial/Territorial (F/P/T) Advisory Committee on Health Delivery and Human Resources (ACHDHR). One of the objectives in the Framework (3.1) is to “*make more effective use of all health professionals’ competencies (i.e., knowledge, skills and judgement)*”.

To explore this area further, the Health Canada Office of Nursing Policy and Health Human Resource Strategies Division organized a Regulators' Roundtable on Optimizing Competencies that was held on March 30, 2007 in Toronto, ON. A background paper, *Optimizing Competencies: Promoting the Best Potential of Health Providers in Individual and Collaborative Practice (Marble & Marriott, 2006)* was circulated before the meeting to assist in orienting participants with the area under discussion. The overall goal of the Roundtable was to enhance understanding of the issues related to optimizing competencies and the levers and potential strategies that can be used to address the issues.

The specific objectives of the Roundtable were to:

- *Identify and clarify the issues through presentations and facilitated discussion.*
- *Prioritize the issues.*
- *Discuss current and/or potential strategies/mechanisms which are being or can be used by governments, regulators and other key partners to address the issues.*
- *Discuss possible next steps to move forward.*

A copy of the agenda is included in *Appendix A*. A list of the meeting participants is provided in *Appendix B*. This report summarizes the discussion and outcomes of the meeting.

1.2 Opening Remarks

Nancy McKay, the facilitator of the Roundtable, welcomed everyone to the meeting and reviewed the agenda, goals and objectives. She stated that she was seeking input and interactive dialogue from participants with respect to the role of regulators in *Optimizing Competencies* of health professionals. She then introduced Helen McElroy, Manager of the Health Care Professionals Group, Health Human Resource Strategy Division, Health Canada.

Helen McElroy welcomed participants to the meeting. She stated the Roundtable would provide a greater understanding of the issues surrounding *Optimizing Competencies*, as they relate to regulation. Regulators were described as key players in the health system whose role is critical to helping ensure and oversee some of the most fundamental goals of health system delivery. Health professionals need the opportunity to use their

knowledge and skills to their full potential, in a way that is appropriate to the context in which they are working.

She also indicated that the workshop would identify opportunities for collaboration and consider the role that regulators could play to identify the knowledge gaps about provider competencies that employers and healthcare providers face every day. Three professions (medicine, nursing and pharmacy) and F/P/T government representatives were invited to the workshop to identify the issues that affect them specifically and to investigate how they could exchange knowledge and ideas to move forward together in *Optimizing Competencies*.

2.0 SETTING THE STAGE

Dr. Joshua Tepper, Assistant Deputy Minister, Health Human Resources, Ministry of Health and Long Term Care

Joshua Tepper thanked Health Canada for its leadership role in sponsoring this workshop, and the January 18 meeting with F/P/T representatives, both of which aim to identify some issues and strategies for moving forward on *Optimizing Competencies*. He recognized the skills and experience in regulatory organizations and noted the importance of obtaining input on this issue from regulators.

He also noted that the Province of Ontario is considering legislation changes with respect to interprofessional care, and indicated that the role of regulation in this area is, as yet, unclear. Dr. Tepper invited representatives at the meeting to engage in a frank discussion and debate. Finally, it was suggested that the establishment of effective communication and collaboration would be likely challenging, but essential if the issues were to be moved forward at either jurisdictional or pan-Canadian levels.

Dr. Glen Roberts, Director of Health Programs, Conference Board of Canadaⁱ

Glen Roberts provided an outline of a report to be released in early April, 2007 by the Conference Board of Canada entitled, *Achieving Public Protection Through Collaborative Self-Regulation – Reflections for a New Paradigm*. He stated the report, funded by Health Canada, includes information about regulatory and legislative frameworks and considers these elements in the context of interprofessional team practice. Participants heard that information is included in the report that reviews legislation and scope of practice in nine professional groupsⁱⁱ in Canada and identifies inconsistencies across jurisdictions and provinces. The review of international trends led to a depiction of the situation within eight geographical areasⁱⁱⁱ.

It was noted that this report considers regulatory principles, modes of regulation including controlled acts and licensure mode (scope of practice), and regulatory authority

ⁱ Reader is referred to power presentation given by Dr. Glen Roberts entitled “Roundtable on Optimizing Competencies”, March 30, 2007.

ⁱⁱ Professional groups included medicine, nursing, psychology, nutrition, pharmacy, physiotherapy, occupational therapy, speech-language pathology and audiology and social work.

ⁱⁱⁱ International review included Australia, European Union, France, Germany, New Zealand, Sweden, United Kingdom and the United States.

based on the degree of regulatory autonomy within jurisdictions, professions etc. Dr. Roberts explained the document reviews legislation and regulation based on issues impacting collaboration including *scope of practice, delegation, code of ethics (collaboration and communication) and consent, privacy, and confidentiality.*

Dr. Roberts also provided an overview of the report recommendations which suggest the need for further work and change in the areas of legislation, financial incentives, quality assurance, complaints and discipline, and information-sharing.

It was indicated a second paper, entitled *Liability Risks in Interdisciplinary Care – Thinking Outside the Box*, would also be available from the Conference Board in April, 2007. He clarified that the report recommendations suggest the need for increased understanding of medico-legal liability in the context of interdisciplinary care; and increased collaboration to reduce or remove barriers.

Dr. Jeanne Besner, Director, Health Systems and Workforce Unit, Calgary Health Region^{iv}

Jeanne Besner reported on a research conceptual model that is focused on optimizing the role of nurses and other members of the inter-professional health team in the context of new models of service delivery and response to population needs. Scope of practice and role enactment are key elements with the issue being stated as *“are health professionals utilized optimally ~ i.e. to the full extent of the roles, responsibilities, and functions they are educated, competent and authorized to perform?”*

She reported that the research discovered role confusion among the three nursing occupations (RN, LPN, RPN) and overlapping of tasks/activities within nursing and across professions. Being considered, within the research project, is the premise that in order to optimize professional roles while achieving quality outcomes, attention must be given to the population served, the characteristics of the providers, the context within which practice occurs, and the desired population, provider and system outcomes. It is believed that using multiple data sources to create population profiles can better inform staffing and job design.

Participants heard that patient profiling has identified the importance of needs-based management of patients; the mismatch between skills and knowledge of staff and the needs of population; the importance of discharge planning that begins at the time of admission; and the potential disconnect between acute and community based services. The research shows that more than the medical needs of people need to be considered during hospital stays; and that available support after discharge is crucial to avoid re-admissions.

Ms. Besner concluded her presentation by noting that substantial work is needed to optimize HHR utilization and to determine the service delivery model best suited for intended outcomes. Consideration should be given to new models of service that optimize competencies, in particular including roles functions. Through understanding and setting the context, change can address efficiency and effectiveness. Within the

^{iv} Reader is referred to power presentation given by Dr. Jeanne Berner entitled “Optimizing Roles”, March 30, 2007.

presented change model, leadership, basic and continuing education, and regulation and legislation are viewed as important elements.

3.0 WHAT ARE THE ISSUES?

Given the broad range of issues often suggested as related to *Optimizing Competencies*, participants were asked to work in table groups to discuss the following question:

Considering what you have read, heard during the presentations, and your own experiences, what do you feel are the key issues/challenges related to optimizing competencies of health providers?

Each group selected a recorder to document their discussions. A list of the submitted issues and challenges related to *Optimizing Competencies* of health providers, as identified by the table groups, is presented in *Table 1 (listed in alphabetical order)*.

Table 1: Issues Related to Optimizing Competencies of Health Providers

Issues Related To Optimizing Competencies Of Health Providers
• Attitudes surrounding traditional roles “turf protection”
• Central agencies to collate and disseminate best practice to colleges
• Change management issues – supports, understanding, and use of best practices
• Collaboration on shared vision of scope of practice
• Connection to the various pan-Canadian initiatives (e.g. CCETPC/IECPCP)
• Differences in qualifications (i.e. diploma ↔ degree ↔ doctoral)
• Difficulty from employer perspective about trying to determine what roles and competencies are needed
• Distinction between regulatory barriers and regulators; define system and how it should work before looking at regulation. Some barriers are imposed by law and not the regulators.
• Education: the how and what, and the fact that the professions operates in silos
• Education – entry to practice requirement
• Educational issue: the need to respect each other’s interprofessional competencies/abilities
• Expectation of management ~ perspectives of employers, professionals and system
• Funding and human resources – appropriately channeled funding and availability of HR
• Funding methodologies
• Imbalance between regulation and what is happening on the front line
• Importance of evaluation and renewal
• Joint planning needed – jurisdictional, national and interprofessional for the entry and ongoing competencies levels (i.e. educational requirements, scopes of practice, roles)
• Lack of understanding of the roles, training, responsibilities, and abilities of other health care professionals
• Leadership and succession planning
• Leadership role – regulatory bodies could take a leadership role to change culture; i.e. “change management”
• Legislation as both a motivator and barrier: can motivate to embrace collaboration; can also be a barrier in limiting practice; at times due to differences across jurisdictions

Issues Related To Optimizing Competencies Of Health Providers
• Liability issue: to some extent – some misconception as to how much of an issue/barrier it is
• Management requirements to determine staffing levels
• Misconceptions/misunderstanding of educational training programs – how much educational programs have changed over the years
• Mobility issues – different professional groups are not regulated in different provinces and create a barrier to mobility
• Paradigm shift and cultural change (core values)
• Payment schemes – may now act as disincentives to collaboration
• Professionalism: social contract and fiduciary responsibilities with patients; needs to be addressed in terms of leadership
• Role/control of unions
• Starting point of change: change should start with training/education - curricular reform (i.e., beyond change) with significant community learning – differentiated professionals with an understanding about each other, with each other
• The health care system (i.e. role of employers to create policy that directs the assignment of care)
• Trust between professions regarding delegation
• Turf – professional relationship; including the feeling of threat, accepting scope of practice, change management issue
• Understanding scope of practice – how much one may know already and ongoing communication

Several areas were identified as common to the group issues: *scope of practice, education and understanding the competencies of different groups, need for culture change and change management, delegation and liability, human resources, and funding*. Although an attempt was made to cluster the issues, no agreement on priority areas was reached.

Participants held different views on issue definition and the role of regulators in the area of *Optimizing Competencies*. Some individuals presented the view that “*the issues were not regulator issues*” while others believed that “*regulators need to stop denying that they have a role to play, albeit not in isolation*”.

4.0 WHAT IS HAPPENING NOW?

The overall goal of the Roundtable was to enhance understanding of the issues related to *Optimizing Competencies*; and the levers and potential strategies that could be used to address the issues.

4.1 Current Strategies and Mechanisms

Roundtable participants were requested to complete a pre-session worksheet identifying examples of strategies/mechanisms currently being used to address issues related to *Optimizing Competencies*. An overview of the submitted examples is included in

Appendix C; however detailed information on the strategies/mechanisms was not requested.

During a plenary session, the following examples of strategies/mechanisms were specifically identified by participants with direct knowledge of the initiatives:

- In New Brunswick, some legislative barriers have been removed and RNs can now discharge patients; patient satisfaction is high. Subsequent to a joint RN-LPN project, collaborative scopes of practice have been developed.
- A network of regulatory organizations has been established in Nova Scotia. Meetings are held every 6 weeks to look at interprofessional opportunities with intent to break down silos.
- There continues to be a lack of recognition of certain professions across the country; e.g., registered psychiatric nurses are not allowed to practice in Eastern Canada.
- In Manitoba, the registrars of nursing and pharmacy meet on a regular basis to discuss what does happen instead of what must happen. Tough issues have been resolved through this open dialogue approach.
- The *College of Registered Nurses of Alberta* received provincial funding (\$500K) for a *Knowledge and Education Project*. One of the main purposes of the project is to analyze the educational program content of the three nursing groups. A written report outlining this project was circulated to meeting participants and will be e-mailed to participants and their organizations.
- The *College of Nurses of Ontario* had a project in the mid-90s to establish a national database for registered nurses; however, no unique identifiers were determined. There is an opportunity to collaborate on the development of a *Risk Assessment Model* for multidisciplinary situations. A training program could be developed for colleges and, in the future, regulators could establish a collaborative Secretariat and/or a Training Tribunal.
- There is an issue of liability when bringing multidisciplinary teams together. One participant indicated that work is underway to develop a system whereby interdisciplinary health care providers can work together and still have insurance gaps covered. However, it was stated that a national solution is needed.
- In Ontario, silos have been built up among health professionals that prevent the agenda from moving forward and there is angst among some health care organizations. By 2015 in Ontario, 20% of physicians will have reached retirement age at a time when baby boomers will be reaching their peak health care needs. A model of care that addresses patient access is needed.
- The *Canadian Interprofessional Health Collaborative (CIHC)* is a two-year initiative funded by *Health Canada* to work with education and health policy makers to build a more patient-centred approach to health care delivery. The CIHC identifies and shares best practices and research and hopes to evolve into an innovative, interactive hub for Canadian interprofessional activity. An overview outlining this initiative was circulated to participants at the meeting and will be e-mailed to participants and their organizations.

4.3 Potential Strategies and Mechanisms

After a general discussion on the issues and current initiatives underway related to *Optimizing Competencies* of health professionals, participants expressed an interest in further considering potential strategies and mechanisms that regulatory authorities could consider using to create a climate change. Although it was recognized that many groups could be involved, it was suggested that regulatory authorities have a role to play in changing the climate.

The following question was then developed by the group for further consideration:

What can regulatory authorities do to create a climate change to best meet the desired health outcomes for the public, within the context of optimizing the use of competent health care professionals in a collaborative care model?

In *Table 2* the potential strategies and mechanisms, as reported by the table groups, are listed for consideration by regulatory authorities when creating a climate change (*listed in alphabetical order*).

Table 2: Potential Strategies and Mechanisms for Consideration of Regulatory Authorities to Create a Climate Change

What Can Regulatory Authorities Do to Create a Climate Change?
• Acknowledge and address disincentives/challenges
• Collaborate (<i>be visible, be proud</i>)
• Collaborate with other regulatory bodies in order to optimize competencies
• Communicate
• Communicate together as regulatory bodies – decisions are being made in silos. Consider using national regulating groups as an interprofessional forum.
• Consult about appropriate roles for and use of specific profession
• Develop a template of functions/responsibilities of what professions can do; these expectations can be used for designing job descriptions and defining appropriate care
• Develop one regulatory body for nursing
• Develop pathways for collaborative practice
• Develop language in standards that is consistent with interdisciplinary paradigm
• Educate other health professions, and the public and employer, about each other's standards and roles
• Exercise role as regulatory body in achieving consistency between jurisdictions
• Focus on what is best for the public/patient utilizing the population health model. This model can serve as a way to make decisions about where the various professions best contribute.
• Improve communication between professions – commit to talking and listening
• Influence curriculum and continued competency that supports interprofessional collaborative practice
• Interpret and facilitate understanding of how regulatory authorities protect the public
• Link strategy development with system design
• Participate in determining the overlapping scope of practice within the profession and other regulatory authorities, (i.e., the implicated regulatory bodies sit with other

What Can Regulatory Authorities Do to Create a Climate Change?
stakeholders to reach an agreement that the overlapping competencies in question will be shared and applied at the same standard).
• Pressure government together as regulators – i.e. agree not to come to the table unless all bodies are represented; do not make decisions alone
• Seek inclusion, as regulators, in consultation about system design
• Seek clarification on what is meant by “ <i>health system focused on population health needs</i> ”
• Stop saying “ <i>it’s not our issue</i> ”
• Take a systems approach and adopt a common philosophy towards common regulatory processes; (e.g. complaints resolution)
• Take the lead in making change happen with regards requiring special competencies to work in interprofessional team-based practice – competencies such as legal, ethical, cultural and organizational competencies
• Work towards a common vision by working together; i.e., different regulatory bodies
• Work towards reducing lack of clarity/effectiveness in addressing system design
• Work towards minimizing differing mandates among various regulators (i.e. jurisdictions)

Following a review of the suggested strategies and mechanisms, it was suggested that more dialogue among and with regulators would be valuable. There was recognition that climate change can not occur in isolation; and that an opportunity for further collaboration clearly exists.

5.0 WHERE DO WE GO FROM HERE?

The facilitator, Nancy McKay, thanked participants for their input and asked them to provide feedback on next steps. Although no concrete suggestions were offered, a commitment was made to circulate a summary of the session.

6.0 CLOSING REMARKS

Helen McElroy from Health Canada thanked the participants for attending the meeting and for their valuable input to the discussion. She added that she learned a lot after listening to the perspectives of participants offered from a Pan-Canadian point of view. Ms McElroy was hopeful participants would take away a better understanding of the issues surrounding *Optimizing Competencies* and of potential opportunities for change from a regulatory perspective. It was clear that more dialogue is needed with regulators and with other stakeholders in the future.

Sue Beardall, Office of Nursing Policy, Health Canada, concluded the meeting by expressing her appreciation to the participants for their contributions to the discussion and for their suggestions to move forward. She pointed out that there are many other groups to link together. She stated that the meeting summary will be distributed to participants who could then circulate the information within their organizations.

APPENDIX A

Regulators' Roundtable on Optimizing Competencies

March 30, 2007
Sutton Place Hotel, Toronto

OVERALL GOAL

The overall goal of the Roundtable is to enhance understanding of the issues related to optimizing competencies and the levers and potential strategies that can be used to address the issues.

SPECIFIC OBJECTIVES

The specific objectives of the Roundtable are to:

- Identify and clarify the issues through presentations and facilitated discussion
- Prioritize the issues
- Discuss current and/or potential strategies/mechanisms which are being, or can be used by governments, regulators and other key partners to address issues
- Discuss possible next steps to move forward

WORKING AGENDA

- 8:00 a.m. **Refreshments and Welcome**
Helen McElroy (Manager, Health Care Professionals Group, Health Human Resource Strategies Division) and Susan Hicks (Senior Nursing Advisor, Office of Nursing Policy)

Workshop process (Nancy McKay, Facilitator)
- 8:30 a.m. **Setting the Stage**

Presentation: Government Perspective (Dr. Joshua Tepper, ADM Health Human Resources, Ministry of Health and Long-Term Care, Ontario)
- 8:50 a.m. Presentation: Legislative and Regulatory Considerations
(Conference Board of Canada, Dr. Glen Roberts)
- 9:20 a.m. Presentation: Research on Job Redesign: (Jeanne Besner, Calgary Health Region)
- 9:45 a.m. **Break**
- 10:00 a.m. Open discussion
- 10:35 a.m. **What are the issues?**

Discussions to identify, clarify, and prioritize the issues related to optimizing competencies

11:30 a.m. **Lunch**

12:45 p.m. **What is happening now?**
Roundtable discussion of current and/or potential strategies/mechanisms which are being or can be used to address the issues

2:15 p.m. **Break**

2:30 p.m. **Where do we go from here?**
Discussion of possible next steps to move forward

3:20 p.m. **Next Steps/ Closing Remarks**
Helen McElroy (Manager, Health Care Professionals Group, Health Human Resource Strategies Division) and Susan Hicks (Senior Nursing Advisor, Office of Nursing Policy)

3:30 **Adjournment**

This meeting is being hosted by the Health Human Resource Strategies Division and the Office of Nursing Policy, Health Policy Branch, Health Canada.

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APPENDIX B Meeting Participants

Teresa Bateman College of LPNs of Alberta
Sue Beardall Health Canada
Jeanne Besner Calgary Health Region
Michel Caron Ordre des Pharmaciens du Québec
Frank Cesa Health Council of Canada
Fiona Charbonneau Yukon Government
Arlene Crane Newfoundland and Labrador Pharmacy Board
Sandra Cripps Saskatchewan Ministry of Health
Della Croteau Ontario College of Pharmacists
Glen Doyle PEI Department of Health and Social Services
Anne DuVall College of Family Physicians of Canada
Lynda Finley Nurses Association of New Brunswick
Paul Fisher College of LPNs of Newfoundland and Labrador
Rocco Gerace College of Physicians and Surgeons of Ontario
John Gilbert University of British Columbia
Anna Helewka College of Psychiatric Nurses of BC
Verna Holgate College of LPNs of Manitoba
Kerry Lynn Lake HRSDC
Fleur-Ange Lefebvre Federation of Medical Regulatory Authorities of Canada
Helen McElroy Health Canada
Sandra McLean Psychiatric Nurses Association of Alberta
Ann Mann College of LPNs of Nova Scotia
Gary Meek New Brunswick Pharmaceutical Society
Marshall Moleschi College of Pharmacists of BC
Deanne Montesano Health Professions Regulatory Advisory Council

Sheila Morris Health Canada
Jennifer Murdoch Nova Scotia Public Service Commission
Susan Neilson College of RNs of Manitoba
Barbara Oke Health Canada
Laura Panteluk College of RPNs of Manitoba
Blake Parkin Association of Nurses of PEI
Bill Pope College of Physicians and Surgeons of Manitoba
Lynn Power Association of RNs of Newfoundland and Labrador
Lynn Redfern College and Association of RNs of Alberta
Glen Roberts Conference Board of Canada
Jerry Ross Manitoba Health
Kate Semanyk Health Canada
Gail Siskind College of Nurses of Ontario
Roxanne Tarjan Nurses Association of New Brunswick
Josh Tepper Ontario Ministry of Health and Long-Term Care
Trevor Theman College of Physicians and Surgeons of Alberta
Sandy Tokaruk Saskatchewan Association of LPNs
Cathy Vardy College of Physicians and Surgeons of Newfoundland and Labrador
Susan Wedlake Nova Scotia College of Pharmacists
Carol White HRSDC
Deanna Williams Ontario College of Pharmacists
Karen Wolfe National Association of Pharmacy Regulatory Authorities
Bev Zwicker Nova Scotia College of Pharmacists

APPENDIX C Submitted List of Current Strategies/Mechanisms Used to Address Issues Related to Optimizing the Competencies of Health Professionals^v

Strategy/Mechanism	Primary purpose/goal	Brief Description	Organizations Involved	Current Status Outcome
<i>Alberta Competency profile</i>	<ul style="list-style-type: none"> Define scope of practice Define competencies in detail Guide practice and job descriptions Consistency Consultation Collaborative 	<ul style="list-style-type: none"> Detailed outline of knowledge, skill, judgement, attitude and behaviour of the profession Demonstrates novice to expert 	<ul style="list-style-type: none"> AB H&W CLPNA Consultation throughout province 	<ul style="list-style-type: none"> A very useable and well utilized document that guides practice Is a living document that requires update
<i>Alberta Nursing Advisory Committee of Alberta (NACA)</i>	<ul style="list-style-type: none"> Nursing advice on nursing issues 		<ul style="list-style-type: none"> College of Registered Psychiatric Nurses, Licensed Practical Nurses and Registered Nurses 	
<i>Alberta Federation of Health Professions</i>	<ul style="list-style-type: none"> Support for all Health Professions regulated under Alberta Health Professions Act 		<ul style="list-style-type: none"> All 26 health professions in Alberta (Executive Directors) 	
<i>Alberta Collaborative Nursing document</i>	<ul style="list-style-type: none"> Guides profession and nurses; regarding collaborative practice 	<ul style="list-style-type: none"> Joint document outlines expectations of Registered Colleges re collaboration Face to face joint presentations 	<ul style="list-style-type: none"> Three nursing colleges 	<ul style="list-style-type: none"> Functional Needs to be re-addressed post HPA

^v Note: The list includes an overview of strategies and mechanisms submitted by participants in response to the pre-session request for information. A full description was not requested.

Regulators' Roundtable on Optimizing Competencies
 May 1, 2007 – Final Summary Report

Strategy/Mechanism	Primary purpose/goal	Brief Description	Organizations Involved	Current Status Outcome
<p>Alberta Research</p>	<p>Increases body: • of knowledge to the profession • of collaboration; collective nature related to health human resources</p>	<p>• Knowledge and education research project; education of each nursing profession • Optimizing scope of practice (assessing roles of care providers)</p>	<p>• AB H&W • Calgary Health Region • Registered colleges (RN, LPN, RPN)</p>	<p>• Underway • Project to bring LPNs onto unit – identified role</p>
<p>Alberta Interpreting and communicating scope of practice with all stakeholders</p>	<p>• Educate • Facilitate change • Support practice</p>	<p>• Presentations • Consultation • Information</p>	<p>• CLPNA and many as necessary</p>	<p>• Ongoing</p>
<p>Alberta Collaborating in HHR planning</p>	<p>• Inform • Represent profession • Work toward a total resolution</p>	<p>• NACA • HHR Strategy</p>	<p>• Government • Other regulated employers</p>	<p>• Regular meetings • Projects come out of this group</p>
<p>Alberta Federation of Regulated Health Professions and Sub Group re: Continuing Competence Programs</p>	<p>• Discuss issues/share information regarding regulation under Health Professions Act</p>	<p>• Meet regularly to discuss/share</p>	<p>• All Regulated Health Professions under Health Professions Act</p>	<p>•</p>
<p>Alberta Registered health professions meet as a federation three times/year</p>	<p>• Information exchange; identify and address common issues</p>		<p>• All regulated health professions</p>	
<p>Alberta Health Quality Network</p>	<p>• Common issues</p>		<p>• Regional health authorities • Major professions (nursing, medicine and pharmacy)</p>	<p>• Common complaints proven • Disclosure of harm guidelines</p>
<p>Alberta Interprofessional conference on collaboration</p>	<p>• Improve communication and understanding of goals</p>		<p>• College of Nursing, Pharmacy, Physicians in Alberta</p>	<p>• Conference will occur in May 5-7, 2007</p>

Regulators' Roundtable on Optimizing Competencies
 May 1, 2007 – Final Summary Report

Strategy/Mechanism	Primary purpose/goal	Brief Description	Organizations Involved	Current Status Outcome
Manitoba Regulated Health Professions Group/Network	<ul style="list-style-type: none"> Address legislative changes jointly 	<ul style="list-style-type: none"> Province is moving to Health Discipline legislation Regulators meet at least monthly to discuss legislative changes and, where applicable, jointly address areas of concern 	<ul style="list-style-type: none"> All Manitoba Health Regulators 	<ul style="list-style-type: none"> Legislation currently being developed
Manitoba Collaboration between 3 colleges that regulate nursing in Manitoba	<ul style="list-style-type: none"> Collaboration on a number of legislative and professional practice and other issues 			
National Association of Pharmacy Regulatory Authorities Developmental National Entry To Practice competencies	Form the basics of: <ul style="list-style-type: none"> National Licensing Program for ETP National ETP exam National Accreditation National Education outcomes 		<ul style="list-style-type: none"> College of Pharmacists (all) 	<ul style="list-style-type: none"> Recently revised. Now includes competency of collaboration. Issues: ELP programs
New Brunswick Legislative changes ~ RN discharge from ER	<ul style="list-style-type: none"> Increase access to care Decrease wait times Allow practice full scope of practice 	<ul style="list-style-type: none"> Removed legislative barriers 	<ul style="list-style-type: none"> Government Nursing Medicine Pharmacy 	<ul style="list-style-type: none"> Implemented; larger centers working well Slower uptake in some areas Where assessed strong public support and satisfaction
New Brunswick Variety of services/clinics driven by protocol/best practice, etc.	<ul style="list-style-type: none"> Increased access Improved timelines/care Increased care management for chronic disease Increased monitoring/screening 	<ul style="list-style-type: none"> Service organized locally by committed team 	<ul style="list-style-type: none"> Employer providers (can vary) 	<ul style="list-style-type: none"> Increased access Increased monitoring/screening Increased patient management Increased self management

Regulators' Roundtable on Optimizing Competencies
 May 1, 2007 – Final Summary Report

Strategy/Mechanism	Primary purpose/goal	Brief Description	Organizations Involved	Current Status Outcome
<i>New Brunswick Community Health Clinics</i>	<ul style="list-style-type: none"> Increased access Enhance capacity of team to meet needs of larger patient volume 	<ul style="list-style-type: none"> Usual make up of services/providers 	<ul style="list-style-type: none"> Government Employer Providers, principally Medicine and Nursing 	<ul style="list-style-type: none"> Increased access Increased management of clients health
<i>New Brunswick Collaborative Practice</i>	<ul style="list-style-type: none"> Clarify roles/responsibilities 	<ul style="list-style-type: none"> Guidelines Decision making document 	<ul style="list-style-type: none"> Two regulatory groups 	<ul style="list-style-type: none"> Increased utilization
<i>Newfoundland & Labrador Joint committee to identify responsibilities when working with PCAS</i>	<ul style="list-style-type: none"> Identify professional responsible to help facilitate role 	<ul style="list-style-type: none"> To develop joint document and education 	<ul style="list-style-type: none"> ARNNL LLPNNL Government; Department of Health Education programs 	<ul style="list-style-type: none"> Draft document
<i>Newfoundland & Labrador Joint issues / communications committee</i>	<ul style="list-style-type: none"> Communication issues → resolution ideas some joint projects 		<ul style="list-style-type: none"> ARNNL LLPNNL Government; Department of Health Education programs 	<ul style="list-style-type: none"> Ongoing
<i>Newfoundland & Labrador Nurse Practitioner Role Development</i>	<ul style="list-style-type: none"> Understanding safe protocol Enhanced role 	<ul style="list-style-type: none"> Committee 	<ul style="list-style-type: none"> CPSNL NPA ARNNL Government 	<ul style="list-style-type: none"> Ongoing
<i>Ontario Care Forum</i>	<ul style="list-style-type: none"> MD Advisory group 	<ul style="list-style-type: none"> Provides tools to enable inter disciplinary care strategies 	<ul style="list-style-type: none"> COFPC National MD representation along with representatives from other allied professional organizations 	<ul style="list-style-type: none"> Tool kit available now
<i>Ontario Liability insurance brought forward by AFHTO</i>	<ul style="list-style-type: none"> Enabler for interdisciplinary professionals to work together with the understanding all aspects of liability will be covered 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> AFHTO CMPA CNPS 	<ul style="list-style-type: none"> In progress – should be resolved within 1 month; process a national solution

Regulators' Roundtable on Optimizing Competencies
 May 1, 2007 – Final Summary Report

Strategy/Mechanism	Primary purpose/goal	Brief Description	Organizations Involved	Current Status Outcome
<p>Ontario Family Health Teams</p>	<ul style="list-style-type: none"> Enable and develop Family Health Teams to promote interdisciplinary care 		<ul style="list-style-type: none"> MOHOTC – Ontario OMA AFHTO 	<ul style="list-style-type: none"> ISO team Aims Ontario > 90 operational; most business plans approved
<p>Western Canada Regulation of Professionals (under-utilization of health care professionals such as a Registered Psychiatric Nurse)</p>	<ul style="list-style-type: none"> National recognition and regulation of RPNs 	<ul style="list-style-type: none"> RPNs have been providing care to mental health clients for 40+ years in BC, Alberta, Saskatchewan, Manitoba, but not in Eastern Canada. The question becomes: who is the best person to provide care. The RPN is educated for 3-4 years in mental health/psychiatry whereas the RN programs may only have 6-14 weeks of psychiatry. In Eastern Canada the RN can practice, but the RPN cannot get a job. RPNs need to be recognized nationally. 	<ul style="list-style-type: none"> Regulatory bodies in Western Canada 	<ul style="list-style-type: none"> Difficulty for RPN to get jobs in Eastern/middle Canada; but they are working in similar positions in other provinces.
<p>Western Canada Optimizing roles/competency</p>	<ul style="list-style-type: none"> Mobility for RPN means the need to be registered 	<ul style="list-style-type: none"> Health care professionals are in short supply; letting RPN work in mental health will increase the numbers as RNs able to work in other areas. Many RPNs would like to work in other areas 		

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<i>Collaborative Initiative</i>	<ul style="list-style-type: none"> • Work on different issues 	<ul style="list-style-type: none"> • Formal/informal meetings and participation in task forces 	<ul style="list-style-type: none"> • Nursing, pharmacy and medicine 	<ul style="list-style-type: none"> • Policy formation • Use of particular prescription pads to help limit controlled drugs • NP role