Although this manuscript does not describe a conventional research study *per se*, it does describe processes and outcomes of interprofessional collaborative practice in the domain of health professional regulation in Canada. There is a noticeable gap in the literature in exemplars of successful interprofessional collaboration in regulation. The authors feel this paper will inspire other health professional regulators to collaborate thereby influencing the obligation, expectation and enforcement of interprofessional collaboration in their own jurisdictions, leading to improvements in health systems and overall patient safety.

Collaborative Leadership: Exemplars from Regulatory Partners in one Canadian Jurisdiction

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MF contributed to the conceptualization, design, and review of the two exemplars described therein; project management; wrote the original draft, reviewed and edited the manuscript

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Abstract
Introduction: Interprofessional collaborative patient-centred practice increases health system efficiencies, enhances health outcomes, and improves both patient and provider experiences. While the actual practice and implementation of interprofessional collaboration may be context specific, individual healthcare professional regulatory bodies are arguably the best positioned to articulate the expectation, obligation and enforcement of authentic interprofessional collaboration as leaders among their registrants.
Methods: This paper describes the collaborative leadership processes that have recently taken place between health professional regulators in Manitoba, Canada.
Results: Two exemplars of interprofessional collaboration in regulation resulted from this partnership: a common jurisprudence module for all participating regulatory partners and a joint practice standard on interprofessional collaboration for patient-centred care.
Discussion: Meaningful collaboration in healthcare regulation among different health professional regulatory bodies is possible where partnerships are authentic and leadership is shared. The positive experiences of these regulatory collaborations have set the stage for future initiatives where collaborative leadership can be the norm.

Keywords Health professional regulation; interprofessional practice; interprofessional collaboration

Introduction

The complexities of today's healthcare environment require not only practitioners be collaborative in their approaches to person-centred care, but the systems and structures within which individuals and teams function need to facilitate opportunities for collaboration rather than reinforce obstructive barriers such practice protection, poor role clarification, and uniprofessional cultural attitudes (Regan et al., 2015). D'Amour and Oandasan (2005) illustrated in their framework for interprofessional education for collaborative patient-centred practice, the significance of the interface of educational and professional systems at the macro level influencing a multitude of outcomes. These outcomes include the patient (clinical outcomes, quality of care and satisfaction); the professional (satisfaction and well-being); the organization (efficiency and innovation); and the healthcare system as a whole (cost effectiveness and responsiveness).

In terms of health regulation, there are two different domains: that of healthcare delivery and that of the individual professions using title (Girard, 2019). In the case of Canada, the *Constitution Act* of 1982 stipulates that health is under the jurisdiction of the provinces and territories, including the regulation of each health profession, whereby each regulated profession largely decides for itself the interpretation and the application of its scope of practice, the use of title, ethics and the practitioner competence processes (Lahey & Fierlbeck, 2016).

Several provincial governments have replaced individual acts for each regulated health profession with overarching umbrella legislation. In the case of Manitoba, *The Regulated Health Professions Act* (Government of Manitoba, 2009) is intended to replace up to 24 individual pieces of legislation based on health professions, e.g. the *Medical Act* and the *Registered Nurses Act.* Such umbrella legislation has been proposed as a facilitator of interprofessional

collaboration by eliminating professional siloes and interprofessional competition or turf wars (Girard, 2019). According to the Government of Manitoba (n.d.), "the objects of the reform which are reflected in *The Regulated Health Professions Act* include:

1. allow professions to continue to be self-regulating;
2. continue to place the interests of patients and the public at the centre of the regulatory process;
3. offer more effective protection for the public by regulating actions or clinical procedures that may present a risk of harm if performed by someone who is not adequately trained;
4. remove barriers to interdisciplinary practice;
5. foster greater confidence in the provincial health care delivery system."

Newly legislated obligations of interprofessional collaboration embedded within umbrella health profession legislation (e.g. Government of Manitoba, 2009, Article 10.2) have resulted in new and innovative opportunities. Through their shared mandate of ensuring public safety, regulatory bodies have the chance to pool professional expertise, resources, and creativity to develop, implement and evaluate professional standards on interprofessional collaborative person/family/community-centred care. Health professional regulators are uniquely positioned to role model collaborative leadership in terms of expectations and obligations in collaborative care (Lahey & Fierlbeck, 2016). The Canadian Interprofessional Health Collaborative (2009) describes collaborative leadership as shared decision-making while "continuing individual accountability for one's own actions, responsibilities and roles as explicitly defined within one's professional scope of practice" (p. 15).

This new legislation prompted a group of local regulators to collaborate on two projects: an online jurisprudence module and a shared practice direction on interprofessional collaborative

practice. The purpose of this paper is twofold. Firstly, to describe the collaborative processes taken by a number of health profession regulatory colleges in Manitoba, Canada. Secondly, to showcase two exemplars of successful collaboration in regulation demonstrating the value of authentic partnerships in responding to the call for collaboration amongst leaders and policy-makers.

The co-authors of this paper at the time the work was undertaken represent a registrar, two deputy registrars, a coordinator of a continuing competency program and a Director of Practice and Standards. They represent the professions of registered nursing, registered psychiatric nursing, physiotherapy and medical laboratory technology. The authors feel strongly that their diverse positionality in this work be heralded as an exemplar in of itself of authentic, long-lasting interprofessional relationships at the regulatory level, where interprofessional communication and team functioning can be achieved.

Methods

A call for interest was made to an alliance of 22 provincial regulatory bodies (Manitoba Alliance of Health Regulatory Colleges, n.d.) for two distinct projects: an online jurisprudence module in 2016 encompassing the new umbrella legislation and a shared practice direction in 2017 on interprofessional collaborative practice. Representatives from 11 different regulatory bodies representing 12 different health professions expressed interest in at least one of the two projects (Table 1); it should be noted that audiology and speech language pathology are governed by one single regulatory body in the province of Manitoba, while registered nurses, registered psychiatric nurses and licensed practical nurses are governed by three distinct regulatory bodies.

Table 1. List of participating Colleges by project

Health Professional College	Number of Active Registrants (est)	Jurisprudence Module	Practice Direction on Interprofessional Collaborative Care
College of Audiologists and Speech-Language Pathologists of Manitoba	464	✓	✓
College of Dietitians of Manitoba	512		✓
College of Licensed Practical Nurses of Manitoba	3,856		✓
College of Medical Laboratory Technologists of Manitoba	896	✓	✓
College of Physicians and Surgeons of Manitoba	3,029	✓	✓
College of Registered Nurses of Manitoba	13,589	✓	✓
Opticians of Manitoba	270	✓	
College of Pharmacists of Manitoba	1,687		✓
College of Physiotherapists of Manitoba	918	✓	✓
College of Registered Psychiatric Nurses of Manitoba	1,090	✓	✓
Manitoba Association of Registered Respiratory Therapists	367		✓
TOTAL	**26,678**	**8**	**11**

For each of the two projects, separate interprofessional teams representing the various participating regulators were formed. Consensus was reached on language, processes, and content as both projects proceeded.

Results

As a result of this interprofessional collaboration, two distinct products emerged and are described in detail below.

1. Jurisprudence module on self-regulation.

The partnership of the seven regulatory bodies pooled their resources and engaged a third party consultant to create an on-line interactive module based on the new umbrella health professional legislation in Manitoba. A *Memorandum of Understanding* was created and signed by all participating regulatory bodies, clearly outlining the obligations of all signatories, present and future, including financial. The overarching learning objectives of the module were to increase registrant/member awareness of:

1. professional self-regulation and the role of the regulatory bodies;
2. core content of *The Regulated Health Professions Act* and its impact on professional practice and interprofessional collaboration; and
3. scopes of practice under the reserved acts model.

The project itself took six months to complete. Hosting on individual electronic learning management systems was the responsibility of each participant, which allowed flexibility in tracking of registrants' completion of the module where desired. The final module typically took registrants 60 to 90 minutes to complete and can be completed in more than one sitting. Registrant feedback to date has been generally positive, citing the quality, breadth and interprofessional relevance of the module content. Highlights for the team designing the content was the chance to showcase which health professionals perform specific high-risk activities (role clarification), as well as obligations in collaborative practice.

Participating regulatory bodies expressed satisfaction with what they perceived to be a comprehensive and cost-effective product. Since the time of its inception, five of the participating regulatory bodies have made completion mandatory by all its registrants: Medical laboratory technologists, opticians, registered psychiatric nurses, physiotherapists and registered

nurses. Additional regulatory bodies have approached the original team to modify the module and include more health professions moving forward.

2. Practice direction on interprofessional collaborative care.

A practice direction, or practice standard, describes the expectations of knowledge, skills, behaviours and or attitudes of a regulated health professional by their regulatory body. It can be used as a means to hold health professionals accountable to the public, their peers, and their regulatory bodies in the case of self-regulation. As the emphasis on interprofessional collaboration has grown in the healthcare environment, a practice direction on collaborative practice regardless of the practice setting, was seen as an opportunity for the regulatory bodies to develop a tool collectively, while implementation and enforcement would remain the responsibility of each individual regulatory body.

Similar to the initiative described above, health professional regulatory bodies were invited to join an interprofessional team to collectively develop a practice direction on interprofessional collaborative care. Ten regulatory bodies, representing 11 different professions, responded to the original call (Table 1). The resulting practice direction took 12 months to complete. Utilizing the Canadian Interprofessional Health Collaborative (CIHC, 2010) framework as its basis, the document includes expectations, descriptors and application to scenarios. The six competencies for interprofessional collaboration include patient/client/family/community-centred care, interprofessional communication, team functioning, role clarification, collaborative leadership and interprofessional conflict resolution.

At the time the work was complete, the practice direction was adopted by eight of the 10 participating colleges, representing dietitians, licensed practical nurses, medical laboratory technologists, pharmacists, physicians and surgeons, physiotherapists, registered nurses and

registered psychiatric nurses. One additional college has since adopted the practice direction, with several other colleges also now considering the same implementation. To date there has been no formal complaint made against any interprofessional health team in Manitoba on the basis of this practice direction. However, there has been a case where the practice direction was cited in the decision against a specific regulated health professional during the peer review process.

Discussion

In their review of interprofessional collaboration by the health professional regulatory colleges in Ontario, Canada, Regan and colleagues (2015) found no evidence of any joint practice standards between regulatory colleges and little discussion of authentic collaboration in the regulatory context as a specific result of any legislative mandate. Barriers to interprofessional collaboration in the regulatory setting were identified as perceived protection of scopes of practice; conflicting legislation and policies in the practice setting; and a lack of role clarity contributing to an absence of interprofessional trust. An on-going tendency in the professional regulation organizations to narrowly interpret the law and pass that interpretation on to their registrants/members, may be a further hindrance to interprofessional collaboration (Girard, 2019). This partnership among health professional regulators in one Canadian jurisdiction has proven that protectionist barriers can be overcome and result in positive outcomes for the participants.

Lahey and Fierlbeck (2016, p. 212) argue that interprofessional collaboration in the regulatory realm "may have to be legislated to happen but voluntary to matter." While the umbrella health professions legislation in Manitoba may in fact legislate collaboration among the various regulatory bodies, the initiatives described herein were purely voluntary participation.

Fortunately, the results of both projects were positive, that is, they were timely, relevant and cost-effective, but most importantly, resulted in strengthening interprofessional relationships. It has been noted elsewhere that those health professions historically wielding the most political influence and power such as physicians and dentists, are often the least likely to engage in such voluntary collaborations, particularly when initiated by others (Lahey & Fierlbeck, 2016; Regan, 2015). That was in part the case experienced by this interprofessional team, where physicians were actively engaged in both projects described, but dentists were absent from the activities. Through the timely adoption of the Practice Direction for Interprofessional Collaborative Care by the College of Physicians and Surgeons of Manitoba (CPSM, 2019), other health professional colleges may have joined the collaboration sooner than they would have otherwise.

The successful experiences of the two activities described above have resulted in further collaborations on quality assurance programming; professional usage of social media; common guidelines on telehealth; health care legislation reform including Medical Assistance in Dying and Medical Cannabis Guidelines in the healthcare setting, and access to prescribed medications in rural and remote areas. These numerous activities all resulted from the earlier positive experiences of collaborating in the two aforementioned projects. Discussion has also ensued on the future feasibility of interprofessional investigations when and where such disciplinary processes would be appropriate.

Conclusion

A new health profession umbrella legislative framework has enabled an opportunity for joint initiatives where overlapping regulatory priorities have surfaced. Through interprofessional collaborative partnerships, historical barriers of practice protection, poor role clarity, and uniprofessional cultural attitudes did not stand in the way of meaningful outcomes. Multiple

perspectives, comprehensiveness, and efficiencies far outweighed the challenges of coordinating busy schedules, mismatched regulatory body processes of internal approval and differing strategic priorities. While the long-term impact these collaborative partnerships in regulation have on health outcomes has not yet been explored, neither at the individual nor at the population level, the influence on health outcome measures must be considered moving forward. The resulting two exemplars of successful collaboration in regulation demonstrate the value of partnerships in responding to the call for greater collaboration amongst leaders and policy-makers while modeling collaboration to practicing health care providers. The penultimate outcome of the success of these two joint endeavors has been the strengthening of regulatory partnerships, thereby setting the stage for future collaborative projects.

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College of Physiotherapists of Manitoba
College of Registered Nurses of Manitoba
College of Registered Psychiatric Nurses of Manitoba
Manitoba Association of Registered Respiratory Therapists

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