

# IPE, IPCP, policies and laws... why does it matter?

***Marie-Andrée (Maggie) Girard MD LLM FRCPC***  
*Anesthesiologist, Faculty of Medicine, University of Montreal*  
*Doctoral student, Faculty of Law, University of Montreal*  
*Young researcher, Health-Hub – Politics, Organizations and Law*

# Learning objectives

1. Identify the importance and the complexity of health law and policy in IPECP
2. Discuss the specificities of socio-legal mixed methods approach to IPECP legal research
3. Reflect on the importance of teaching IPC legal structure to address the knowledge gap between clinicians and the legal reality.

# IPECP : why look at the system?

- Complex structured environment: physical and organizational (Bourgeault and Mulvale 2006; Mulvale, Embrett, and Razavi 2016).
- Organizational structures = array of policies from different sources (professional, administrative and liability) (Nelson et al. 2014).
- Uninformed evaluation = IPP implementation limitations (Ries 2016; Safriet 2002).

# How the law can influence specifically IPE

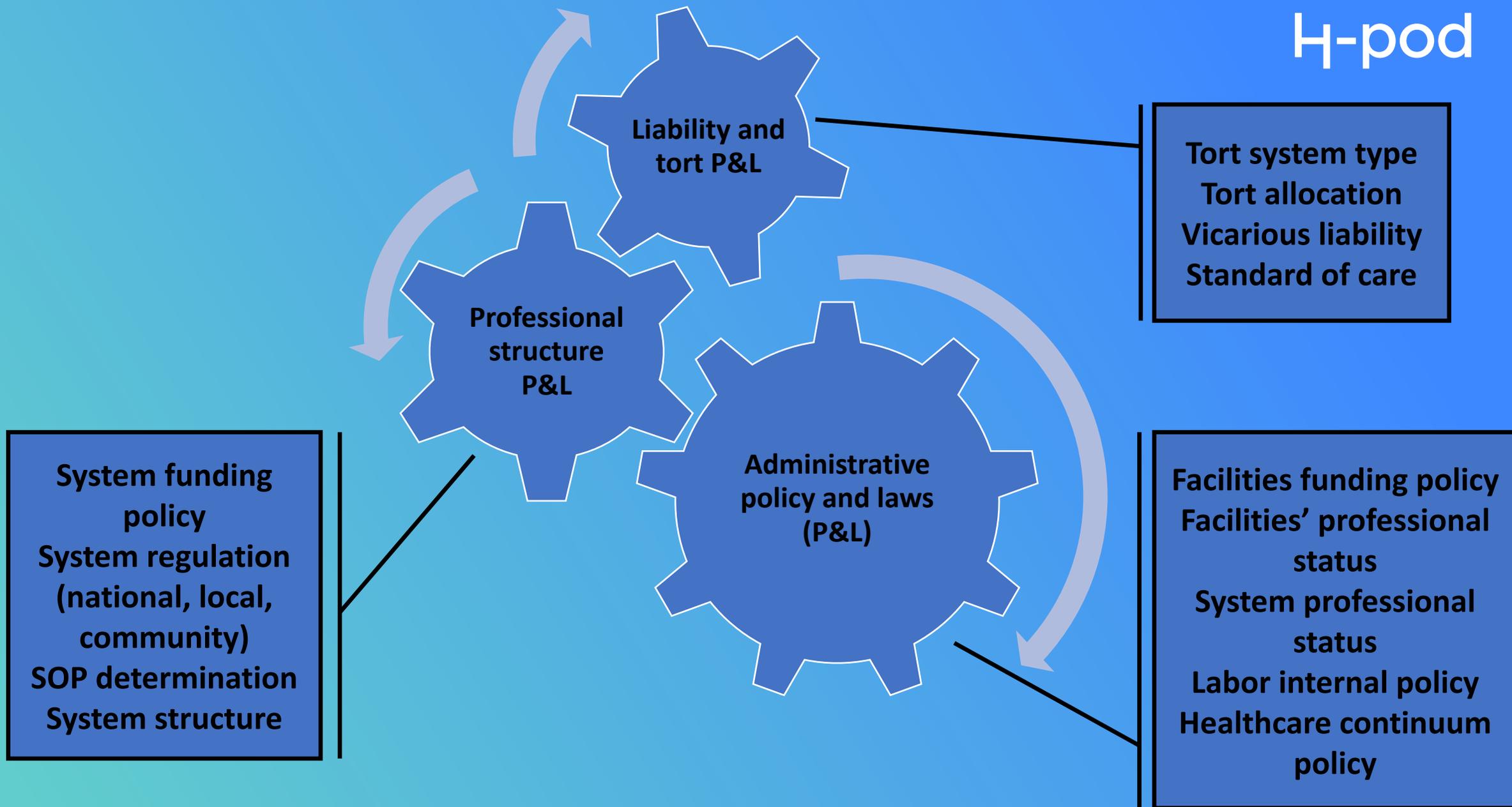
- Structure
  - Internal determination of program level (where an occupation being taught, in which faculty, stand alone or mix with another occupation)
- Course validity
  - Is the teaching recognized by the authorities? By the healthcare system?
- IPE-CP continuum integration
  - Expected behaviour concordance between IPE and professional practice.
- Post-Secondary Ed – HCW continuum
  - Determination of cohorts size, geographical repartition of programs, type of profession trained will influence HCW organization/shortage

Defining your healthcare system  
complexity:  
policy and law integration

| Level      | Expressed lay concept                                | Policy equivalent  | Linked to/Influenced by                                      |
|------------|--|--|--|
| Meso-level | Profession activities competition (turf war)         | Professional system structure                                      | Employee management professional status in healthcare system |
|            | Professional availability                            | Professional Status in Healthcare Facility<br>Healthcare system    | Funding/reimbursement policy                                 |
|            | Lack of personnel                                    | Healthcare Facilities Funding Policy<br>Labour internal policy     | Professional status in Healthcare facility                   |
|            | Lack of administrative support                       | Healthcare Facilities Funding Policy<br>Labour internal policy     | Professional status in Healthcare facility                   |
|            | Rigidity in teaching curriculum (pedagogical siloes) | Professional System Structure<br>Higher education system structure |  |

| Level       | Expressed concept            | Policy equivalent   | Linked to/Influenced by   |
|-------------|------------------------------|---|---|
| Macro-level | Professional autonomy        | Professional System Structure<br>Professional status in healthcare facility | Scope of practice   |
|             | Lack of budget               | Healthcare facilities funding policy  | Professional status in Healthcare facility  |
|             | Exclusive scope of practice  | Professional system structure   |   |
|             | IPP retribution              | Healthcare Facilities Funding Policy<br>Professional retribution system     | Professional status in Healthcare facility  |
|             | Fee-for-service remuneration | Healthcare System Professional Status<br>Professional retribution system    | Professional system structure   |
|             | Medico-legal insecurity      | Tort system   | Professional status in Healthcare facilities (vicarious liability)<br>Professional structure system |

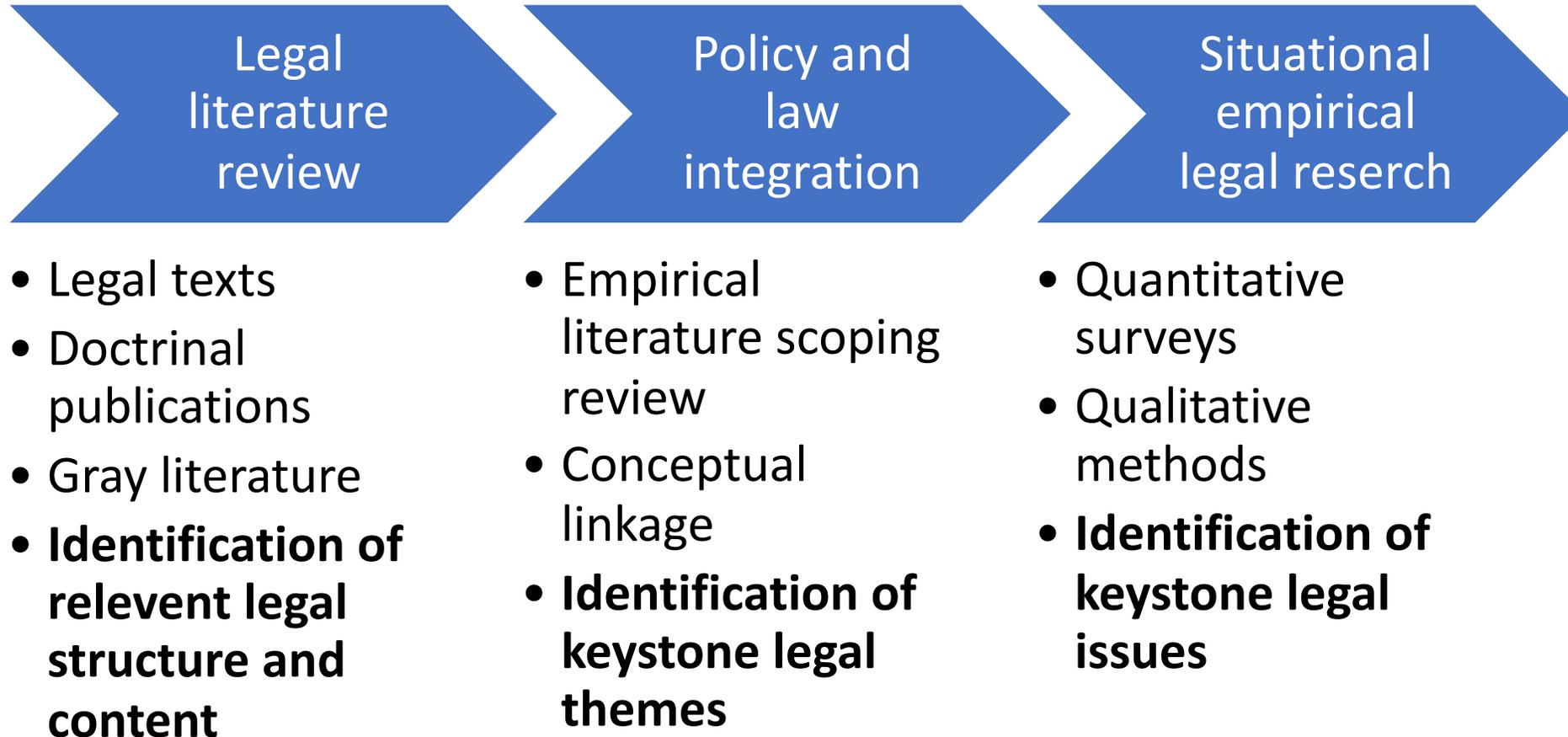
# H-pod



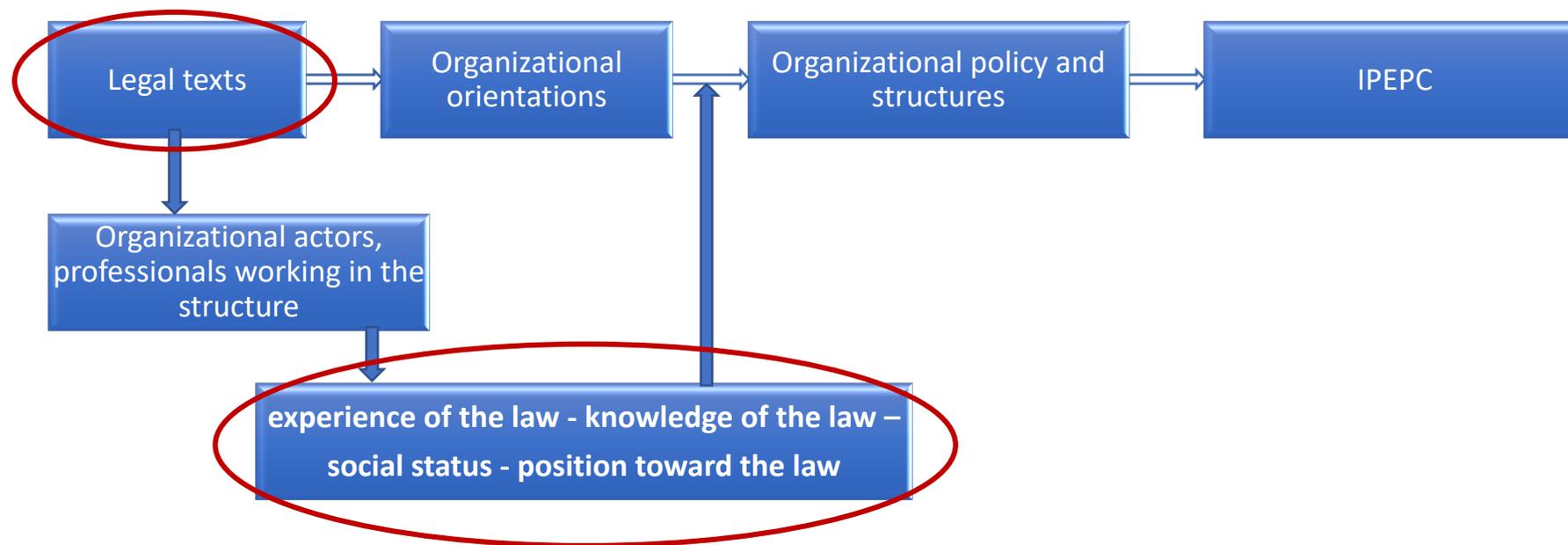
Research in policy and law: a different type  
of mixed method

# Principles of socio-legal research

H-pod



# Managerialization of the law and legal consciousness impact on IPECP



But what about IPECP?

Once you know the law in the books,  
what about the law in action?

# Expressed knowledge of the law

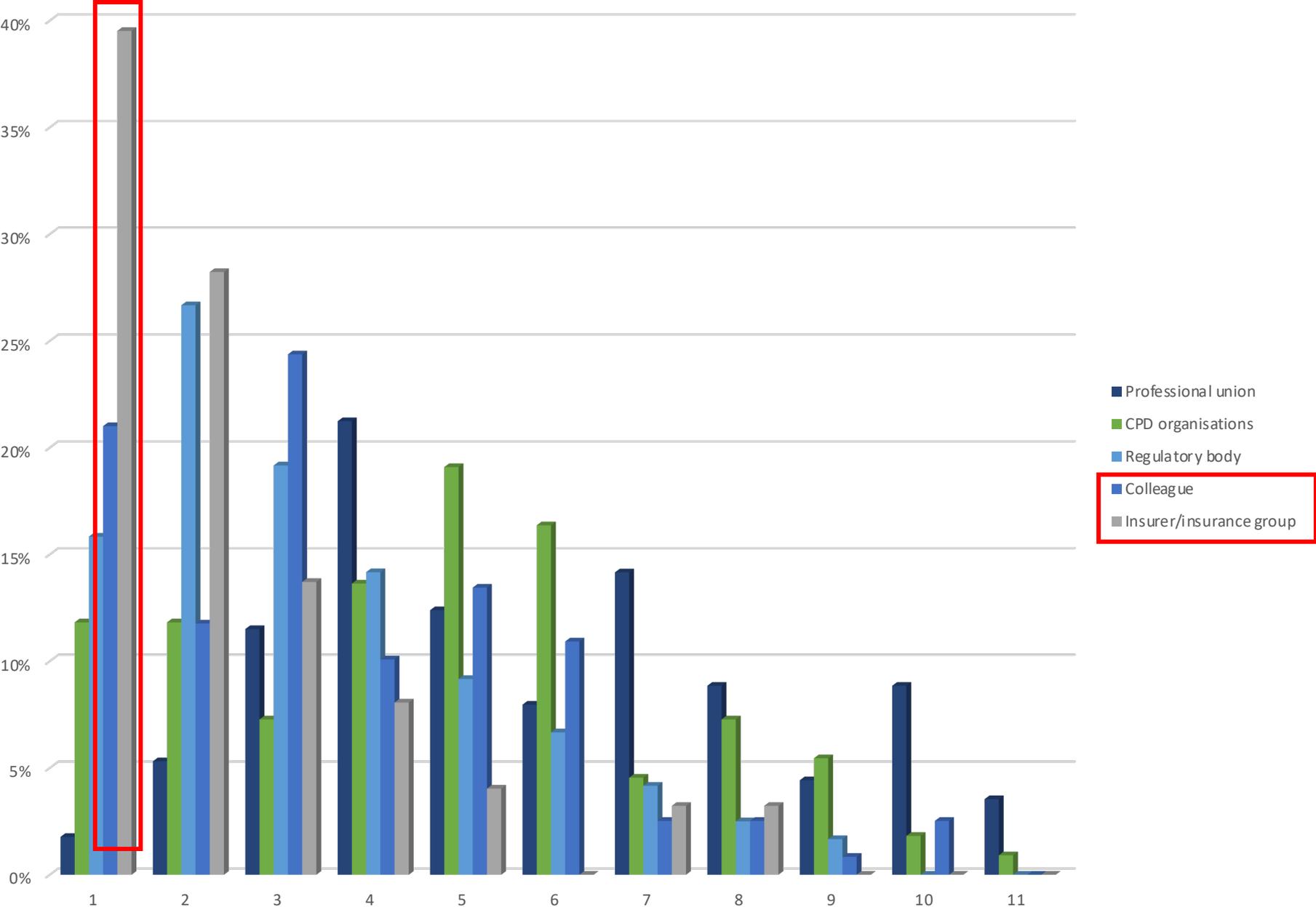
|   | Percentage of adequate answer |            |
|---|-------------------------------|------------|
|   | Nurses                        | Physicians |
| IPC impact on tort liability (no change)  | 52%*                          | 66%*       |
| Applicable practice standard in IPC (standard from own profession)                          | 38%&                          | 59%&       |
| Professional activity solely reserved to physicians (only diagnosis at that time in Quebec) | 52%#                          | 30%#       |

\* 28% of physicians and 39% of nurses considered IPC heighten their tort liability

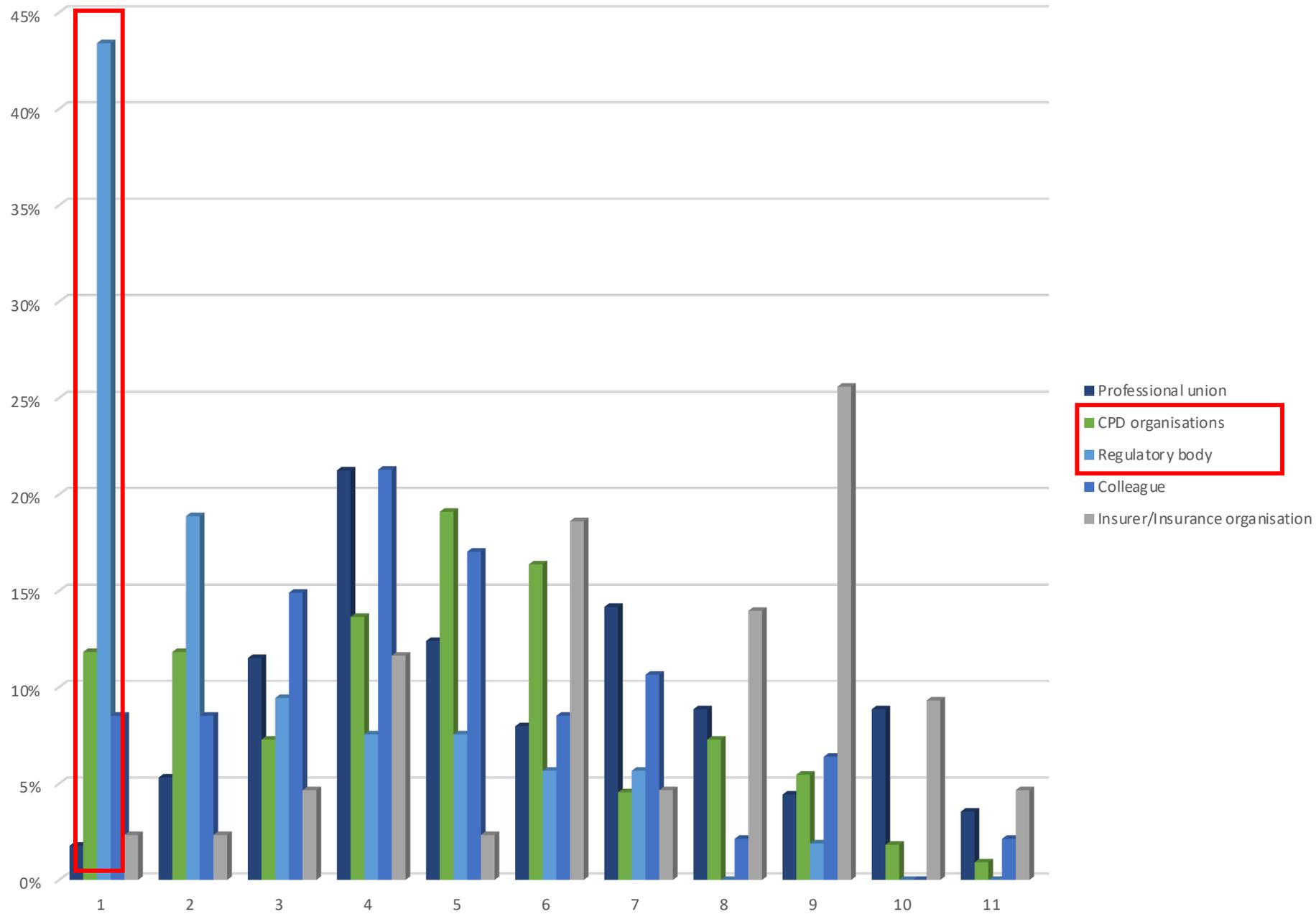
& 37% of nurses considered the applicable standard to be linked with the institution organization

# 48% of nurses did not recognize (minimized) their own scope of practice while 70% of physicians increase their exclusive scope of practice

Rating of legal knowledge acquisition sources in physicians



Rating of legal knowledge acquisition sources in nurses



# Why should health law and policy be part of an IPE curriculum?

- Avoid the practice wall
  - If your expected behaviour in practice is not corresponding to the behaviour taught in IPE seminars, behaviours in practice will win.
- Avoid profession-tinted legal teaching
  - Repetition of professional silos in legal teaching confirm the bias that the law is not uniform
- Avoid misunderstanding
  - Most professionals do not know the law, interpretation is a function of social status and experience (fill-the-blank stories or narratives).

# Conclusion — Onwards!

- IPEPC legal structure is complex and intertwined: it is both professional, administrative and tort

**IT SHOULD ALWAYS BE APPROACHED ON ALL THESE ASPECTS**

- Clinicians will determine a narrative that is consistent with their belief on IPC legal framework in the absence of structured knowledge

**TEACHING OF IPC LEGAL FRAMEWORK SHOULD BE PART OF A STRUCTURED IPE PROGRAM**

- Health law and policies are highly jurisdictional dependent and their application, highly professional dependent

**THERE IS A NEED FOR MORE SOCIO-LEGAL RESEARCH IN EACH SETTING TO TAYLOR EDUCATIONAL CONTENT**

## Suggested reading

- Bourgeault IL, Mulvale G. Collaborative health care teams in Canada and the USA: Confronting the structural embeddedness of medical dominance. *Health Sociology Review*. 2006 Dec;15(5):481–95.
- Marie-Andrée Girard, Catherine Régis & Jean-Louis Denis (2021): Interprofessional collaboration and health policy: results from a Quebec mixed method legal research, *Journal of Interprofessional Care*, DOI: 10.1080/13561820.2021.1891030
- Heimer CA. Competing Institutions: Law, Medicine, and Family in Neonatal Intensive Care. *Law & Society Review*. 1999;33(1):17–66.
- Lahey W, Currie R. Regulatory and medico-legal barriers to interprofessional practice. *Journal of Interprofessional Care*. 2005 May;19(sup1):197–223.
- Mulvale G, Embrett M, Razavi SD. 'Gearing Up' to improve interprofessional collaboration in primary care: a systematic review and conceptual framework. *BMC Family Practice* [Internet]. 2016 Dec [cited 2017 Mar 18];17(1). Available from: <http://bmcfampract.biomedcentral.com/articles/10.1186/s12875-016-0492-1>
- Nelson S, Turnbull J, Bainbridge L, Caulfield T, Hudon G, Kendel D, et al. Optimizing scopes of practice: New models of care for a new health care system. Canadian Academy of Health Sciences Ottawa; 2014.
- Ries NM. Innovation in Healthcare, Innovation in Law: Does the Law Support Interprofessional Collaboration in Canadian Health Systems? *Osgoode Hall Law Journal*. 2016;54(1):97–124.

# H-pod

Hub santé:  
politique,  
organisations  
et droit

Health Hub:  
Politic,  
Organizations  
and Law

Nos partenaires

---

Université   
de Montréal

Faculté de droit  
Université de Montréal



 CHAIRE DE RECHERCHE DU CANADA  
sur la culture collaborative  
en droit et politiques de la santé

Chaire de recherche du Canada  
sur le design et l'adaptation des  
systèmes de santé

**CRCHUM**  
CENTRE DE RECHERCHE  
Centre hospitalier  
de l'Université de Montréal

Contact infos:

[marie-andree.girard.1@umontreal.ca](mailto:marie-andree.girard.1@umontreal.ca)

Twitter: [@maggiemontreal](https://twitter.com/maggiemontreal)

[h-pod.ca](http://h-pod.ca)