

# Bill 60 “Your Health Act” and the Integrated Community Health Services Centres Act

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Lynn Wilson, Vice Dean, Clinical & Faculty Affairs, and Associate Vice Provost, Relations with Healthcare Institutions

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# Bill 60: Your Health Act

Bill 60 (“*Your Health Act*”) was passed by ON legislature and received Royal Assent in May 2023

Bill 60 enacts the *Integrated Community Health Services Centres Act (ICHSCA)* and repeals the *Independent Health Facilities Act (IHFA)* and its Regulations

The ICHSCA and its General Regulations came into force on September 25, 2023, and past IHFs were brought under Bill 60

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# Integrated Community Health Services Centres

IHF and Integrated Community Health Services Centres (ICHSCs) are similar in many ways

The ICHSCA is intended to expand roles of non-hospital based private clinics with the aim of relieving hospital services

ICHSCs are intended to improve patient wait times and access to care

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# University of Toronto Considerations

Potential impact of faculty engagement with ICHSCs primarily related to academic position description and conflict of commitment (COC)

Ensuring ICHSCs provide optimal learning environments in accordance with educational accreditation requirements

# CAFA Bill 60 Review

## August – October 2023

### **Environmental Scan & Literature**

**Review** of relevant internal University of Toronto policies as well as external policies of medical schools in Canada and the United States.

## December 2023 – January 2024

**Draft report development** to offer a summary of the findings and provides recommendations for consideration in five areas: quality and safety, the learning environment, relations with healthcare institutions, conflict of interest and conflict of commitment, and academic appointments and practice plans

## Spring – Fall 2024

**Finalize and disseminate report.**  
**Implementation** of recommendations.

## October – December 2023

**Stakeholder Interviews** with a range of stakeholders and subject matter experts, including senior education administrators from the MD Program, PGME, and Rehab.Sciences Sector, chairs of clinical (MD) departments, U of T legal counsel, affiliated AHSC CEOs and VPs of Medicine, the CPSO, and faculty working in private for-profit clinics.

## January – February 2024

**Draft report review and feedback** from key stakeholders to finalize the report and move to implementation of the recommendations.

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# Environmental Scan

CAFA conducted environmental scan of relevant internal UofT policies and external policies of Canadian and U.S. medical schools

All 17 Canadian medical schools have policies on COI and COC but none provide recommendations regarding faculty and learner involvement in private health care settings

U.S. policies address issues such as Financial Interests but provide little guidance on faculty and learner involvement

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# Stakeholder Interviews

CAFA conducted a series of semi-structured interviews to obtain feedback on ICHSCs and issues such as COI and COC

Participants included:

- Senior education leaders from the MD Program and PGME
- Chairs of clinical (MD) departments and Rehabilitation Sciences Sector
- University of Toronto legal counsel
- TAHSN CEOs and VPs of Medicine
- CPSO
- Faculty working in private clinics

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# Summary of Findings: Opportunities

Potential to address shortage of learning opportunities within hospital-based outpatient facilities

Potential for more ambulatory learning opportunities and exposure to environments where trainees may practice in the future

Increased learner exposure to high volume, low acuity procedures

Opportunities for exposure to pathology, procedures, and processes not usually available at teaching hospitals

Opportunity to enhance the learning environment in private clinics through greater collaboration with teaching hospitals and the University

Create opportunities for additional financial resources



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# Summary of Findings: Concerns (1)

## The learning environment

- The nature of clinical placement agreements will require careful consideration to ensure learner support and clear pathway to address allegations of learner mistreatment
- Risk of inequitable access to training opportunities in ICHSCs and potential for restricted training opportunities, e.g., high volume, repetitive, low-acuity cases
- Potential for a brain drain if ICHSCs divert significant numbers of senior learners away from hospitals
- Fellows at risk of being treated as “assistants” and not “learners”

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## Summary of Findings: Concerns (2)

### Conflict of interest and conflict of commitment

- Potential conflict of commitment for faculty who spend increasing time in ICHSCs
- Potential for conflict of interest due to financial interest in an ICHSC
- Potential for inappropriate use of the Toronto Academic Health Science Network (TAHSN) brand

### Academic appointments and practice plans

- Potential impact on the fulfillment of faculty member's academic position description (APD)
- Potential reduction of AHSC AFP payments to individual practice plans if there is reduced FTE participation in hospital clinical and academic activities

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## Summary of Findings: Concerns (3)

### Potential clinical/systems COI for learners and faculty

- Potential for queue-jumping and self-referrals creating (and exacerbating) health inequities
- Creation of separate and diverging lines of health care delivery
- Increased administrative burden related to patient triage and referral
- Worsen pressure on health human resources

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## Recommendations: General (1)

Develop and disseminate an education plan regarding ICHSCs, COI, COC and the expectations, roles and responsibilities of clinical (MD) faculty members who participate in IHCSCs

Update Temerty Medicine's *Relations with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education* guidelines to capture COI and COC in the context of participation in ICHSCs

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## Recommendations: General (2)

Ensure that questions about COI, COC and mitigating measures become a mandatory element of interviews for academic leadership positions, particularly those that are educational in nature (e.g., residency or fellowship program directors)

Collaborate with TAHSN-Legal and Clinical Management and Reappointment System (CMaRS) to consider revisions to and sharing of information from annual full-time clinical (MD) faculty disclosures

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## **Recommendations: Accreditation Review**

Collaborate with MD and PGME education programs to develop process for review of participating ICHSCs to ensure they are appropriate learning environments and meet education program accreditation standards

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## Recommendations: The Learning Environment

Review processes to ensure learner placements in ICHSCs are equitable and transparent

Review policies for grievances (from the learner or the site) to mitigate any risks of prejudicial impacts or preferential treatment

In consultation with the MD and PGME programs, develop a mechanism for transparent disclosure to learners regarding any faculty ownership (full or partial) of ICHSCs

Ensure appropriate oversight of fellows working in ICHSCs

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## **Recommendations: Relations with Health Care Institutions**

Continue to work with TAHSN hospital partners to improve the sharing of information, particular in areas related to faculty appointment/status updates and annual CMaRS disclosures

Review language in the affiliation agreements to identify any areas that may require increased clarity and further consultation



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## Recommendations: COI & COC

Review questions asked about participation and/or financial interests in IHCSCs as part of the renewal of hospital privileges of full-time clinical (MD) faculty through CMaRS

Ensure COC and COI disclosures by faculty members participating in IHCSCs if not occurring through CMaRS

Expand COC and COI disclosures to clinical (MD) part-time and adjunct faculty members

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## **Recommendations: Academic Appointments & Practice Plans (1)**

Communicate to faculty and staff that the Clinical and Faculty Affairs group is a resource to provide support to practice plans considering issues related to ICHSCs

Communicate that Temerty Medicine's Professional Relationship Management Committee (PRMC) is a support for faculty and departments regarding management plans for faculty who disclose COI/COC with respect to participation in ICHSCs

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## Recommendations: Academic Appointments & Practice Plans (2)

Consider if revisions may be required to the *Procedures Manual for the Policy for Clinical (MD) Faculty*, particularly regarding full-time clinical (MD) faculty, to address potential impact to their required  $\geq 80\%$  commitment to academic work should they participate in IHSCs

# Implementation of Recommendations

## February – March 2024

- ✓ Review recommendations with senior Rehabilitation Sciences Sector leaders.
- ✓ Review questions asked about participation and/or Financial Interests in ICHSCs through CMaRS.
- ✓ Communicate the CAFA is a resource to provide support to practice plans considering issues related to ICHSCs.
- ✓ Communicate that PRMC is a support for developing management plans for faculty.

## June – July 2024

- ✓ Develop process for review of participating ICHSCs.
- ✓ Review the policies for grievances to mitigate any risks of prejudicial impacts or preferential treatment.
- ✓ Review processes to ensure learner placements in ICHSCs are equitable and transparent.
- ✓ Review language in the affiliation agreements to identify any areas that may require increased clarity and further consultation with our affiliated sites.

## October – November 2024

- ✓ Update Relations with Industry guidelines.
- ✓ Updates to CMaRS disclosure questions and sharing of information.
- ✓ Ensure COC and COI disclosures by faculty members participating in ICHSCs (if not occurring through CMaRS).
- ✓ Implement updates (if any) to the Procedures Manual for the Policy for Clinical (MD) Faculty.

## April – May 2024

- ✓ Disseminate education plan
- ✓ Update interview questions for academic leadership positions
- ✓ Review clinical placement agreements with ICHSCs to ensure they address the potential educational concerns.
- ✓ Ask MDs requesting initial appointments to complete disclosure statements for the University and hospital.

## August – September 2024

- ✓ Implement mechanism for transparent disclosure to learners regarding any faculty ownership of ICHSCs.
- ✓ Ensure appropriate oversight of fellows working in ICHSCs.
- ✓ Create a two-year plan (2024-2026) and attain approval for disclosures by part-time and adjunct clinical (MD) faculty members.