



Temerty Faculty of Medicine Office of Clinical and Faculty Affairs Report on Bill 60 (“Your Health Act”) and the Integrated Community Health Services Act

FREQUENTLY ASKED QUESTIONS

PREAMBLE

The passing of the Integrated Community Health Services Centres Act (ICHSCA) in 2023 repealed the previous Independent Health Facilities Act (IHFA) and its Regulations. The ICHSCA (Bill 60) and its General Regulations came into force on September 25, 2023. Bill 60 will create greater opportunities for faculty and learners to participate in the care of patients in outside facilities. While the passing of the act and subsequent opportunities were the impetus for this document, we acknowledge that care in outside facilities covering the spectrum of services (OHIP funded, non-OHIP funded or a mix of the two) is not new. Our goal is to provide guidance for faculty and considerations that might apply to learners taking advantage of the opportunities these facilities might provide.

1. What is Bill 60 (“Your Health Act”) and the Integrated Community Health Services Centres Act (ICHSCA)?

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. Past Independent Health Facilities (IHFs) were brought under Bill 60.

The ICHSCA provides for the licencing of independently or privately owned and operated clinics, to be known as “Integrated Community Health Services Centres” (ICHSCs).

2. What is the difference between Independent Health Facilities (IHFs) and ICHSCs?

There are many similarities between the IHFA and the ICHSCA. Under Bill 60, ICHSCs are required to provide “connected and convenient care” and are expected to improve patient wait times and access to care. The past IHFs will continue to operate under the new Act. As well, most of the licensing and oversight mechanisms from the previous legislation have been maintained.

3. What body is providing oversight to ICHSCs?

Early in 2024 it was announced that Accreditation Canada has been selected as the inspecting body to develop an enhanced oversight and quality assurance program that will provide mechanisms for ICHSCs to be held to the same accountability and standards as public hospitals.

4. What impact does this have on Temerty Faculty of Medicine?

The ICHSCA potentially impacts Temerty Faculty of Medicine (TFOM) clinical MD faculty who provide medical care, clinical teaching of learners, and conduct research in ICHSCs, which are independent of their hospital sites. The University must ensure that learners placed in ICHSCs receive optimal training in a high-quality learning environment.

5. Does this mean that Clinical (MD) Faculty cannot have any relationships with private entities?

Many faculty members have successfully balanced their activity in private clinics with their academic mandates and have successfully integrated this activity into their academic roles. TFOM also recognizes that many learners have been advantaged by their exposure to private clinics with access to educational opportunities not available in other settings.



TFOM's objective is to educate and to provide guidance to faculty on relevant considerations as they take advantage of opportunities to ensure they avoid actual or perceived conflicts of interest and commitment.

6. Are Conflict of Interest and Conflict of Commitment policies and guidelines new for Temerty Faculty of Medicine?

Intensive work to equip faculty members to address potential and actual COIs and COCs has taken place at TFOM for approximately 14 years, beginning with the establishment of the Relations with Industry Working Group at the Faculty of Medicine in 2010. Since approximately 2013, TFOM has had Standards for Clinical (MD) Faculty on Managing Relationships with Industry and Private Entities that clarify our clinical (MD) faculty obligations in these relationships as they relate to our teaching activities.

The Standards are available here: https://temertymedicine.utoronto.ca/sites/default/files/inline-files/2024-10-21-STD_RWI.pdf

7. What is the process to disclose my relationships with ICHSCs and other private entities?

Full-time clinical (MD) faculty already complete disclosures regarding relationships which may give rise to real or perceived COI as part of their annual renewal of hospital privileges through the CMarS system, with questions contributed by Temerty Medicine and a group of Toronto Academic Health Science Network (TAHSN) affiliated hospitals.

Disclosed conflicts don't necessarily mean that certain activities must end but aspects may need to be addressed and documented. When relationships that may give rise to conflicts of interest or commitment are disclosed to the University, management plans are provided to faculty members and their Department Chair by the Professional Relationships Management Committee.

8. If I want to have medical learners at my licensed private clinic, what is the process?

For undergraduate medical students and residents, a site placement agreement is required. These agreements are available here through the MD Program (md.reception@utoronto.ca): Fellows must be registered with the Postgraduate Medical Education (PGME) and the following documentation must be provided to PGME:

- Evidence that the site is aware of the presence of a fellow and credentialing approved for the site activity is demonstrated
- A plan for supervision is provided
- Evidence that the Vice-Chair of Education is supportive of the site for placement

There is also the expectation that faculty disclose to the learner their Financial Interest in the clinic. This might be as straightforward as stating (as an example) *"As part of my role as a faculty member, I would like to inform you that I am part owner of this clinic."*

9. If I have questions or concerns about conflict of interest and conflict of commitment, who do I ask?

Any questions or concerns can be directed to your Clinical Department Chair, and/or the Office of Clinical and Faculty Affairs via medicine.partnerships@utoronto.ca.

CASE SCENARIOS*

*none of the examples provided are based on actual events

Potential for conflict-of-interest scenarios that would not fall under the University's purview

1. The Hospital lead of a surgical adjacent laboratory opens an off-site lab offering similar services to those available at hospital and in doing so, competes with the services offered in the hospital.
2. The Hospital lead of an arthroplasty program works at off-site arthroplasty centre, creating the opportunity to direct patients to that centre rather than the hospital.

Both of these scenarios might represent a conflict of interest, but these as written are limited to the delivery of clinical services. As such, they would not fall under the purview of the University.

Potential for conflict-of-interest scenarios that would fall under the University's purview

An arthroplasty fellow is asked to assist with cases at a new Surgicentre. What are the learner considerations? In this context, it would be important to consider the following:

- Is the clinical activity part of the fellow's learning objectives?
- What is the supervisor oversight of the fellow's activities?
- Does the relationship of the supervisor to the facility have any implications (i.e., owner or participating physician) and has that been relationship been disclosed to the University and learner?
- Has PGME approved this site as a component of the fellowship?

If this were a resident or medical student instead of a fellow, then a placement agreement would be required.