



OCA Post-Town Hall Q & A

About the Opportunities

1) What opportunities are chiropractors currently involved in?

Chiropractors in Ontario are involved in the health care system in many ways, including working in interprofessional teams, working in hospitals, academic environments, government, and sitting on various boards, committees and working groups.

Chiropractors are eligible to work in a variety of team-based primary care settings, such as Family Health Teams, Community Health Centres, Nurse Practitioner Led Clinics, Aboriginal Health Access Centres and hospital-based chiropractic clinics. Chiropractors have also been involved in the Interprofessional Spine Assessment and Education Clinics (ISAEC) Pilot and the Primary Care Low Back Pain (PCLBP) Pilot projects. With the provincial Rapid Access Clinic roll out, chiropractors are eligible to work in these roles as Advanced Practice Providers and Lead Practitioners for both the hip and knee CIACs and ISAECs. For more information, refer to our [Primary Care Toolkit](#).

2) What are Rapid Access Clinics?

In December 2017, the Ontario government announced an investment of over \$37 million over the next three years to establish Rapid Access Clinics (RACs) in every Local Health Integration Network (LHIN) across the province. The RACs are an expansion of the Interprofessional Spine Assessment and Education Clinics (ISAEC) and hip and knee Central Intake and Assessment Centres (CIACs) and provide a coordinated intake and triage process for patients with hip, knee and low back pain. In the future, there are plans to expand the RACs to include shoulder, foot and non-surgical back pain. Chiropractors are currently employed in both ISAECs and CIACs. This model helps with the Ministry's strategy of reducing surgical wait times and providing efficient triage.

In the current ISAEC component of the RACs, patients receive low back pain assessment, education and evidence-based self-management plans. It is designed to decrease the prevalence of unmanageable chronic low back pain, reduce unnecessary diagnostic imaging as well as unnecessary specialist referral. As a member of ISAEC, the Advanced Practice Provider (APP) acts as the first and primary point of contact for consultation and assessment of referred patients; provides a defined program of care to the patient with an emphasis on education, self-management and health promotion strategies; develops a collaborative care plan with the patient and their primary care provider and documents progress against the care plan; and identifies signs and symptoms requiring a change in the plan of care, diagnostic imaging/testing, or referral to a physician specialist. The APP may be a chiropractor, physiotherapist or nurse practitioner and will be responsible for delivering patient assessment and education, from either their respective practice location or in hospitals (depends on the LHIN). For more information, you can visit the ISAEC website at: <http://www.isaec.org/>

In the hip and knee CIAC component of the RACs, orthopedic patients are assessed by an Advanced Practice Provider who determines whether or not the patients are surgical candidates. Surgical candidates receive consultation with a surgeon, and non-surgical candidates receive conservative management options.

Non-surgical hip and knee care pathways have historically been very physiotherapy focused and often require Advanced Clinician Practitioner in Arthritis Care (ACPAC) training to apply for funded roles. The OCA has advocated with the Ministry and Health Quality Ontario (HQP) for an interprofessional model, and both the Ministry and HQO have gone on record to say that CIAC positions are open to chiropractors. With that said, there still seems to be a physiotherapy bias for these positions given that there are commonly more physiotherapists already working in hospitals and in unionized positions. If you see a position that is labelled as physiotherapy only, we encourage you to apply regardless and to flag with us so that we can advocate to have this requirement amended.

3) What qualifications are needed for Rapid Access Clinic (ISAEC and hip and knee CIACs) Advanced Practice Provider positions?

There are sample job postings available from Health Quality Ontario for the Rapid Access Clinic roles, which outline the qualifications and experience they are looking for. Below are the links to the different roles:

- [Advanced Practice Provider, MSK Rapid Access Clinic for low back pain \(ISAEC\)](#)
- [Practice Leader, MSK Rapid Access Clinic for low back pain \(ISAEC\)](#)
- [Advanced Practice Provider, MSK Rapid Access Clinic for hip and knee \(CIAC\)](#)

In general, they are looking for at least four years of clinical experience, including at least one year in the musculoskeletal-spine area for the ISAEC roles. For the hip and knee roles, we understand the hiring teams are specifically looking in your resume and cover letter for any experience you have working in hospital settings, interprofessional teams, and with surgeons and physicians. We also recommend highlighting experience or continuing education you have had in quality improvement and program evaluation, as well as any teaching and interprofessional learning.

4) How much time per week is spent being an Advanced Practice Provider? Is it possible to work as an Advanced Provider and still maintain a separate, private practice?

Many ISAEC Advanced Practice Provider positions are part-time, making it still possible to maintain a separate, private practice. Some LHINs are opting to refer out to community providers at their practice location, and in these cases you would not have to work outside of your practice at all. Hip and knee CIAC positions in hospitals tend to more often be full-time, but this varies by location. From the postings that have come out, the time per week has varied between 7.5 hours/week to full-time hours of 35+/week.

5) Pending the upcoming election, what is the long-term forecast for these positions, such as the Advanced Practice Lead Position?

For the current ISAEC positions, base funding has been implemented so these positions have

been secured for the fiscal year 2018-2019. Since the bureaucracy is quite focused on improving musculoskeletal care and has an understanding that a part of the opioid crisis is driven by inadequate musculoskeletal care, these programs should continue. The election could change some of the scenarios but since these programs are saving the Ministry money, reducing wait times and increasing access to surgical practitioners, there are positive incentives to maintain these programs.

Getting the Opportunities

6) How do I become aware of opportunities? Where are these opportunities?

The OCA posts Rapid Access Clinic positions as we are made aware of them to the [OCA Marketplace](#) and when possible email geographically targeted job alerts to members in the areas of the job postings to notify them. We also encourage members to regularly check their LHIN's career page and local hospital career page for postings. Common job titles used for these positions are "Advanced Practice Clinician", "Advanced Practice Provider", or "Lead Practitioner".

For other opportunities, such as volunteering to be part of a committee, working group, or board we encourage you to follow your LHIN, hospital, or the organization you would like to volunteer at and ask to join their newsletter so you become aware of opportunities, attend any events open to the public for networking opportunities and check the event, committee, and working group sections of their websites.

Many LHINs have councils, working groups and committees, such as a Health Professionals Advisory Committee or an MSK working group. If you do not see any information on these opportunities on your LHIN's website or have questions, don't hesitate to email the LHIN and ask for more information on opportunities available and current committees and councils in place.

7) For chiropractors who are already involved in these opportunities, what are some key learnings you can share with us?

Get Involved: There are many opportunities available, but it may be difficult to learn about these opportunities and how to get involved. The best way to overcome this barrier is to get involved with your community, stay connected with the OCA, ask questions and show that you are willing to learn. Some other ideas include attending hospital annual general meeting (AGMs), inquire about joining committees (even non-health care related committees), and asking your colleagues about the opportunities available.

Relationship Building Takes Time: As health care providers and their patients may not be familiar with chiropractic, take time to help educate them on the importance of having interprofessional musculoskeletal care pathways. Send clinical notes and attend networking events such as hospital fundraisers, academy of medicine events or continuing education sessions. Keep focused on the contribution you can make to improve patient outcomes. The OCA's [Collaboration and Referral Resource Kit](#) provides helpful advice on communication, identifying potential partners, developing relationships through key institutions, and tips for initial contact and subsequent follow-up and discussions. These are great ways to start building long-term relationships and increase integration.

Get out of your comfort zone: Sometimes you need to put yourself out there to make connections. Attending hospital AGMs, talking to the executive director of your local Family Health Team or CEO

of your LHIN, and inquiring about joining committees, boards or working groups.

Apply anyways: Some [Rapid Access Clinic](#) job postings may ask for specific practitioners, such as physiotherapists. Don't let that deter you – if you have the qualifications and experience apply anyways. You can always contact the OCA for advice and support on specific job postings.

8) What are some tips to prepare my resume for these opportunities?

Your resume should highlight what sets you apart. If you have experience in a hospital setting detail in what capacity. Mention work experience in interprofessional settings, for instance working with surgeons or primary care physicians. Adding any advanced evidence-based training or research involvement is also important. We recommend highlighting experience or continuing education on quality improvement and program evaluation, as well as any teaching and interprofessional learning. A general rule is that resumes should not be longer than three pages and the more concise the better. Tailor your cover letter and resume to the specific position.

Take your time to read full job descriptions, as the job title posted might be misleading. For example, you might see a job listing for an Advance Practice Provider or Clinician and think it's not for you – read the full job description before you discount the opportunity. If you see job postings and have questions, reach out to us!

9) I graduated from CMCC in 1985. In what ways could I better prepare myself to be a suitable candidate? What impact does age have on the likelihood to be considered? What are the different types of opportunities (i.e., policy making, administrative, clinical, etc...)?

Your alignment of qualifications and experience with the job requirements will have the biggest impact on likelihood for consideration, rather than age. There are sample job postings available from Health Quality Ontario for the Rapid Access Clinic roles, which outline the qualifications and experience they are looking for, and the links to these are provided in the answer to question #3. The Practice Lead role includes a more administrative role, whereas the Advanced Practice Provider roles are clinical.

Outside of Rapid Access Clinic positions, there are opportunities to contribute to policy making by getting involved with your LHIN (e.g., joining an advisory committee, board, etc). Additional volunteer opportunities may include academic involvement and research committees (e.g., HQO Quality Standards committees).

10) How much time do you dedicate to volunteer work related to public health opportunities?

Different volunteer roles have varying levels of commitment. You can ask about how much commitment a role may require to ensure that you are able to balance the role with your current obligations. Many working groups, boards and committees specifically outline the time commitment required for the positions in their terms of reference.

11) What resources are available for collaborating and working with other health care practitioners and for chiropractic advocacy with other health professionals?

The OCA has many resources available in our [Marketing and Outreach Library](#) and on the

[Collaboration & Referral Resources](#) section of our website to assist with collaboration with other health care practitioners. Additionally, you can always contact the OCA for individualized support and advice. Specific resources that the OCA has created that you may find helpful for collaboration includes:

- [Collaboration and Referral Resource Kit](#): The Collaboration and Referral Resource Kit will help you get ready to build collaborative relationships with a range of health care providers and institutions including family physicians and nurse practitioners. It covers collaborative models of care, including structured referral relationships and interprofessional primary care team integration, and offers practical guidance on how to go about pursuing such relationships.
- [Presentation Preparation](#): Presenting to other health professionals about chiropractic can be a great way to begin building a collaborative relationship and expand your network. These tips will help you get started.
- [Collaboration Ready Webinar](#): Aiding chiropractors in Ontario in preparing for and pursuing collaborative relationships with other health professionals.
- [Pursuing Collaborative Relationships Webinar](#): Learn how you can prepare for and pursue collaborative relationships with other health professionals. Our panel of Ontario chiropractors will share insights gained through their own collaborative relationships.
- [Getting in Front of Key Decision Makers Webinar](#): How to get the meeting, present your case and achieve your goal.
- [Clinical Notes Templates](#) (Initial and Follow Up): Sending a clinical note, whether you have received a referral or not, is a great way to build your professional network and improve collaborative care. The following templates have been developed to help you send a clinical note to your patient's health care team.

The OCA has also prepared a variety of stakeholder resources and handouts that can be shared with other health care practitioners to assist you in developing collaborative relationships:

- [Chiropractic and Primary Care Toolkit](#)
This toolkit provides information on chiropractic education and regulation, the patient experience and chiropractic integration to Ontario's health care system. It is ideal to share this toolkit with stakeholders as you build new relationships.
- [Building Referral Relationships with Midwives](#)
The OCA partnered with the Association of Ontario Midwives to develop this toolkit which outlines the benefits of an interprofessional approach to prenatal and postpartum care.
- [Ontario's Chiropractors: Partnering in Primary Health Care](#)
This brochure describes how chiropractors can play a key role in the shared care of complex patients with MSK conditions through bolstering these patients' efforts to manage pain, prevent injury and improve physical function.
- [Collaborative Models of Care: Primary Care](#)
This handout describes how chiropractors are working alongside other health professionals in interprofessional primary care teams, through referral arrangements and at volunteer clinics.
- [Collaborative Models of Care: Hospital Relationships](#)
This handout for hospital staff describes how chiropractors can reduce costs and

improve patient flow through pre-surgical assessment and triage, emergency department diversion and at hospital-based chiropractic clinics.

- **[Impact of MSK Conditions on the Ontario Health System](#)**

This infographic depicts the current impact of MSK conditions on Ontario's health system, typical patient flow through that system and how chiropractors can help to save Ontario money and improve patient outcomes.

12) How can I break through the physician barrier to engage in discussions about the efficacy and safety of chiropractic? Over the past years I have offered free lectures, one-on-one lunch meetings and lunch and learns. What else can I do?

We have learned from our panelists that relationship building takes time. Besides working on engaging through networking, sending clinical notes to physicians when you see their patients are useful to demonstrate how you are helping their patients. We have templates for clinical notes both for [initial](#) and [subsequent](#) visits on our website.

13) I have come across opportunities specific to physiotherapists and not chiropractors for public health care system positions. How do we change this?

We recognize that there still seems to be a physiotherapy bias in some publicly funded health positions given that there are commonly more physiotherapists already working in hospitals and in unionized positions. If you see a position that is labelled as physiotherapy only, we encourage you to apply regardless and to flag with us so that we can advocate to have this amended.

Additionally, when applying for a role that is currently physiotherapy only, don't define yourself in comparison to a physiotherapist but how your training and skill set aligns with the role.

14) Does the OCA have plans and suggestions on how to bring chiropractors that work in publicly funded models together to learn and share from each other's experiences?

We have created a new [Facebook group](#) where members can connect, share observations, ask questions about health care system integration, and learn about new positions for chiropractors in the public health care system.

We have also offered to members the option of having a Tele-Town Hall at the end of June to re-connect with members about any updates regarding the election, new job postings and answer questions about health system integration. Otherwise, if you have any further questions or ideas, you are welcome to connect with us at the OCA!