



Ontario Society of
Occupational Therapists

Submission to the
Health Professions
Regulatory Advisory Council

regarding the

Joint Submission on Physiotherapy
Scope of Practice Review

August 14, 2008

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Introduction

The Ontario Society of Occupational Therapists (OSOT) is pleased to have an opportunity to review and respond to the joint submission of the Ontario Physiotherapy Association (OPA) and the College of Physiotherapists of Ontario (CPO) regarding the physiotherapy scope of practice review. We commend our colleagues in physiotherapy upon the completion of a comprehensive document that clearly articulates a new vision for the profession of physiotherapy in Ontario.

Occupational therapists share an interest in the opportunities for amendment to the scope of practice of physiotherapists in the province as health professional colleagues who share a foundation in rehabilitation, work collaboratively in a variety of institutional and community based practice teams (where regulatory and legislative policy structures impact each profession in a similar way), embrace a similar approach to entry level professional education and are equally committed to contributing meaningfully to the health and well-being of Ontarians and the effectiveness of our health care system.

Support for Proposed Scope of Practice Amendment

The Society is largely supportive of the thrust of the recommendations of the joint submission for the physiotherapy profession's scope of practice. We observe and understand that the practice of the profession and the nature of health care service delivery within Ontario have changed since the profession's scope of practice was enshrined in the *Physiotherapy Act, 1991*. We embrace this review as a natural evolution of a developing model of regulation of health care professions. By the same token, we would position that every profession regulated under the *Regulated Health Professions Act (RHPA)* should have opportunity to undertake a similar review. To this point, we would advocate for such a review for the profession of occupational therapy and we understand that the College of Occupational Therapists of Ontario has articulated a similar interest.

OSOT understands that the Health Professions Regulatory Advisory Council (HPRAC) has sought input from professions to promote regulatory changes to scopes of practice that will lend capacity to the professions to contribute more effectively to interprofessional collaborative care. We applaud both the goal and the Council's foresight in looking for practical ways through which to minimize inefficiencies and barriers to fluid collaboration and to support health system goals to improve access to care and health outcomes for Ontarians by enabling professions to work to the full extent of their competencies.

Proposed Model for Extension of Physiotherapy Scope of Practice

The Society has reviewed with interest the OPA/CPO proposal for modification of the physiotherapy scope of practice statement, authority for 5 additional controlled acts or components of controlled acts and related statutory changes to enable practice relating to the extended scope. Where it may have been expected that a designation of an advanced practice or extended class physiotherapist be proposed, we note the joint

submission speaks to a model that enables *all* physiotherapists to have access to the full extent of the proposed new scope and controlled acts.

Notwithstanding some reservations related to our lack of understanding of how standards of practice for controlled acts will be developed and monitored, we have come to view this proposed model as both flexible and practical. The practice of physiotherapy, though captured in a common scope, addresses a broad diversity of client needs through a wide variety of practice foci and interventions. We would concur with the OPA/CPO that their model is suitable for a profession in which not all practitioners do the same thing nor practice with the same degree of expertise in all areas. Restricting certain activities beyond scope, or certain controlled acts to a defined class of practitioner does not seem practical, particularly over the long term.

OSOT views the proposed model of enriched scope of practice and additional controlled acts to lend well to practice evolution. Standards of practice that relate to the practice of controlled acts are more easily amended over time as practice evolves. We understand that the model would effectively treat all physiotherapists in the same way – all could have access to the controlled acts, providing the prescribed standards of practice were met. This, we believe, may also be a valuable professional development catalyst that could promote enriched practice across the profession, rather than limited to a subset of professionals who may be viewed as a different level of practitioner, demand higher compensation, etc. In this regard, this may have a positive impact on retention and human resource issues within the profession. For all of these reasons, we would assert that this type of model could be a valued precedent for other professions to consider. We could see, for example, appropriate relevance for occupational therapy.

Notwithstanding that the proposed model would appear to work well for the physiotherapy profession (and potentially others), we recognize that HPRAC will be thorough in its assessment of how effectively the PT proposal will provide protection for the public from risk of harm. OPA and CPO acknowledge that not all the controlled acts for which they are proposing authority are adequately addressed in entry level education programs. The proposal speaks to the requirement that the standard for practice of a controlled act must *“contain specific expectations as to how they (PT) should obtain the needed competencies to perform controlled acts. Physiotherapists will need to be able to demonstrate successful completion of educational programs that have the following components:*

- *A structured theoretical component*
- *A practical component.....*
- *An assessment method that evaluates theoretical and practice knowledge.....*

It is not clear to OSOT, how CPO will determine or assess educational standards for each act and how or if they will accredit in some way the diversity of post graduate and continuing education courses that physiotherapists may take to develop skills and competence for each act. OPA/CPO reference the similarity of their model to that of the medical profession which has a diverse range of controlled acts that any physician may perform (providing they meet the standards of practice) but it would appear that the medical profession also addresses the diverse specialties and practice of controlled acts in their entry to practice or accredited specialist training.

We believe this issue is important to address and resolve. The public deserves to know what to look for in terms of training and certification for specific controlled acts, but it is also important to be able to demonstrate that the interpretation of the standard of

practice's educational requirement for a controlled act is consistent across the profession and for all physiotherapists and that the educational standards for PT practice of controlled acts are sufficiently consistent with the same standards for other professions.

Proposed new Scope of Practice

OPA and CPO propose that the physiotherapy scope of practice be amended to be:

- The practice of physiotherapy is the assessment of neuromuscular, musculoskeletal and cardiorespiratory systems to;*
- i. diagnose, treat and prevent disorders or diseases that cause or are associated with physical dysfunction, injury and/or pain;*
 - ii. develop, maintain, rehabilitate or augment function*
 - iii. relieve pain; or*
 - iv. promote mobility and health*

OSOT recognizes that physiotherapists assess clients, analyze assessment findings and determine a diagnosis within the scope of their competence. We noted in the literature provided that several jurisdictions that include diagnosis within the physiotherapy scope refer to this as a physiotherapy diagnosis. OPA/CPO identify that this skill is taught and tested in PT education programs as an expected entry to practice competency. We understand why the profession would wish "diagnose" within their scope of practice and don't argue this point in principle. However, OSOT takes some issue with the way in which the reference to diagnosis is relayed in the proposed scope of practice statement. Whether it is intended to reflect this or not, when OSOT members read this statement it was a common interpretation that it proposed that PTs could diagnose *any* disorder or disease that causes or is associated with physical dysfunction, injury and/or pain. One questions whether the intent is to suggest that PTs will diagnose conditions such as amyotrophic lateral sclerosis, cancer, etc. which cause or are associated with physical dysfunction or pain.

OSOT positions that it would be in the public interest to articulate a more effective qualifier to the statement about diagnosis.

Proposed new Controlled Acts

OPA/CPO proposes addition of 5 new controlled acts (or parts thereof) that relate to: communicating a diagnosis; treating a wound (part of performing a procedure below the dermis); administering oxygen or an ordered substance by inhalation; putting an instrument; hand or finger beyond the labia majora; and ordering MRIs or ultrasound for the purposes of assessing or diagnosing. Additionally they request that PTs be permitted to order x-rays and lab tests, admit patients to out-patient services and to initiate and order treatment and diagnostic procedures in hospitals, to refer patients to appropriate specialists and to work without a physician's referral in a publicly funded and designated physiotherapy clinic.

OSOT does not take specific issue against the authorization of any of these acts to the profession of physiotherapy. The OPA/CPO proposal gives substantial evidence of

current practice (under medical directives) and the availability or emerging availability of educational programs for these skills. Perhaps more importantly, their document speaks effectively to the benefits to both patient care and system efficiencies should such controlled acts and permissions be authorized. However, as noted above, it is clear that the profession does not currently address many of the proposed competencies within entry level curriculum. It is OSOT's position that the mechanisms for both identifying the standards for educational preparation and then establishing processes to assure that these are met are critical before moving to enable any professional to undertake acts deemed risky to the public.

One option that is noted in the proposal is the suggestion that professionals who meet the standard of practice for a controlled act could be rostered in a public medium such as the College's website. For the specific clinical interventions noted above, we believe that this is a useful and value adding resource for the public and referring health professionals. Such a model implies a level of commitment to public education to assure that the public is aware that not all physiotherapists may be able to undertake interventions that are controlled acts.

Concerns of Occupational Therapists

Potential Impacts on Other Professions

OSOT applauds the physiotherapy profession for bringing to light a range of acts and permissions that would enable their profession to work more effectively and to the full extent of their potential in the best interests of the clients they serve. Many of the recommendations made in this proposal are likely equally relevant to other professions. Certainly the profession of occupational therapy could see relevance for the acts relating to communication of a diagnosis, wound care, ordering of diagnostics, initiating treatment and diagnostic procedures in a hospital, referral to specialists. This point is raised in relation to the potential to move forward with amendment to the scope of practice recommendations for physiotherapy. HPRAC and the Minister of Health and Long-Term Care need to recognize that granting the recommendations of the OPA/CPO will create imbalances amongst professions that currently work as colleagues and team-mates in collaborative care. The precedent, in our opinion, will require the invitation to other professions to make recommendation for similar authorities as may be appropriate.

We raise, by way of example of this concern, the feedback of members of the Society. Occupational therapists express concern that should physiotherapists be granted the requested amendments to their scope of practice and controlled acts, then OTs will be disadvantaged in the employment environment where they will remain restricted to undertake similar controlled acts only by delegation of a Medical Directive. For example, OTs who could work in advanced practice roles alongside advanced practice PTs in a rheumatology program but under a cumbersome medical directive model, may be overlooked or may, in fact, receive orders from physiotherapists. Reactionary as this may sound, the reality is that changes may negatively impact professional relations as the balance within the interdisciplinary team is altered. The concern is that there may be an impact on an institution's/program's/public sense of who can do the right job at the right time. These sentiments would best be addressed by the commitment to review all professions' scopes of practice with a goal to preserving and, in fact, enhancing the function and collaborative relationships of the interdisciplinary team. We believe this would preserve the spirit of the *RHPA*.

Thank you for the opportunity to comment on this scope of practice review. Please do not hesitate to contact the Society should you have questions or need of additional input. Christie Brenchley, Executive Director may be reached at 416-322-3011 ext 224 or cbrenchley@osot.on.ca.