



January 30, 2009

The Honourable David Caplan  
Minister of Health and Long-Term Care  
80 Grosvenor St, 10th Flr, Hepburn Block  
Toronto ON  
M7A 2C4

Dear Minister Caplan,

The Ontario Society of Occupational Therapists (OSOT) is pleased to have an opportunity to review and respond to your request for comments on the report of the Health Professions Regulatory Advisory Council (HPRAC) titled *"An Interim Report to the Minister of Health and Long-Term care on Mechanisms to Facilitate and Support Interprofessional Collaboration among Health Colleges and Regulated Health Professionals: Phase II, Part 1"* and dated September 2008.

OSOT understands that the Health Professions Regulatory Advisory Council (HPRAC) has reviewed the need for regulatory changes to professional scopes of practice to address the potential for increased capacity for support and contribution to interprofessional collaboration and care. We applaud both the goal and HPRAC's and the Ministry'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.

While the Society recognizes the important work HPRAC has undertaken to report on their review of proposed amendments to the scopes of practice of 4 regulated health professions, we will limit our comments to the those recommendations relating to the scope of practice physiotherapy. Occupational therapists share a particular interest in recommendations for amendment to the scope of practice of physiotherapists in

the province as the two professions are health professional colleagues who not only share a foundation in rehabilitation, but also 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 Review and Amendment of Professional Scopes of Practice**

The Society is supportive of the thrust of recommendations for change proposed for the profession of physiotherapy. We urge your consideration of these proposed measures through which Ontario physiotherapists could work more effectively to the full extent of their scope of practice. At the same time, we would assert that your support to the amendments to the scope of practice of physiotherapy (and indeed, the other 3 professions reviewed by HPRAC in this report) would lend precedence to your recognition that professional scopes of practice evolve over time and need to be reviewed periodically to enable professions to contribute most effectively to the health system. This speaks to OSOT's position that *all* professions regulated under the *Regulated Health Professions Act, 1991 (RHPA)* need opportunity to review their scope with the purpose of identifying any potential needs for change to enhance capacity to support interprofessional collaborative care. We believe that other professions, including occupational therapy, can identify similar needs for expansion of scope that would lend to greater flexibility and efficiency of interprofessional care. Indeed it is our position that amending the scopes of practice of a few professions amongst those that function in interdisciplinary team based service delivery models, may introduce a new imbalance of practice authority that may, in fact, have a destabilizing, potentially negative impact on potentials for increasing collaborative interprofessional care.

Without wishing to detract from our support of our colleagues initiatives, OSOT sees this to be an important issue to address as a component of a "go forward" strategy.

## **Proposed Model for Extension of Physiotherapy Scope of Practice**

The Society reviewed with interest the proposal of the Ontario Physiotherapy Association and the College of Physiotherapists of Ontario (OPA/CPO) 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. We identified our support of the model of regulation proposed to HPRAC and are pleased to see that HPRAC has supported this framework which does not restrict extensions of scope to a defined class of physiotherapists but rather permits any physiotherapist who meets the requirements of the professional standard set for performance of a controlled act to do so. OSOT views 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 agree that the proposed regulatory 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 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. Furthermore, we believe that the opportunity for all registered physiotherapists to demonstrate the skills and competencies required to perform a controlled act and thus build this into practice 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.

## **Proposed Scope of Practice**

OSOT recognizes that physiotherapists assess clients, analyze assessment findings and determine a diagnosis within the scope of their competence. We believe that HPRAC has effectively addressed concerns raised by the Society regarding the wording of the scope of practice as proposed by OPA/CPO which we felt was inappropriately broad and left open to interpretation just what types of diseases or disorders a physiotherapist could diagnose. We recommended that it would be in the public interest to articulate a more effective qualifier to the reference to diagnosis in the scope statement. Although the proposed scope of practice statement remains essentially the same, we note reference to a limitation of the scope of diagnosis in the language of the proposed controlled act of communicating a diagnosis as proposed for Section 4 (1) of the *Physiotherapy Act, 1991*, which reads;

1. *Communicating a diagnosis identifying, as the cause of an individual's symptoms, a disease, disorder or dysfunction that may be identified through a physiotherapy assessment.*

We believe that this will effectively limit what a PT can diagnose and be clearer to the public that a physiotherapist will not be diagnosing all diseases or disorders of the body or mind.

## **Proposed new Controlled Acts**

OSOT supports HPRAC's recommendations regarding the authorization of 5 new controlled acts for 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 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 can be met and measured are critical before moving to enable any professional to undertake acts deemed risky to the public. We have previously positioned that the public deserves to know what to look for in terms of training and certification for specific controlled acts when the skills and competence to perform these acts are not achieved at an entry level. Furthermore, it is 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 and performance standards for PT practice of controlled acts are sufficiently consistent with the same standards for other professions. We note that HPRAC concurs.

OSOT supports HPRAC's recommendations that regulations made under the *Physiotherapy Act, 1991* shall specify requirements for the performance of procedures under the authority of paragraph 1, 2, 4, 6 or 7 of section 4 (i.e. the 5 new controlled acts), that standards be posted on the website and that Ontario Regulation 532/98 under the *Physiotherapy Act, 1991* be amended to include sections that require a registrant who performs a controlled act of communicating a diagnosis, treating a wound, inserting an instrument...beyond the labia majora... or ordering the application of prescribed form of energy to;

- provide evidence of post-graduate education that meets approved criteria
- ensure that the procedure performed does not exceed the level of training achieved
- practice the procedure in accordance with standards of practice established by the College

We believe these requirements, coupled with HPRAC's recommendation that the College of Physiotherapists be required to involve other professions who are authorized to practice a controlled act in the process of standard development, adequately address our concerns about education standards and relative consistency of standards across professions for the practice of shared controlled acts.

OSOT supports the creation of the proposed Physiotherapy Standards Committee in principle. HPRAC's recommendation lends a tangible means through which to engage interprofessional collaboration for the development of standards for

controlled acts that are authorized to several professions. Though we understand that even without such a structure it is current best practice amongst many colleges to consult across professions, the creation of a Standards Committee (which we note has also been recommended for pharmacy and midwifery) formalizes this commitment. While we applaud the intent and spirit of such committees, we raise the following points for clarification;

- We assume and assert that these Standards Committees be advisory to the Councils of the colleges thereby protecting the profession's self regulating status. It is important that the standards be informed by the insights and experience of other professions but we would propose that individual Councils continue to have final decision-making authority.
- While it is a requirement of professions with newly authorized controlled acts to engage such a Committee there is no such requirement in other professions that currently practice the controlled act. One assumes that in the ideal interprofessional model a structure that is intended to lend interprofessional insight would be relevant to all professions who share controlled acts.

### **Review of the *Public Hospitals Act***

OSOT notes with interest the support of HPRAC to the amendment of the *Public Hospitals Act* to permit physiotherapists to initiate or order treatment or diagnostic procedures in a hospital. Occupational therapists working in Ontario hospitals would concur that the current legislation creates significant barriers to the efficient flow and management of interprofessional care. OSOT concurs with HPRAC that a comprehensive review of the *PHA* is both required and due. In the absence of a scope of practice review, occupational therapists who have skills and competence to perform controlled acts beyond current scope are required to work under the cumbersome and limiting medical directives model. OSOT would also support further critical exploration of the benefits and challenges of medical directives and mechanisms to improve their development, implementation and evaluation as proposed by HPRAC.

## **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 supported by HPRAC are equally relevant to other professions. Certainly the profession of occupational therapy would advocate for authority for the controlled acts relating to communication of a diagnosis, wound care, ordering of diagnostics, and for capacity to initiate treatment and diagnostic procedures in a hospital and to refer to specialists. This point is raised in relation to the potential to move forward with amendment to the scope of practice recommendations for physiotherapy. We urge you to recognize that implementation of the recommendations for amendment of the physiotherapy scope of practice 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. Sadly, this may be an unintended but counterproductive outcome that undermines interprofessional care. 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*.

We have observed significant change in our health care system and in the practice evolution of regulated health professions working within Ontario's system. It is clear that the intended merits of the *RHPA* which included the capacity to flexibly evolve to reflect current practices and facilitate systemic efficiencies and integration need to be exercised. We believe that the recommendations to address change within the profession of physiotherapy which are before you are good examples of the kinds of change that can enrich our health system. We have articulated our support to HPRAC's recommended amendment of the physiotherapy scope of practice and we re-assert our support for *ongoing*, regular review of the scopes of practice and profession specific authorized acts of all regulated health professions to assure that all professions are enabled to practice to the full extent of their skills and competence, deliver safe, quality care in an efficient, collaborative manner and contribute effectively to the capacity of our health system to meet the needs of Ontarians.

Sincerely,

A handwritten signature in black ink that reads "Christie Brenchley". The signature is written in a cursive, flowing style.

Christie Brenchley  
Executive Director