



January 30, 2009

Hon. David Caplan
Minister of Health and Long Term Care
Ministry of Health and Long Term Care
Hepburn Block
10th floor
80 Grosvenor Street
Toronto, ON
M7A 2C4

Dear Minister,

Re: Request for Comments on the Health Professions Regulatory Advisory Council's "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 I" (September, 2008)

The College of Physiotherapists of Ontario (the College) and the Ontario Physiotherapy Association (the OPA) are pleased to have the opportunity to respond to your invitation to comment on the conclusions and recommendations included in the referenced Health Professions Regulatory Advisory Council (HPRAC) report. Please note that the profession of physiotherapy continues to take a partnered approach (association, regulator, academic programs) to its submissions related to the scope of practice, ensuring that our remarks are based on evidence and focused on the delivery of safe, quality physiotherapy services.

The focus of this letter is on the review of the scope of practice of physiotherapy (Chapter 5). Our comments are divided into two areas:

- the scope of practice of physiotherapy, and
- the proposed enabling regulatory framework.

The College and the OPA would like to begin by expressing our broad support for HPRAC'S conclusions and recommendations with respect to the physiotherapy review. To a great extent they mirror the recommendations contained in our submission and we believe their implementation will support the Ministry's initiatives related to system efficiency, effectiveness and interprofessional collaboration. Physiotherapists have

governed themselves responsibly for over five decades, and the proposed practice standards model, in addition to our commitment to quality assurance, a robust public register, and professional misconduct rules, reinforces this longstanding public interest investment. Further, the profession is well positioned to work collaboratively with the government and other health professions to utilize its full range of competencies to enhance safe, accessible, collaborative patient-centered care.

Part 1 – Review of the Scope of Practice of Physiotherapy

We have restricted our remarks to the implementation proposals (pages 184-186 of the document) except in areas that require clarification.

By and large, the College and the OPA are in full support of the proposed scope of practice statement and proposed additional authorized acts. All are within the current accepted scope of practice of the profession and are supported by competencies that are taught and tested. However, we have the following specific recommendations.

- (i) HPRAC's recommendation 4 and the corresponding implementation proposal 2, regarding the authorized act of putting an instrument, hand or finger beyond the labia majora or the anal verge, includes language which would be a barrier to the assessment and treatment of a patient by a physiotherapist. As noted in our submission, the conditions treated by physiotherapists which would relate to this authorized act include urinary and fecal incontinence and conditions such as dyspareunia where there is pelvic pain. Evidence, education and competency testing supports this. The language used in the HPRAC report: "Putting an instrument, hand or finger beyond the labia majora or the anal verge for the purpose of manipulating the tailbone and for the purpose of assessing or rehabilitating pelvic musculature associated with urinary or fecal incontinence" would not include pelvic pain disorders and is therefore excessively and, likely inadvertently, restrictive.

Recommendation:

We recommend that the wording be altered to include or to allow for the assessment and treatment of pelvic pain disorders. We suggest that the following wording would accomplish this:

*Putting an instrument, hand or finger beyond the labia majora or the anal verge for the purpose of manipulating the tailbone and for the purpose of assessing or rehabilitating pelvic musculature associated with urinary or fecal incontinence **or pelvic pain disorders***

or

*Putting an instrument, hand or finger beyond the labia majora or the anal verge for the purpose of manipulating the tailbone and the purpose of assessing or rehabilitating pelvic musculature **or pain.***

Further information can be provided on these conditions and the related physiotherapy treatments should there be need for additional support and/or clarification.

- (ii) Our interpretation of the wording of implementation proposal 3 section 4.1 is that it is permissive with regard to the College's ability to set regulations related to authorized acts. While we believe this authority already exists in the Health Professions Procedural Code (section 95) and wonder why its express inclusion is necessary, we would support its inclusion if permissive and in keeping with the principles of self-governance. Non-legislative standards of practice may be sufficient or more appropriate in some cases, while regulations are pertinent when evidence demonstrates the need for such. The profession, in self governance, must be left to determine the appropriate tool for the circumstance.

Recommendation:

We recommend that should implementation proposal 3 section 4.1 be considered that it be drafted to clearly indicate intent and difference from the current authority in the Health Professions Procedural Code (section 95).

- (iii) In implementation proposal 5 we are concerned by the requirement that the proposed authorized act of "communicating a diagnosis" be restricted to physiotherapists who have successfully completed a postgraduate program. This requirement is not included in our submission, nor was it raised either in responses received to that submission nor by HPRAC's findings in this report. Our submission and HPRAC's findings support this act to be an entry-level competency for physiotherapists as indicated by the inclusion of the word diagnosis in the revised scope of practice statement recommended in our submission and HPRAC's recommendations.

We wish to reassert that the formulation and communication of a diagnosis represents entry level competencies, taught and tested in entry level education for the profession and, in addition, tested through our standardized national examination.

Recommendation:

In terms of proposal 5, it is critically important that the requirement for successful completion of a post graduate program be removed insofar as it applies to performance of the controlled act of "communicating a diagnosis" (paragraph 1 within 6(6)).

Part II – Standards of Practice

The College and OPA applaud HPRAC's direction on innovative options for rule-making in the regulatory system that enables professions within an interprofessional context and gives flexibility to accommodate on-going and evolving change. We support the thrust of a new statutory committee focussed on standards of practice in relation to authorized acts. We endorse the concept of an interprofessional mix of committee members and

view this as an opportunity to gain cross-profession views in policy-making from the ground up. We interpret from the report that the committee will operate in an advisory capacity only, and we support this as consistent with the philosophy of independent professional self-governance and in recognition of the College Council's ultimate responsibility and accountability for regulation of the profession.

We also respect that consultation on recommendations of Council will continue to be broad and far-reaching, including as always other regulatory colleges, and professional associations with intersecting scopes of practice.

More specifically:

- i. Under implementation proposal 6 related to the Standards of Practice, section 27, the inclusion of paragraph 1, communicating a diagnosis, would not be required since this is an entry-level competency as per our previous remarks. The College of Physiotherapists currently requires its members to refer to a physician or other healthcare professional for assessment or treatment that is beyond the physiotherapist's scope of practice. There is no need to restate this in standards with respect to this particular controlled act.

Recommendation:

We recommend the removal of paragraph 1 of section 4 (i.e. communicating a diagnosis) from section 27 under the standards of practice.

- ii. Within the implementation proposals for Part IV Standards of Practice part 30 (b) we are confused as to why the concept of rostering would only apply to wound care, and further why it is necessary to place this requirement in regulation. Consistent with our submission we continue to support the concept of rostering registrants who perform an authorized controlled act which requires additional post entry level education. This, in fact, can already be accomplished in by-law. Further, as of June 2009, under section 43 of the RHPA, the Minister may also prescribe changes to the College's website should further public information be necessary.

Recommendation:

We recommend that 30(b) be removed from the proposal.

Part III – Points for Clarification

Though not noted in any of the implementation proposals, within the text of the report under the section *Controlled Acts – Administering Oxygen or an Inhaled Drug or Substance*, there is a point we would like to clarify at this time. In the report there is a comment that the College and the OPA indicated that physiotherapists would not perform this act with mechanically ventilated patients. This is not correct. As noted in our submission and in the HPRAC report, physiotherapists perform administering oxygen and the administration of inhaled drugs as part of their entry level curriculum and are taught and tested in their applications in all levels of care including intensive care, rehabilitation, acute, long term care and chronic care. This includes the use of oxygen for patients on mechanical ventilation.

Summary

In summary the College, the OPA and the academic partners appreciate the confidence afforded the profession and noted on page 171 of the report. We would like to thank Minister Caplan and the Health Professions Regulatory Advisory Council for the opportunity to promote meaningful change for the profession of physiotherapy and enhance our capacity to contribute to the evolving needs of the health system and Ontarians.

Sincerely,



Lori Neill
President
College of Physiotherapists
of Ontario



Mark Beadle
President
Ontario Physiotherapy Association

cc Barbara Sullivan, Chair, HPRAC
Marilyn Wang, Director, Health Professions Regulatory Policy
and Programs Branch, MOHLTC