



March 27, 2024

Nitin Madhvani, President
Craig Roxborough, Registrar & CEO

College of Physiotherapists of Ontario
375 University Avenue, Suite 800
Toronto, Ontario
M5G 2J5

Via email to: consultation@collegept.org

SUBJECT: CONSULTATION ON PROPOSED STANDARD ADDITIONS AND CHANGES

Dear Mr. Madhvani and Dr. Roxborough,

The Ontario Physiotherapy Association (OPA) is writing to the College of Physiotherapists of Ontario (CPO, the College) in response to the consultation on the four (4) proposed Standards. We thank you for the opportunity to participate in these consultations and offer the following feedback for your consideration.

STANDARD: ASSESSMENT, TREATMENT, DIAGNOSIS

The OPA does not have significant concerns with this proposed Standard, however, while *professional judgment* and *safe, effective care* are referenced throughout the Standard, there is no mention of the basis of this judgment and care. Specifically, the OPA recommends including language around applying *evidence-based or evidence-informed practice*, which informs professional judgment and safe, effective care.

Furthermore, while there is a Record Keeping Standard, it may be beneficial to include a component of accurate documentation as it pertains to assessment, treatment, and diagnosis.

Lastly, the OPA recommends changing the term “standardized measures” to “standardized outcome measures” for improved clarity and consistency of terminology.

STANDARD: COMMUNICATION

The OPA feels that this Standard is generally well-written with no need for significant amendment. However, elaboration on specific statements and terminology may offer more clarity. Under “Performance Expectations”:

- “Engages in **active listening** to ensure that the patient’s perspective, need, and preferences are heard and understood”.

416 322 6866 1 800 672 9668 opa.on.ca

110 SHEPPARD AVE EAST, SUITE 810, TORONTO ON M2N 6Y8

- Consider adding that their perspective, needs, and preferences are not only heard and understood, but accounted for and acted upon.
- “Documents all communications accurately, clearly, professionally, and in a timely manner”.
 - Consider adding that their documentation will be in-line with the Record Keeping Standard for additional clarity.

STANDARD: DUTY OF CARE

The OPA has consulted on versions of this Standard in the past, most recently a 2018 consultation on the Providing and Refusing Care Standard. Significant feedback is offered about specific sections of this Standard below:

Section: Performance Expectations – Discharging a Patient in Need of Ongoing Care

The statement “when discharging a patient in need of ongoing care, the physiotherapist must not abandon patients” does not provide enough clarity on the definition of patient abandonment. Elaboration on this term is recommended.

Section: Performance Expectations – Discharging a Patient Without Providing Continuity of Care

There are several statements within this section that require greater clarity. With respect to the statement, “The physiotherapist is unable to provide care that meets the standards of practice because there are not enough resources available,” does not identify in which scenario this would apply. Clarification is needed to better understand the expectations of this point, especially in terms of varying funding models and what is meant by “resources.” Additional questions also include:

- Would this include retiring or leaving the profession?
- Would this also apply to cases where the patient’s needs exceed the skills/competencies of the Physiotherapist (in which case the physiotherapist would be required to refer the patient to another provider)?

With respect to the statement, “the patient has failed to pay for physiotherapy services received within a reasonable time and all reasonable attempts made by the physiotherapist to facilitate payment have been unsuccessful,” the OPA recommends defining what are reasonable attempts for payment facilitation. What is reasonable may vary depending on the size, model, and location of a practice, and as such, OPA recommends providing parameters around the term *reasonable* as used for this point.

With respect to the statement, “the patient has not cooperated or complied with the treatment plan and the result is that the care is not effective,” there is a discrepancy between this language and the language used in the Ontario Code of Misconduct. The following statement, for comparison, is taken directly from the Ontario Code of Misconduct Regulation (O. Reg. 388/08: PROFESSIONAL MISCONDUCT): “the patient’s lack of cooperation or compliance with his or her treatment plan is such that, in the member’s opinion, the services are not effective.” The OPA recommends that the College uses exact language from this legislation because as it is currently written, effectiveness can be subject to diverse interpretation.

With respect to the statement, “the patient is abusive (physically, verbally, emotionally or sexually) towards the physiotherapist or others within the practice setting,” there is significant discrepancy between this statement and the language used in the Professional Misconduct Regulation. The legislation states that discontinuation of care may occur if “the member has reasonable grounds to believe that the patient may abuse the member, verbally, physically or sexually.” A patient who is abusive indicates that an act of abuse has already occurred. A patient who may abuse communicates that a threat of abuse is sufficient grounds to discontinue care. The OPA recommends that the College use the original language of the Ontario Professional Misconduct Regulation.

With respect to the statement, “A professional boundary has been breached and all reasonable steps have been taken to manage the behaviour,” a definition of what is reasonable is not present. Further, the OPA recommends including a statement that care can be discontinued in any circumstance that impairs the therapeutic relationship, and that the physiotherapist is expected to provide options for continuing care elsewhere. As such, the OPA recommends moving this statement to the above section – discharging a patient in need of ongoing care. This section of the Standard should also add reference to the Boundaries and Sexual Abuse Standard to illustrate the connection between the two Standards.

Recommendation for Additional Section

In the current “Providing and Refusing Care Standard” there is a section on providing care during a public health emergency, and previous iterations included a section on providing services during an emergency. OPA recommends including a section on providing services during emergencies, which would also touch on public health emergencies. The following statements from the previous iterations flagged here for inclusion are:

The physiotherapist should only provide services within their scope of practice, except if:

- *the need for care is urgent; and*
- *a more skilled health professional is not available, and*
- *not providing the care would lead to worse consequences than providing it.*

When making decisions about providing care during a public health emergency, a physiotherapist must:*

- *Understand the nature of the public health emergency* and remain informed about the relevant federal, provincial, and local response plans.*
- *Consider their personal competencies relevant to the care needed during the public health emergency and make decisions about their involvement accordingly.*

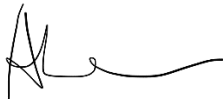
Furthermore, the current Standard does not include a statement with applicable statutory regulations pertaining to consent to treat. Under Ontario Regulation 388/08, it is classified as professional misconduct to perform “a professional service for which consent is required by law without such consent.” However, an emergency is an example of a circumstance when a physiotherapist is protected from being held liable for care provided without consent. The OPA recommends that the College include relevant language from the Health Care Consent Act 1996 c. 2, Sched. A, s.25-29 to provide greater clarity around consent as it relates to emergency services.

STANDARD: RISK MANAGEMENT

The OPA feels that this Standard is generally well-written and comprehensive, with some recommendations for amendment. Specifically, the OPA has concerns with the language presented around equipment safety and maintenance. Equipment types vary between manufacturers and practice settings, as do safety and calibration protocols. The OPA recommends more clarity around who holds responsibility for cleaning, maintenance, and calibration. In most hospitals and clinics, the responsibility of maintenance and calibration according to manufacturer protocols is that of the employer – whether they perform this maintenance themselves, or hire a manufacturer representative to carry out routine maintenance – while the responsibility of the physiotherapist is awareness that there is a maintenance program; safe operating of equipment; daily equipment checks for damage; reporting damage or malfunction of equipment, and removing equipment from general use.

Thank you for this opportunity to provide feedback on this consultation. The OPA is happy to assist and, would be pleased to meet with you to discuss the points we have made in this submission.

Sincerely,



Amy Hondronicols
Director, Practice, Policy & Member Services