



May 24th, 2024

Nitin Madhvani, President

Craig Roxborough, Registrar & CEO

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

Submitted via email to: consultation@collegept.org

Subject: Consultation on proposed Standard Additions and Changes

Dear Mr. Madhvani and Dr. Roxborough,

Thank you for the opportunity to participate in the consultations on the two (2) proposed standards; we offer the following feedback for your consideration.

Standard: Evidence-Informed Practice

The OPA would like to provide the following feedback for this Standard:

The development of this new standard is an important and needed addition for the physiotherapy profession. The inclusion of the patient's perspective in the introductory section titled "Expected outcome" is a meaningful element that grounds the standard as patient-centred.

The order of the bullet points outlined in the section titled "Performance expectations" would assist in the interpretation of the standard. Bullet points 1, 4, 5, and 8 are about emerging practices and therefore should be grouped together.

Specifically for bullet point 8, the requirement that a patient receives best practice physiotherapy approaches before emerging treatments is onerous and may detract from quality care, and potentially poses risks to the patient due to delayed treatment. According to this statement, emerging treatment cannot be first-line treatment, and creates an unnecessary delay in receiving appropriate care. As emerging therapies are evidence-informed, it is reasonable that they may be first-line treatments, provided the rigorous process of obtaining informed consent is followed (as indicated in this standard). This limitation on emerging therapies also poses a barrier to establishing

a greater evidence base. Bullet point 8 seems contradictory to the preceding points, and to the intent of this standard as a whole.

The OPA also recommends amendments to some statements within this Standard, as follows:

Under “performance expectations”, the first statement includes awareness of the evolution of the profession, which is a very broad statement that is open for interpretation. Although such contextual information is important to recognize, OPA recommends adding clarification to limit the breadth of this statement.

Furthermore, there are two points which overlap in some capacity:

- 1) *Critically appraises evidence relevant to the practice setting, population served, and available assessment and treatment options before integrating evidence into practice; and*
- 2) *Incorporates critically appraised physiotherapy-related evidence into assessment and treatment plans.*

These two statements, while inherently different in terms of actions – appraising evidence and incorporating said evidence, could be combined into one statement, as suggested below:

Critically appraises evidence relevant to the practice setting, population served, and available assessment and treatment options and incorporates this evidence into treatment plans as appropriate.

Additionally, the following statement requires some amendment:

- 1) *Clearly communicates with patients and others when the services proposed are emerging or complementary therapies.*

OPA recommends including a definition of the ‘others’ with whom physiotherapists should be communicating. Examples include family members, caregivers, and other members of the healthcare team, as indicated and appropriate.

In the definitions section, OPA recommends further defining the terms “*complementary therapies*” and “*conventional physiotherapy*,” as in the current form they are defined in a circular way. Conventional physiotherapy is defined as mainstream, and complementary therapies are defined as non-conventional. Complementary therapies refer to treatments that may be used along with standard or conventional treatments to help improve overall health and well-being or help cope with the side effects experienced as a result of a condition or issue, and they may or may not have an established evidence base. The term conventional physiotherapy might be unnecessary, as it only appears in the definition of complementary therapies, and is not described in relation to evidence.

One area that is not included in this standard is culturally-sensitive care or culturally-specific treatment components. OPA recommends consideration of how this standard relates to culturally-sensitive and specific care, that may or may not be evidence-based.

Standard: Titles, Credentials, and Specialty Designations

Unlike the existing standard, the draft version does not explicitly state that only registrants can use the title “physiotherapist” or the accepted variations “physical therapist” or “PT,” or that non-registrants who claim to be physiotherapists must be reported to the College. OPA suggests that section 3: Use of the “physiotherapist” title by non-members, from the existing standard, be incorporated into the draft standard for completeness.

The OPA suggests that the section on credentials be revised for clarity and inclusiveness.

- How to include credentials from academic institutions that are not universities
- How to include credentials that are not entry-to-practice physiotherapy degrees


The Standard as written limits the use of academic credentials to those conferred by universities, but there are academic credentials from colleges as well, both in Canada and abroad. For example, there are physiotherapists who did their initial education in a college setting, and although they have the physiotherapist credential, they might also cite their original education. Therefore, a more accurate term than “accredited university programs” should be used to include programs accredited or recognized by credentialing bodies.

The definition in the standard defines “accredited university programs” as entry-to-practice physiotherapy education, so the heading of that section is not appropriate (use of academic and other credentials). There are additional academic credentials that many people cite and are useful, such as additional credentials and degrees in physiotherapy or in other disciplines.

For specialty designations, consider clarifying that the Physiotherapy Specialty Certification Board of Canada is an initiative of the Canadian Physiotherapy Association, as that would transparently describe the relationship.

In closing, we appreciate the opportunity to provide feedback on this consultation. We would be pleased to meet with you to discuss the points we have made in this submission.

Sincerely,



Amy Hondronicols, PT, PhD
Director, Practice, Policy & Member Services
Ontario Physiotherapy Association