



August 13, 2024

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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 four (4) proposed standards; we offer the following feedback for your consideration.

Standard: Collaborative Care

While the proposed Standard is generally clear, the current Collaborative Care Standard is more comprehensive in the context of including the patient and their family and substitute decision makers as collaborators in their own care in addition to other healthcare providers. Additionally, the current Standard provides more explicit steps to recognize and address conflict or challenges in managing a collaborative relationship. The steps are laid out in the current standard in sections 3, Collaborating with Other Relevant Service Providers, and section 4, Managing the Collaborative Relationship (existing [Collaborative Care standard](#)).

Should the College proceed with the proposed Collaborative Care Standard, the OPA recommends embedding the recommended Standard with content from the existing Standard including:

- 1) A definition of others who may be involved in a collaborative care relationship;
- 2) The inclusion of the patient as an explicit partner in their care plan;
- 3) Reasonable steps to recognize and resolve conflicts or challenges.

Standard: Conflict of Interest

This proposed Standard extrapolates on some items that are not present in the current Standard but is missing some important context from the current version. In particular, the examples given to illustrate conflicts of interest and impacts on professional judgment is a helpful addition to this Standard. However, the current Standard provides more comprehensive and explicit examples of benefits which may be more helpful for those uncertain if they are encountering a conflict of interest. The OPA recommends including context from the current Standard ([Conflict of Interest](#)) for clarity, including:



- 1) The explicit steps to be taken when a conflict of interest arises, specifically making the patient aware of any alternative sources for the service or product;
- 2) The explicit definition of a close and personal relationship.

Standard: Dual Practice

This Standard is a helpful addition. The OPA recommends providing some examples of what might be considered dual practice, with reference to those holding licenses in multiple regulated healthcare professions as well as those providing non-regulated health services. It may also be beneficial to provide reference to the 'is it physiotherapy' decision-making tool from CPO ([Scope of Practice Decision Making Tool](#)).

Standard: Infection Control

The OPA notes that overall, this is an improvement upon the current [Infection Control and Equipment Maintenance Standard](#), which had left room for interpretation as to whether physiotherapists were held to the same standard as other healthcare environments such as physician offices. The explicit direction to follow Public Health Ontario's Provincial Infectious Diseases Advisory Committee procedures is an important inclusion. However, the standard currently only references the version prepared for Clinical Office Practice, while the more generally applicable documents For All Health Care Settings should be given equal weight.

One additional consideration is that the guidance on Equipment Maintenance is no longer part of this standard. OPA recommends this section be explicitly included.

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,

Handwritten signature of Sarah Hutchison in blue ink.

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