

Submission to the Ministry of Health and Long-Term Care to

# Finalize the Implementation of the Bill 179 Scope of Practice Changes for Ontario Physiotherapists



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO



ONTARIO  
PHYSIOTHERAPY  
ASSOCIATION

December 20, 2017

### Scope of Practice Changes About Which Additional Information Has Been Requested:

- 1) To order certain laboratory tests
- 2) To order x-rays
- 3) To apply soundwaves for diagnostic ultrasound under certain conditions

#### NOTE:

- The request submitted in 2008 did not request the authority to apply soundwaves.
- What the profession requested was the authority to **order** the application of a prescribed form of energy, in this case soundwaves for diagnostic ultrasound.
- The profession specifically indicated that it had no intent to **apply** this form of energy.<sup>1</sup>

### Review of 2009 Submission

In 2008, as part of the Minister of Health and Long-Term Care agenda to improve inter-professional care and to optimize the health care workforce, the College of Physiotherapists of Ontario (the College) and the Ontario Physiotherapy Association (OPA) were asked to submit to the Health Professions Advisory Council (HPRAC) a scope of practice review for physiotherapy in Ontario.

After extensive consultation and research, the report was submitted on June 30, 2008. HPRAC proceeded with a full public consultation including online posting of the submission and jurisdictional review and in-person town hall meetings held in Windsor, Thunder Bay, Toronto and Ottawa. HPRAC recommended all but one requested change in their report *Interprofessional Collaboration Interim Report - Phase II, Part I, September 2008*. All recommended changes from this report were included in Bill 179, which was subject to debate in the legislature and review by the Standing Committee on Social Policy.

The legislation passed with all-party support. Royal Assent was granted in December 2009 and the majority of the scope changes were proclaimed in September 2011. Remaining changes included in Bill 179 awaiting implementation are the ordering of laboratory tests and diagnostic imaging.

You have asked for the information set out below.

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<sup>1</sup>OPA & CPO, 2008, p. 17

GENERAL INFORMATION:

- 1. An updated list of laboratory tests the profession is requesting access to, the settings in which the tests would be used in (e.g., community practice, long-term care, acute care settings, etc.), a brief description of the purpose of each test and relevance to the practice of physiotherapy.**

The use of a defined list of tests in a regulation has the potential to limit the ability for patients to access appropriate testing. This scenario results in a number of problems including:

- The need to find alternative health professionals who can order the needed tests
- The waste of health care resources simply to have these investigations ordered
- A potential for the fragmentation of care and a consequent increase in the number of care transitions which are known to increase patient risk
- Delay in the provision of needed care

The College is proposing a regulation change that reflects physiotherapists' current scope of practice and competencies and is flexible in order to allow care to adapt to innovations in physiotherapist's practice.

Clinical standards for the choice of appropriate diagnostics and laboratory testing change quickly and are often based on research and evidence-based best practices. Tests that were once considered to be optimal are frequently replaced with new and more reliable ones.

Current and evolving physiotherapy practice and best practice standards often require testing for confirmation of diagnosis and to ensure patient safety before proceeding with a recommended course of action.

Recommendation:

Revise s.9(1)(a) of Regulation 682/90, Laboratory and Specimen Collection Centre Licensing Act, Laboratories, to permit physiotherapists to order laboratory tests as appropriate for patients, as follows:

9. (1) The owner and the operator of a laboratory shall ensure that the staff of the laboratory,
  - (a) examine specimens from humans only,
    - (i) at the request of a legally qualified medical practitioner or a dentist,
    - (ii) at the request of a midwife, in respect of a test specified in Appendix B;
    - (ii.1) at the request of a person who lawfully practises a health profession in a jurisdiction outside Ontario, if in that jurisdiction a laboratory may lawfully examine specimens at the request of that person,
    - (iii) at the request of an insurer or an agent within the meaning of the Insurance Act, in respect of HIV Antibody testing,
    - (iv) at the request of a registered nurse who holds an extended certificate of registration under the Nursing Act, 1991,
    - (v) at the request of a person who is a participant in the provincial colorectal cancer screening program, in respect of a test or tests for the purposes of the program, or

(vi) at the request of a member of the College of Naturopaths of Ontario, in respect of a test specified in Appendix C;

(vii) at the request of a physiotherapist who holds a certificate of registration under the Physiotherapy Act, 1991.

Rationale:

- Physiotherapy patients should have timely access to all diagnostic tests that are needed during their physiotherapy care.
- As primary health care providers, physiotherapists require authority to order the laboratory tests needed for patients during physiotherapy care.
- Physiotherapists have the knowledge and skill to safely and effectively order laboratory tests within their scope of practice.
- The use of a list of tests that will quickly become obsolete does not accurately reflect physiotherapists' responsibilities nor the public's expectations of quality care, and presents a barrier to access to care.
- There is no increased risk to the public by having physiotherapists order tests within their scope of practice, since physiotherapists already work within the boundaries of the Physiotherapy Act, the professional misconduct regulation and the standards of the profession.
- The experience of other professions, such as nurse practitioners, demonstrate that the resources required to maintain test lists is not sustainable nor is it necessary to maintain public safety. Since 2011, nurse practitioners who were once limited to ordering tests to a list in Appendix A, are now permitted to order tests as appropriate to client care and no issues relating to this revised practicing authority have been identified by the College of Nurses of Ontario.

**2. Updated profile of the profession and its practice, specifically addressing the following considerations:**

**a) How many members are registered to practice with the college?**

- As of November 22, 2017, there are:
  - 9304 members in the independent practice category
  - 359 in the provisional practice (i.e. 'resident') category.

**b) How many registered members will be impacted by this change?**

- 26% of physiotherapists surveyed indicated that they already request laboratory tests and/or diagnostic imaging in order to formulate a diagnosis within their scope or to develop a treatment plan.<sup>2</sup>
- If autonomy were to be conferred, recent research on the topic suggests that up to 72% of Ontario physiotherapists would order diagnostic imaging. Respondents with more than a 50% caseload in orthopaedics were the most interested in ordering these investigations, however those in other areas of practice also expressed a significant degree of interest.<sup>3</sup>

Diagnostic Imaging

With respect to current educational activities,

- Physiotherapists in Ontario have pursued post graduate degrees and/or certificate programs to acquire additional skills and competencies related to ordering diagnostic tests. Some more common sources for this type of education are as follows:
  - Approximately 120 physiotherapists have graduated from Western University's Advanced Health Care Practice Manipulative Therapy Program (MCISc). All have received training that would meet the College's requirements to practice the authority for ordering diagnostic imaging.
  - The University of Alberta Diagnostic Imaging for Physical Therapists online course has been completed by 20 Ontario physiotherapists.
  - Approximately 45 Advanced Practice Physiotherapists (APP) practicing in Ontario have received training through the University of Toronto, Faculty of Medicine, Advanced Clinician Practitioner in Arthritis Care (ACPAC) program or through residency programs offered through hospital sites.<sup>4</sup>
- Note: the number of roles for physiotherapists with these additional competencies is expected to continue to grow with patient demand. Some examples of this trend include:
  - It will continue to grow to approximately 70, with the expansion of the CIAC model for all LHINs as part of the MOHLTC Patients First Act, Access to Specialists and Specialty Care Strategy.<sup>5</sup>

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<sup>2</sup> OPA, 2011

<sup>3</sup> Chong et al, 2015. p. 4

<sup>4</sup> Landon, 2017

<sup>5</sup> Robarts, 2017

- The expansion of the ISAEC model to all LHINS as part of the MOHLTC MSK strategy will add a significant number of APPs (e.g. 26 in Champlain LHIN).<sup>6</sup>
- Changes in the use of medical directives at Toronto Central LHIN Community Health Centre network has potential to expand the use of physiotherapists with these additional competencies province-wide.<sup>7</sup>

### Ordering Lab Tests

- The roster does not fully represent those who may be practicing in these specialized areas because physiotherapists who perform these acts under direction or delegation from another practitioner are not required to roster.
- The practice areas most affected by the authority to order laboratory tests are orthopaedics, rheumatology, cardiorespiratory and wound care.
- Since 2008, 8 physiotherapists have graduated from Western University's Advanced Health Care Practice, Wound Care Program (MCIsc). Numerous others have taken advanced training in the use of modalities in wound care management and 14 physiotherapists have completed levels 1 and 2 of the OPA Wound Care Management for Physiotherapists program.
- Physiotherapists working in advanced practice roles with hip and knee arthroplasty patients order lab tests to monitor for abnormal cobalt and chromium levels in patients with hip arthroplasty to obtain indications of component loosening or misalignment which can lead to metallosis, as well as other potential health problems.<sup>8</sup>
- 732 of the 9663 physiotherapists in Ontario are rostered to administer a substance by inhalation; which gives an idea of how many work in cardiorespiratory practice. This may be an underestimate since some hospital still use medical directives.

### **c) Practice Setting (e.g., % of members practicing in community or acute settings)**

- We are unable to distinguish between acute and community settings.
- However, according to the Canadian Institute for Health Information data on physiotherapist demographics in Ontario, 3,113 or 44.3% of physiotherapists practice in the public sector and 3,909 or 55.7% of physiotherapists are in the private sector including self-employed.<sup>9</sup>

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<sup>6</sup> Correal, 2017

<sup>7</sup> Stevenson, 2017

<sup>8</sup> Hope, 2017

<sup>9</sup> CIHI, 2016

- OPA data indicates that approximately 80 physiotherapists are currently employed or in partnership with 60 primary health care settings (i.e., community health centres, family health teams, aboriginal health access centres) across the province, and the number is growing.

**d) Practice Characteristics (e.g., % in independent practice, % practicing in interprofessional teams)**

- The College does not collect data on the percentage of people in independent practice versus practicing in interprofessional teams.
- Anecdotal feedback indicates increasing prevalence of multidisciplinary teams.
- March 31, 2017, data indicates that 68.74% of physiotherapists practice with at least one other professional.
- A 2014 report indicates the professions that physiotherapists most commonly interact with.<sup>10</sup> In descending order of degree of interaction:
  - Occupational therapists
  - Nurses
  - Family doctors
  - Orthopaedic surgeons
  - Other physician-specialists
  - Dieticians
  - Massage therapists
  - Physical medicine and rehabilitation physicians (physiatrists)
  - Psychologists
  - Kinesiologists
  - Chiropractors.
- OPA data indicates that approximately 80 physiotherapists are currently employed by or in partnership with 60 primary health care teams (i.e., community health centres, family health teams, aboriginal health access centres) across the province, and the number is growing.

**e) Geographical Distribution (e.g., % practicing in rural/remote locations, % in urban locations)**

- The most recent data available from the Canadian Institute for Health information indicates that physiotherapists are:<sup>11</sup>
  - 94.7% urban
  - 5.3% rural.

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<sup>10</sup> Norman, 2016. p. 14

<sup>11</sup> CIHI, 2017

- A recent College study determined that the distribution of physiotherapists reflects general population distribution:<sup>12</sup>
  - LHINs 1-4 (Southwestern Ontario) – 26%
  - LHINs 5-9 (Central Ontario) – 43%
  - LHINs 10-11 (Eastern Ontario) – 22%
  - LHINs 12-14 (Northern Ontario) – 9%.

**f) General demographics of principal patient groups treated by the profession (e.g., age, morbidities, geographic distribution)**

- Physiotherapists provide care under four categories of morbidity:
  - neuromusculoskeletal (a broad category including orthopaedics, rheumatology, amputations etc.)
  - neurological
  - cardiopulmonary-vascular
  - multifunction.<sup>13</sup>
- No geographic distribution data is available about patient groups.

**g) Description of remuneration model for the profession (e.g., % OHIP-insured services, % privately insured services, % uninsured services)**

- People can access physiotherapy services directly without the need for a physician referral. However, in some circumstances, such as publicly funded Community Physiotherapy Clinics or some extended health insurance plans, a physician or nurse practitioner referral is required to access funding.
- Further details about the distribution of care by funding sources:
  - Primary health care organizations
  - Hospital in-patients
  - Eligible home care patients through the LHINs
  - Residents of publicly funded Long-Term Care homes under a per bed, per annum funding allocation
  - Eligible patients<sup>14</sup> at approximately 256 Community Physiotherapy Clinics.
- The Interim Federal Health Program (IFHP) provides limited coverage for specific groups in Canada, including refugees.
- Publicly-Funded insurance programs offering coverage for physiotherapy care include:

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<sup>12</sup>Norman, 2016. p. 12

<sup>13</sup>Norman, 2016. pp. 15-17

<sup>14</sup>Eligibility requires: a physician's or nurse practitioner's referral for physiotherapy services and fall within one of the following categories: 19 years old or younger, 65 years old or older; or receiving benefits under the Ontario Disability Support Program or Ontario Works, or have been overnight in a hospital for a condition that now requires physiotherapy treatment.



- Workers' Safety and Insurance Board (WSIB) Motor Vehicle Accident (MVA) coverage through automobile insurers
- Veteran's Affairs benefit packages for veterans.

#### **PATIENT AND/OR SYSTEM NEED:**

**The 2008 policy submission primarily links the expanded scope to the competency of the profession. The Ministry is seeking more information and supporting evidence on how the proposed changes to scope of practice meet patient and/or health system needs.**

Fulfilling Ontario's Patients First: Action Plan for Health Care demands improving access to care to ensure that patients receive the care that they need from the right professional at the earliest visit.

System waste prevails where physician or nurse practitioner referrals are required to justify funding for physiotherapy appointments, when there is no clinical or regulatory requirement for the referral itself. This problem is perpetuated when patients are diagnosed by a physiotherapist but are required to schedule an appointment with another health professional to obtain orders for test results to confirm the physiotherapist's diagnosis.

There is no clinical justification for these visits, as physiotherapists are enabled to diagnose within their scope of practice. Accordingly, in every case, an unnecessary visit to the nurse practitioner or physician adds cost to the public system and takes space in the busy practitioner's schedule. This could have been filled by a patient with a clinical need, and for the patient who is likely to have undergone physical hardship, travel expenses, loss of income and travel costs in order to attend the appointment.

Further patient hardship arises due to delays in obtaining confirming diagnostic test results when they are unable to access those with ordering authority and/or physiotherapists are unable to arrange to have other health care professionals order these tests.

An overview of changes to the health system that underpin patient expectations of better care is provided by Waddell, Moat and Lavis.<sup>15</sup> While their paper is intended to provide background on the discussions of new ways to regulate health professions, the changes they identify are also significant when considered in the context of patient needs and desires.

- Patients express changing expectations about the services that should be provided by health professionals: "the health workforce requires flexibility and a nimbleness toward patient care that the current legislative approach does not provide."
- The public is concerned about the ability of the health system to deliver quality patient-centred care, especially the ongoing restrictions in scopes of practice which hamper the increasing need for professionals to adapt how they provide care.

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<sup>15</sup> Waddell et al, 2017. p. 11

- The shift away from acute institutional care to more community and team-based inter-professional care creates different demands on the system, which has significant implications for the roles of health professionals.

The physiotherapy scope of practice changes approved by the Legislature (Bill 179) in 2009 represented an integrated package and anticipated the enhancements referenced above in terms of what patients want and need from the Ontario health care system, and what the system needs to meet those promises now and into the future.

## **IMPACT ASSESSMENT:**

**The Ministry is seeking further information for an evidence-informed impact assessment of each change in scope of practice.**

### **Impact to Patients**

***For the following questions consider and make note of whether impacts are different for certain patient populations.***

#### **3. Describe the impact of the proposal on patient outcomes.**

- The clinical diagnostic accuracy and the care provided by physiotherapists for orthopaedic conditions is more accurate than that offered by a wider range of other health professionals, including family physicians and physician assistants.<sup>16</sup>
- With the scope changes, physiotherapists can have significant impact on the system, on patient outcomes, and on the productivity of other professionals.<sup>17</sup>
- The use of specially trained physiotherapists in hospital orthopaedic settings is cost-effective and increases patient satisfaction.<sup>18</sup>
- In a 2011 survey of members conducted by OPA, 67% of respondents experienced difficulty in obtaining the diagnostic imaging or laboratory test results that they require to formulate a diagnosis or develop a treatment plan within their scope of practice.<sup>19</sup>
  - Repercussions of experiencing difficulty in accessing tests included: delayed recovery and treatment, financial hardship as patients are not able to return to work, decreased quality of care and overall patient outcomes.
- The use of medical directives to order diagnostic imaging in a Toronto-based Community Health Centre has improved efficiencies by reducing the need for patients to return to their

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<sup>16</sup> Ramji, et al. 2013.

<sup>17</sup> OPA & CPO, 2008, p.177

<sup>18</sup> OPA & CPO, 2008, p.177

<sup>19</sup> OPA, 2011

primary care provider for a requisition. Although this model is successful with the use of a directive, it would be even more effective if physiotherapists were able to order them without the use of a directive.<sup>20</sup>

#### 4. Describe the impact of the proposal on timely access to care.

- Delay in patient treatment is the reported consequence of physiotherapists' difficulty in obtaining diagnostic imaging or laboratory test results.<sup>21</sup> This results in negative outcomes including: delayed diagnosis, increased complications, onset of secondary conditions, increase and prolonging of pain, delayed return to work, and feelings of frustration for both patients and care providers.
- Permitting physiotherapists to order investigations will:
  - increase timeliness of care delivery
  - reduce care needs arising from treatment delays
  - reduce unnecessary expenditures such as transportation to and from appointments, cost of care-givers, and opportunity costs such as missed time at work.<sup>22</sup>
- Use of physiotherapists practicing with these additional competencies can reduce waittimes and improve access to patient care, while also maintaining a high level of patient satisfaction.<sup>23</sup>
- Significant reduction in wait times was associated with the use of physiotherapists taking on roles with additional competencies in diagnostics in an orthopaedic shoulder clinic. Through the incorporation of physiotherapists' services into the clinic, wait times for surgery dropped from 198 days to 75 days over a three-year period.<sup>24</sup>
- In the 2008 Physiotherapy Scope of Practice submission to HPRAC, the OPA and the College indicated that an expanded scope of practice for physiotherapy would promote increased efficiencies by eliminating the need for medical directives where not warranted, and permit a physiotherapist to fully collaborate, using a proven skill set, with all health care providers to improve access to care and better outcomes for Ontarians.<sup>25</sup>
- In a study conducted by Davis *et al.* as reported in the OPA/CPO 2008 HPRAC submission, "Health professionals, such as physiotherapists, with advanced skills and training who work...in an interdisciplinary team, have the potential to facilitate timely and appropriate access to the right provider for people with arthritis and musculoskeletal conditions." Further, this study observed that utilization of such providers "in primary care for patients with musculoskeletal complaints and throughout the continuum of care for people with all

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<sup>20</sup>Stevenson, 2017

<sup>21</sup> OPA, 2011

<sup>22</sup> OPA, 2015

<sup>23</sup> Razmjou, et al. 2013.

<sup>24</sup> Razmjou, et al. 2013. p 6

<sup>25</sup> OPA & CPO, 2008, p. 23

types and severity of arthritis has the potential to improve access to care by the right provider and ultimately improve patient and system level outcomes.”<sup>26</sup>

- When a patient presents directly to a physiotherapist with a problem that may require diagnostic imaging, the patient must be referred to a physician who can order the test. In a hospital without medical directives permitting physiotherapists to order diagnostic tests, time is spent obtaining orders rather than caring for patients.<sup>27</sup>
- When physiotherapists act as primary health care providers and order diagnostic imaging and lab tests, they provide increased access and better treatment outcomes for marginalized groups such as seniors, the Aboriginal population, those living with a disability, and those living in rural and remote areas.
  - Case Example: an elderly client living in remote northwestern Ontario community has been complaining of leg pain and is having trouble walking after a fall he had a week ago in his home. He is seen by a physiotherapist who flies into a neighboring community clinic once every 3 weeks to provide physiotherapy care to the community and surrounding area. The PT suspects that the patient has sustained a fracture and immediately orders an x-ray to confirm their diagnosis.
- In a recent TC LHIN evaluation on physiotherapy services provided in Community Health Centres, over 78% of the conditions identified for clients assessed over the 2-year period were for musculoskeletal conditions.<sup>28</sup>
  - In some primary health care organizations, these referrals are being directed to the physiotherapist as the primary care provider for these cases. Patients requiring diagnostic tests could have these tests ordered by the physiotherapist, directly leading to more timely access to the tests, results, and changes to treatment approach as needed. This has the potential to improve outcomes for the patient and improve the patient’s overall health care experience and satisfaction with the system.

## **5. Describe the impact of the proposal on equity of health care.**

- The changes will:
  - Enhance and expand public access to appropriate care.<sup>29</sup>
  - Increase patient access to services, particularly in rural and remote regions and among marginalized populations.<sup>30</sup>
  - Needed care will not be delayed as the physiotherapist can immediately respond to communicate about or act on functions involving controlled acts.<sup>31</sup>

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<sup>26</sup> OPA & CPO, 2008, p. 49

<sup>27</sup> HPRAC, 2008, p. 177

<sup>28</sup> TCLHIN, 2017

<sup>29</sup> OPA & CPO, 2008, p. 7

<sup>30</sup> OPA & CPO, 2008, p. 22

<sup>31</sup> OPA & CPO, 2008, p. 22

- Without having to take or repeat extra steps to see a physician or nurse practitioners to obtain an order for a needed diagnostic procedure, patients will be able to receive care faster, and physiotherapists will be able to provide care to more patients.<sup>32</sup>

## **6. Describe the impact of the proposal on patient preferences.**

- Direct access to diagnostic information ordered by physiotherapists can impact diagnosis and treatment approach, which in turn impacts outcomes for the patient.
- Reduces cyclical referrals to physician or nurse practitioner to have tests ordered, tests often identified/recommended by physiotherapists, which impacts access to care.
- Those who do not have access to specialist care in rural remote communities will have access to timely diagnosis and (equity of health care).
- Those without a primary care provider (physician/nurse practitioner) or those who experience barriers to accessing their primary care provider (wait times, inconvenient hours) will have access to diagnostics information ordered by physiotherapists, which will help direct care or need to refer to specialist care.

### **Impact to the Health System**

***For the following questions consider and make note of whether impacts are different based on the different practice locations and/or characteristics of the profession.***

## **7. Describe the impact of the proposal on government strategic objectives.**

Patients First: Action Plan for Health Care.

- The plan has four key objectives:
  1. Improve access – providing faster access to the right care.
  2. Connect services – delivering better coordinated and integrated care in the community, closer to home.
  3. Support people and patients – providing the education, information and transparency they need to make the right decisions about their health.
  4. Protect our universal public health care system – making evidence-based decisions on value and quality, to sustain the system for generations to come.<sup>33</sup>
- The changes are directly linked to the first two objectives since enabling physiotherapists to perform diagnostics will give patients faster access to health care, and will allow physiotherapists to provide care closer to home (in some cases, in home) and to integrate this care with care provided by other health care providers.

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<sup>32</sup> OPA & CPO, 2008, p. 23

<sup>33</sup> Patients First: Action Plan for Health Care, 2017

- In 2011, OPA conducted a survey of its members on the use of diagnostic imaging in practice. Only 8% of respondents were able to access the authority to order diagnostics through medical directive or delegation; the rest had to refer patients to another health professional in order to obtain the diagnostic tests required to formulate a diagnosis within their scope of practice, or to develop a treatment plan. Of the 92% of respondents requiring a referral for these tests, 70% reported having experienced difficulty in obtaining the diagnostic imaging or laboratory test results required for patient care.
- The consequences of this difficulty were reported almost unanimously as a delay in treatment. This delay was reported as resulting in a range of negative outcomes for patients and families such as delay in diagnosis of condition, increase of complications and onset of secondary conditions, increase and prolonging of pain, delayed return to work and feelings of frustration for both patients and care providers.
- The changes also indirectly support the third objective by supporting patients being able to access information through their practitioner of choice, rather than requiring them to attend at other caregivers to obtain health information. Practically, this might mean that if a physiotherapist can confirm the cause of a patient's symptoms by ordering the necessary diagnostic investigations, the physiotherapist can also communicate this to the patient instead of having to send the patient to another provider to obtain this information.
- Implementation of the changes also supports the fourth objective given that there is adequate evidence to demonstrate that there would be improved systems efficiency and patient experience.
- Further, as part of the Ontario Government's Patient's First agenda, on September 20, 2017, the Ministry of Health and Long-Term Care announced its intention to move forward with implementing outstanding scope of practice changes that would expand health professions responsibilities and roles. As stated in the news bulletin "through this initiative, people in Ontario will benefit from improved access to safe and high-quality health services closer to home, particularly in rural, remote and northern communities."<sup>34</sup>
- In correspondence to the Ontario Physiotherapy Association and the College of Physiotherapists of Ontario, the Minister of Health and Long-Term Care, Dr. Eric Hoskins wrote that for the physiotherapy profession, the authority to order lab tests, specified x-rays and diagnostic ultrasound, aligned specifically with achieving the first objective (access to right care) of the Patient's First agenda.<sup>35</sup>

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<sup>34</sup> MOHTLC, 2017

<sup>35</sup> Hoskins, Correspondence, 2017

**8. Describe the impact of the proposal on Ministry programs or initiatives.**

- Full information about Ministry programs and initiatives is not available to the College, but these changes will foster all programs developed pursuant to the Patients First Act (improving access and quality care) and Access to Specialists and Specialty Care Strategy (including the provincial expansion of the CIAC model for MSK conditions).

**9. Describe the impact of the proposal on the use of health technology and the uptake of innovative health care delivery practices.**

- The changes could make a significant difference now and in the future for the population served, for system performance overall, for colleagues in inter-professional practice, and for physiotherapists' capacity to contribute to system reform.<sup>36</sup>
- The past ten years have been a particular period of growth in innovative opportunities for physiotherapists to extend their competence within practice scope and contribute to system need. Physiotherapists are contributing to strategies related to reducing wait times, increasing access to specialty care, improving system triage for appropriate intervention, and increasing consumer satisfaction with health outcomes.<sup>37</sup>
- Through innovative practice, physiotherapists are able to extend treatment options available to their patients.<sup>38</sup>
- For physiotherapists working in remote or rural settings and who rely on telehealth services, being able to order diagnostic imaging and lab tests will expand their use of technology to improve timely access to care.

**10. If applicable, describe how the proposal is linked to recent legislative or regulatory changes.**

The changes to scope passed in Bill 179 are linked to or related to numerous recent legislative or regulatory changes that have been completed or are in process:

- In 2009, the following changes were made to the Physiotherapy Act, which require additional changes to existing regulations to fully implement the scope of practice changes passed in Bill 179:
  - The scope of practice statement was changed to permit physiotherapists to diagnose.<sup>39</sup>
  - Authority to order investigations to support diagnosis is a necessary adjunct to this scope change.

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<sup>36</sup> OPA & CPO, 2008, p. 3

<sup>37</sup> OPA & CPO, 2008, p. 4

<sup>38</sup> OPA & CPO, 2008, p. 48

<sup>39</sup> Physiotherapy Act, S. 4

- The list of controlled acts was expanded to include the authority to order prescribed diagnostic tests.
- The authority to order investigations is not fully enacted because the regulations that would enable physiotherapists to order diagnostic ultrasound have not yet been incorporated in the Forms of Energy Regulation under the RHPA.<sup>40</sup>
- The Healing Arts Radiation Protection Act<sup>41</sup> (HARP Act) has been amended to permit physiotherapists to order x-rays, however these changes have not yet been proclaimed into force.
- With respect to the changes that will allow physiotherapists to order x-rays and diagnostic ultrasound, there is also a link to the changes made by Bill 160, the Strengthening Quality and Accountability for Patients Act, specifically the Oversight of Health Facilities and Devices Act.<sup>42</sup> Since this new act will ultimately provide the authority for health professionals to use any form of energy, if current changes to the RHPA regulations and the HARP Act are made, these changes will require updating when the new legislation for regulation of the use of energy comes into effect.
- Updates to O. Reg. 682/90, Laboratory and Specimen Collection Centre Licensing Act, Laboratories, are needed to permit physiotherapists to order laboratory investigations.<sup>43</sup>
- Updates to O. Reg. 207/94. Medical Laboratory Technology Act, Part II, Persons Prescribed to Order Tests, are needed to prescribe physiotherapists as persons who laboratory technologists may receive test orders from.<sup>44</sup>

## Economic Impact

***For the following questions consider and make note of whether impacts are different for certain patient populations or based on the different practice locations and/or characteristics of the profession.***

OPA and the College's 2008 HPRAC submission p. 49-50, speaks to the economic implications in great detail. Some key points and summaries have been included below.

### **11. Describe the known, likely, and/or future economic impacts of the proposal on patients.**

- If tests ordered by physiotherapists are being publicly funded, no future economic impacts have been identified, as these tests are already being ordered either through delegation or

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<sup>40</sup> O. Reg. 107/96. Regulated Health Professions Act, Controlled Acts

<sup>41</sup> Healing Arts Radiation Protection Act, s.6

<sup>42</sup> Strengthening Quality and Accountability for Patients Act, 2017

<sup>43</sup> O. Reg. 682/90. Laboratories

<sup>44</sup> O. Reg. 207/94. Persons Prescribed to Order Tests



by referring back to physicians or nurse practitioners who then order physiotherapist-recommended tests for the patients.

- If tests ordered by physiotherapists are not publicly funded, future economic impacts relate to the need for patients to pay for the investigations ordered. These impacts could be mitigated by coverage provided through extended health care benefit plans and other insurance programs, such as motor vehicle accident insurance or Workplace Safety and Insurance Bureau where coverage exists. Those not covered would be required to self-pay, or could request a referral to a physician or nurse practitioner.
- When patients are unable to access the right provider in a timely fashion for the right services, the patient bears personal costs due to complications (e.g. lost time from work, cost of support) and the system may bear additional cost due to health complications due to delays.<sup>45</sup>
- The changes for the scope of practice for physiotherapists will contribute to improving access to physiotherapists in hospital, community and primary health care settings. Improved care management and system navigation will assist in reducing associated costs to patients.<sup>46</sup>
- Physiotherapists directly accessing testing enable interventions at the earliest possible moment, mitigating the costs of secondary or permanent conditions that may result from delayed treatment. This change would also prevent unnecessary expenditures for patients, such as transportation to and from referral visits and appointments, the costs of care-givers and opportunity costs such as missed time at work.<sup>47</sup>

## **12. Describe the known, likely, and/or future economic impacts of the proposal on the public health care system.**

- There will be savings by reducing the number of visits by patients to nurse practitioners and physicians for the sole purpose of ordering diagnostic tests on behalf of physiotherapists.
- This is demonstrated by US, European and Australian data, which shows a reduction in number of diagnostic tests ordered when ordered by physiotherapists and reduced costs in physician services by eliminating the need for patients to have appointments with other providers for the sole purpose of obtaining an order for investigation.<sup>48</sup>
- Overall, it is anticipated that the changes will enhance and expand public access to appropriate care, and contribute to the productivity of other health professionals, boosting overall system performance.<sup>49</sup>

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<sup>45</sup> OPA & CPO, 2008, p. 31

<sup>46</sup> OPA & CPA, 2008, p.31

<sup>47</sup> OPA, 2015

<sup>48</sup> OPA & CPO, 2008, p. 49

<sup>49</sup> OPA & CPO, 2008, p. 7

- A study by Carr indicates that physiotherapists are less likely than physicians to order diagnostic imaging, and less likely to make a referral for surgery and/or secondary care. This results in reduced expenditures for the system and for patients and families.<sup>50</sup>

**13. Describe the known, likely, and/or future economic impacts of the proposal on the profession.**

- No direct financial benefit would accrue to individual physiotherapists for ordering of investigations because the ordering of investigations is not billed for as a separate act as in the case for some providers under public funding. Ordering investigations is included within the general billing for physiotherapy.
- There may be some negative economic impacts for individual physiotherapists who need to undertake some additional education in order to use the expanded authorities in their practice.<sup>51</sup>
- These economic impacts will be mitigated by the fact that physiotherapists will be better able to engage in innovative and emerging roles, have greater mobility in the system, and be more responsive to the needs of health care teams and patients to improve recruitment and retention in Ontario.<sup>52</sup>

**14. Describe the known, likely, and/or future economic impacts of the proposal on other health workers (both regulated and unregulated).**

- Physicians and nurse practitioners will not receive payment for visits from patients who are being referred back to their primary care provider for the sole purpose of having a diagnostic test ordered. This is mitigated by the increased capacity of these health professionals to see other patients and reduce wait times for other patients.
- Draker-White et al., randomized-control trial of patients referred for specialist orthopaedic opinion in two hospitals in England found that patients assessed and managed by physiotherapists with specialized training were less likely to undergo diagnostic imaging tests. The mean cost-per-patient was nearly half for patients managed by the physiotherapist compared to the physician. This direct cost-savings to the hospital was found to be the result of reduced use of imaging services and referral for surgery among the physiotherapists compared to the physician.<sup>53</sup>

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<sup>50</sup> Carr, 2003

<sup>51</sup> Chong et al, 2015. p. 5

<sup>52</sup> OPA & CPO, 2008, p. 12

<sup>53</sup> Draker-White et al, 1999

- A 2004 Australian Physiotherapy Association (APA) report on the behaviour of physiotherapists obtaining the x-rays they required indicated that:<sup>54</sup>

*Based on the (Medicare Benefits Schedule) rebates at the time, it was found that the current referral arrangement for physiotherapists was costing Medicare at least \$1,040,567 per year. Additional costs are incurred by patients in payment of gap (i.e. copayment) fees for GP visits. Unquantifiable costs include the patients' time and the lost opportunity for timely intervention caused by the delay in patients receiving an x-ray examination. It was also estimated that approximately 9460 hours of GP time was wasted per year, the equivalent of almost five fulltime GPs. The study found that small changes in referral arrangements would save Medicare over \$1 million and 10,000 hours of GP time per year.*

**15. Describe the known, likely, and/or future economic impacts of the proposal on affected businesses in Ontario.**

- The profession anticipates only limited economic impacts of the changes on business. The most obvious impact is the possibility that injured workers may be able to return to work sooner if their access to care and the care itself is more effective and efficient through the ability of physiotherapist to order the appropriate diagnostic care.

**Professional Competencies**

***For the following questions, identify mitigation strategies for any gaps in competencies.***

**16. Do members of the profession currently have the competencies to perform the proposed change to the scope of practice? Describe these competencies.**

- Note that the scope of practice was changed in 2007. The current changes finalize the regulatory steps required to implement the changes. Performance of these acts does not require development of new competencies.
- Physiotherapists who choose to perform these activities will roster to do so and will be required to demonstrate two kinds of competencies:
  - (1) Basic knowledge required of a health professional who diagnoses within their scope of practice
    - Includes knowledge in anatomy, physiology and interpretation of results of investigations
    - These are entry level education competencies.<sup>55</sup>
  - (2) Knowledge, skills and judgement with respect to the indications, contraindications, and appropriate use of specific types of investigations

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<sup>54</sup> Australian Physiotherapy Association, 2006

<sup>55</sup> HPRAC, 2008, pp. 17-18

- This are normally learned in post graduate training.<sup>56</sup>
- Not all physiotherapists intend to pursue these additional competencies or perform the additional activities to be authorized to physiotherapists.
- The profession's research clearly demonstrate that such post graduate programs are available.<sup>57</sup>

**17. Describe the impact of the proposal on entry-to-practice (didactic and clinical) education and training requirements of the profession.**

- There will be no anticipated impact on the entry-to-practice education and training requirements of the profession, since their current training already provides background in assessment, diagnosis, and other clinical skills positioning them to pursue additional training in these activities.

**18. Describe the impact of the proposal on members of the profession already in practice.**

- Independent performance of these scope activities requires rostering (an additional registration-related declaration).
- While many physiotherapists express an interest in ordering diagnostic investigations, not all intend to pursue this interest.<sup>58</sup>
- Those who wish to perform these additional activities will choose to pursue readily available post graduate training that meets the College's standard for the performance of controlled acts.
- For those who do choose to perform these additional activities, there will also be an additional impact of having a significantly improved ability to serve the needs of their patients without the need to refer them on to other practitioners when diagnostic investigations are required.
- For those who are already in practice and who do not choose to perform these additional activities, there will be no impact.

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<sup>56</sup> HPRAC, 2008, pp. 17-18

<sup>57</sup> OPA has reviewed Appendix C of the HPRAC submission (OPA & CPO, 2008) and ensured all educational programs listed in Appendix C are included in OPA's environmental scan of diagnostic imaging and laboratory test programs

<sup>58</sup> Chong et al, 2015. p. 5

## Impact to Safety and Quality

*For the following questions consider and make note of whether impacts are different for certain patient populations or based on the different practice locations and settings, and/or type of care provided by the profession.*

### **19. Describe the impact of the proposed scope of practice change on the quality of care delivered and the patient experience.**

- Research demonstrates that physiotherapists working in the areas of practice that would be authorized by the full implementation of the scope changes provide quality care for conditions including hip and knee arthritis, hip and knee replacements and a variety of shoulder conditions.<sup>59</sup>
- Patient satisfaction with care was significantly improved when physiotherapists were providing the care, which included ordering diagnostic investigations where indicated.<sup>60</sup>
- There is potential to reduce the time patients spend in emergency departments when a physiotherapist is used to triage orthopaedic cases, and could order tests that would be available for the physician as soon as the doctor was able to see the patient.<sup>61</sup>
- In a UK study, the introduction of a physiotherapist with additional competencies to an acute knee screening services was found to “improve the quality of care of acute knee injuries, save medical time, and foster cooperation across the services with NHS (rest of the health system).<sup>62</sup>

### **20. Describe the impact of the proposed scope of practice change on patient safety.**

- The profession does not anticipate that the change will impact patient safety<sup>63</sup> since the actual performance of the activities will continue to rest with the health professionals who would have performed the actual investigations if they had been ordered by a physician. For example, physiotherapists are only anticipating performing the ordering of the investigation, not the actual investigation, which would continue to be performed by sonographers, laboratory technicians or medical radiation technologists.
- Physiotherapists are and will be trained to order these investigations only when they are safe and necessary for diagnostic purposes and when patients do not demonstrate contraindications to the investigations.

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<sup>59</sup> Razmjou et al, 2013. p. 6

<sup>60</sup> Razmjou et al, 2013. p. 7

<sup>61</sup> OPA & CPO, 2008, p. 32

<sup>62</sup> OPA & CPO, 2008, p. 32

<sup>63</sup> OPA & CPA, 2008, p. 35

- Physiotherapists will also only be ordering these investigations in the context of assessing or diagnosing conditions that are within their scope of practice as required by the College professional misconduct regulations<sup>64</sup> and standards<sup>65</sup>, as well as the College's peer assessment program in its quality assurance program.
- These general principles will apply to all patient populations and in all practice locations or settings.
- The kinds of care that are authorized by these changes and provided by physiotherapists will not put patients at increased safety risk. This is supported by the research studies referenced by Razmjou et al, as well as their own research outcomes, none of which encountered any patient safety concerns.<sup>66</sup>
- By reducing the number of care transitions, a demonstrated risk factor in patient safety, the change will improve patient safety.

**21. How does the proposed change of scope impact risks of over-testing and over-utilization? How does the profession intend to mitigate these risks?**

- The College has mitigated any risk of duplication of testing or overutilization through its regulations, standards and its quality assurance program.
- Research demonstrates that physiotherapists are less likely to order diagnostic imaging and less likely to make a referral for surgery and/or secondary care, resulting in the reduction of unnecessary expenditures for the system and for patients and families.<sup>67</sup>
- The College has a collaborative care standard that requires physiotherapists to collaborate with other caregivers to understand their administered care and provide relevant information to the caregivers to minimize inadvertent duplicate test orders.<sup>68</sup>
- The educational requirements inherent in the roster system will minimize the ordering of diagnostics that are not clinically indicated.
- No tangible or intangible incentive exists for physiotherapists to order unnecessary tests.
- The College's misconduct regulation prohibits the provision of unnecessary care, which would encompass ordering unnecessary tests.<sup>69</sup>

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<sup>64</sup> O. Reg. 388/08. Professional Misconduct

<sup>65</sup> College of Physiotherapists, Controlled Acts and Other Restricted Activities

<sup>66</sup> Razmjou et al, 2013. p. 7

<sup>67</sup> Carr, 2003

<sup>68</sup> CPO, 2017, Collaborative Care Standard

<sup>69</sup> O. Reg. 532/98. Professional Misconduct

- It should also be noted that the changes may also have the effect of reducing over-utilization of other health care providers.
  - For example, currently a patient who attends a physiotherapist as a direct access provider is unable to obtain an ultrasound, x-ray or laboratory investigation to identify or confirm the physiotherapist's diagnosis. Permitting physiotherapists to order investigations has the potential to remove the unnecessary step of obtaining a requisition for the test through the patient's primary care provider while also reducing the number of visits a patient has to make to health professionals.

**22. Describe the impact of the proposal on any delegated authorities for controlled acts.**

- The impact of the changes on delegated authorities will be highly dependent on the care setting.
- Regulation 965 under the Public Hospitals Act<sup>70</sup> establishes restrictions on who can order care in hospitals and prevents physiotherapists from exercising autonomy notwithstanding other regulatory changes. Accordingly, delegation would still be required in hospital settings.
- Today in community settings, physiotherapists may only order diagnostics under delegated authority. These changes would eliminate this requirement and permit autonomy.
- The impact on delegated authorities has the strong potential to be viewed favourably by health professionals working in a collaborative environment due to the significant effort required to develop and update appropriate and complete delegation protocols. It is likely that the removal of the need to develop and monitor delegation protocols will enable health professionals more time to provide direct patient care.
  - This problem is supported by research into the performance of the activities supported by the scope changes, specifically diagnostic imaging. Chong et al., explore the current model that permits physiotherapists to order diagnostic imaging through the use of delegation via medical directives or direct orders.<sup>71</sup> They note that these forms of delegation are not a sustainable solution to changing health care system needs given the administrative load and cost of developing, implementing, maintaining and changing them.

**23. What new or amended oversight mechanisms are necessary to ensure continued safety and quality of the care provided by the profession?**

- No new or amended oversight mechanisms are required.
- Full implementation of this change to the physiotherapy scope of practice will require only minor amendments to the College database system.

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<sup>70</sup> O. Reg. 965/90. Hospital Management

<sup>71</sup> Chong, et al, 2015

- The College has established oversight mechanisms for physiotherapists who perform controlled acts including a requirement to roster, an established and proven quality assurance peer assessment program, standards, professional misconduct rule and educational requirements.<sup>72</sup>
  - The roster is a widely accepted mechanism by which physiotherapists with competencies exceeding entry to practice may register to perform controlled acts.
  - To roster, physiotherapists must provide the College with information about their qualifying education.
  - The roster has substantial benefits including:
    - Enabling the College to monitor physiotherapist use of the rostered activities.
    - Enabling the College to assess members' competencies in the performance of the activities.
    - Providing transparency to the public as to which members are permitted to perform the activities.

**24. Identify the current standards of practice or policy guidelines set out by the regulatory college in Ontario that are relevant to the proposed scope of practice change.**

- The standards and other rules that are most relevant to performing the new activities are:<sup>73</sup>
  - Controlled Acts and Other Restricted Activities
  - Collaborative Care
  - Consent
  - Essential Competencies Profile for Physiotherapists in Canada
  - O. Reg. 388/08, Physiotherapy Act, Professional Misconduct.

**25. Identify whether any new standards of practice or policy guidelines would need to be developed by the college relating to the change in scope of practice.**

- Many Ontario physiotherapists already perform new scope activities that were previously authorized to physiotherapists in the previous round of scope expansion.
- The College has identified, developed and implemented all the standard and policy changes regarding scope changes that would ensure public protection. As a result, no new standards or policy guidelines are required to provide additional public protection.

**26. Describe, without providing personal identifiers, any complaints, misconduct reports, quality assurance assessments, or inspection reports the professional college has received that may be related to the proposed scope of practice change.**

- The College has received no complaints or reports related to this expanded practice area.

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<sup>72</sup> Norman et al, 2015

<sup>73</sup> <https://www.collegept.org/rules-and-regulations>



- No quality assurance peer assessment reports expressing concerns related to this expanded practice area have been identified.

### **Impact to Inter-professional Collaboration and Labour Mobility**

*For the following questions consider and make note of whether impacts are different based on the different practice locations and/or characteristics of the profession.*

#### **27. Describe how the proposed scope of practice change overlaps with the practice of other health workers (both regulated and unregulated) in Ontario.**

- The scope of practice statements in profession-specific statutes under the RHPA model have considerable overlap and activities are not necessarily exclusive to one profession.
- Physicians, dentists, extended class nurses and optometrists are all authorized to perform elements of the controlled act of applying or ordering the application of a prescribed form of energy.<sup>74</sup>
- Physiotherapists will be required to communicate the results of any tests that they have ordered to the patient's primary care provider when indications are beyond the profession's scope and medical intervention may be required.<sup>75</sup>

#### **28. Describe the impact of the proposal on the provision of inter-professional care.**

- To date, in order to obtain necessary diagnostic tests to support diagnosis within their scope, physiotherapists have been working closely with other health care professionals who have ordering authority or provide other elements of the patient's care.
- Streamlining the protocols around ordering diagnostics will eliminate unnecessary patient visits but will not affect the nature of the care provided to patients or who provides the care.
- Aligning the physiotherapist scope of practice with the regulatory authority to fulfill it will facilitate clarity of current and evolving roles, scope and accountability of physiotherapists.<sup>76</sup>
- This will position physiotherapists to work to an optimal level of individual competence, and to demonstrate to professional colleagues a more up-to-date range of inter-professional contributions to serving the public.<sup>77</sup>

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<sup>74</sup> OPA & CPO, 2008, p. 36

<sup>75</sup> HPRAC, 2008, p.179

<sup>76</sup> OPA & CPO, 2008, p. 25

<sup>77</sup> OPA & CPO, 2008, p. 25

- Great opportunity exists for enhanced inter-professional care in the community through this change, as physiotherapists working to full scope in primary health care in particular will contribute to the success of the LHIN-wide inter-professional models of care such as the MSK strategy, central intake assessment centres for hip/knee arthroplasty, shoulder arthroplasty and low back pain expansion.

**29. How will these changes to scope of practice impact inter-professional care teams and care transitions in different settings (e.g., community and hospital) where access to laboratory tests is sought?**

Hospital

- Lab tests ordered by physiotherapists are currently primarily ordered by advanced practice physiotherapists (APP) in hospital under medical directive.
  - As noted above, there are other legislative barriers related to ordering of tests by physiotherapists under their own authority (i.e., Public Hospital’s Act).

**With regard to hospital-based care pathways:**

**Are there protocols and/or directives in place in Ontario hospitals that currently allow physiotherapists to order laboratory tests or x-rays? If yes, please describe these directives/protocols, providing examples. Describe how these directives and protocols enable or hinder patient care.**

In the HPRAC 2008 report, the following statements with respect medical directives/protocols were made:

- Medical directives are physician instructions relating to the care and medical treatment of a specific patient population.<sup>78</sup>
- Physiotherapists perform controlled acts under medical directives or delegation, depending on their individual competence. These may include ordering tests.<sup>79</sup>
- HPRAC recommended that O. Reg. 965/90, Public Hospitals Act, Hospital Management, be amended to allow physiotherapists to initiate and order treatments and diagnostic procedures that support their assessment and diagnosis of patients in hospital.<sup>80</sup> This work was never completed after the proclamation of the majority of the scope changes under Bill 179.

- i. **What is the current typical workflow for the provision of physiotherapy in hospitals? Please identify the different care providers usually involved and the extent of their involvement.**

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<sup>78</sup> HPRAC, 2008, p. 180

<sup>79</sup> HPRAC. 2008, p. 157

<sup>80</sup> OPA & CPO, 2008, p. 180

- In hospital (in-patients) physiotherapists receive orders to treat from physicians or nurse practitioners.
- Physiotherapists may initiate an assessment of a patient without an order.
- In the absence of physiotherapist authority to order diagnostic imaging and lab tests, the hospitals or primary health care centers in which physiotherapists work must engage in lengthy processes to develop medical directives to support physiotherapists' diagnosis of patients in hospital—diagnosis being an act which is an entry-level qualification. The expanded administrative burden medical directives place on institutions and authorized providers perpetuates the underutilization of competent health professionals and undermines responsiveness to patient needs and system efficiency.<sup>81</sup>

**ii. Identify tangible issues with the current workflow. Is the proposal to allow physiotherapists to independently order laboratory tests and x-rays the only solution to these issues?**

- The use of directives impedes workflow because:<sup>82</sup>
  - Though medical directives can help provide some direction to the development of best practice, they can present barriers to collaborative practice.
  - Some say that in hospital settings medical directives are so difficult to develop and obtain approval for, this process may not take place.
  - Accordingly, in many settings it is not possible for the health care system to capitalize on the full scopes of practice its employees (which causes service inefficiencies and patient delay to care and transitions out of hospital).
  - Because they are cumbersome to create, medical directives quickly become out of date.
  - The development process itself enforces an out-of-date hierarchy amongst the health professions and may impede full adoption of inter-professional collaboration.
- Medical directives are labour-intensive and static documents dictating under what circumstances specific tests can be ordered. They are restrictive and do not allow for an expandable skillset or expanding role. For example, if the central intake assessment clinic (CIAC) model of care is broadened to include knee pathology other than arthritis, the medical directives at every facility in Ontario will be re-written to broaden the patient population and describe the circumstances for imaging that will be required. It is a labour-intensive process to expand the APP skillset to allow them to lead the patients care.<sup>83</sup>

**iii. Should physiotherapists gain the authority to order laboratory tests and x-rays in hospitals, how will the profession ensure smooth transitions**

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<sup>81</sup> HPRAC, 2009

<sup>82</sup> HPRAC, 2008, p. 180

<sup>83</sup> Robarts, 2017

**within care pathways and ensure continued inter-professional collaboration?**

- Changes would have to be made to O. Reg. 965/90. Public Hospitals Act. Hospital Management to allow physiotherapists working in hospitals to order lab tests and diagnostic imaging.
- Even without the change to O. Reg. 965, the authority for physiotherapists to order diagnostics will assist with the development of care pathways by expanding the recognized professionals contributing to the inter-professional development of the pathways.
- As described above, the current limitation on the ability to order tests does not confer different clinical responsibilities on practitioners. For practical purposes, physiotherapists are conducting all clinical activity (though involved processes of creating and maintaining medical directives). Accordingly, there will be no impact on transitions within hospital-based care pathways.

**30. Describe the impact of the proposal on patient transitions within a typical care pathway.**

- As described above, true care transitions are minimal in this context but there is a potential for patients to ‘fall between the cracks’ whenever there is a clinically unwarranted referral made only for the purpose of obtaining an order for diagnostic tests:
  - Patients may not attend appointments thought to be unnecessary
  - Referrals may be misplaced or lost
  - Test result reports may fail to be conveyed back to the treating physiotherapist.
- These problems may impact access to care, delay treatment and potentially impact patient outcomes.
- Members of other health professions such as nurse practitioners and physicians would be able to spend more time on patient care for treatment, as they would have fewer repeat visits to obtain a referral for diagnostic imaging and lab test on behalf of those accessing care of a physiotherapist.
- In some primary health care organizations, patients who present with primarily MSK conditions are assessed and managed by the physiotherapist. Patients requiring diagnostic tests are having these tests ordered by the physiotherapist directly leading to more timely access to the tests, results and changes to treatment approach as needed. This care pathway has allowed for other primary care practitioners within the primary health care site to focus their direct patient care time on those who require non-MSK management, which is a better use of health care team members’ knowledge and expertise.<sup>84</sup>

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<sup>84</sup> Stevenson, 2017

**31. Describe the impact of the proposal on any College obligations or agreements with other jurisdictions regarding labour mobility.**

- There is no known impact of the changes on the profession's labour mobility obligations.

**CONSULTATION**

**32. Please describe the format, timing and outcomes of these consultations with the following stakeholders:**

**Patients:**

- Consultations were undertaken by HPRAC and through the Standing Committee Hearings and submissions.<sup>85</sup>

**Members of the profession in Ontario:**

- Consultations were undertaken in 2007 with members of the profession in Ontario and on that basis the scope change was made, with full profession support. These changes would merely enable full performance of scope changes that are already approved.

**Members of other affected health professions in Ontario (unregulated and regulated):**

- Consultations were undertaken by HPRAC and through the Standing Committee Hearings and submissions.<sup>86</sup>

**Other affected third-parties:**

- Consultations were undertaken by HPRAC and through the Standing Committee Hearings and submissions.
- Consultations with Local Health Integration Networks, Community Care Access Centres, and Long-Term Care Homes indicated that physiotherapists help to provide timely, effective patient care and reduce emergency visits.<sup>87</sup>

**33. Has the college consulted with the Ontario Hospital Association on this proposal?**

- Previous consultations were undertaken by HPRAC and through the Standing Committee hearing and submissions.

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<sup>85</sup> Standing Committee on Social Policy hearings on Bill 179, 2009

<sup>86</sup> Standing Committee on Social Policy hearings on Bill 179, 2009

<sup>87</sup> HPRAC, 2009, p. 371:



## EVALUATION AND MONITORING

### **34. Should the change in scope of practice be implemented, how will you know whether the change was successful? Describe any evaluation opportunities and identify relevant measurement metrics.**

- Note: The evaluation should be linked to the patient and/or system need(s) the change is intended to meet.
- In addition to system and patient outcomes tracked by the Ministry and other insurers the profession would also engage in evaluation, including the following:
  - Physiotherapists in primary health care settings receiving direct referrals for patients presenting with MSK conditions would be able to order diagnostic imaging and lab tests as needed leading to more efficient and timely care. This could be measured through primary health care operations data reporting.
  - Other metrics could include the number of rostered physiotherapists reported by the College.
  - OPA survey of members could be conducted. Questions would be related to:
    - changes to practice
    - number of and types of tests ordered
    - mechanism for ordering (medical directive versus direct authority)
    - impact on patient experience
    - access to care
    - enhanced diagnostic competencies
    - treatment and patient outcomes.
  - OPA is currently a collaborative partner in a CIHR study with the following two key objectives:
    - To determine the rate and predictors of inappropriate lumbar spine imaging (x-ray, CT scan and MRI) for people with non-specific low back pain presenting to relevant primary care practitioners in Ontario
    - To determine the barriers and facilitators to reducing inappropriate imaging for low back pain in primary care settings.
  - OPA sponsors a Physiotherapy Foundation of Canada grant that can be used to study and evaluate the impact of the change in some sectors.

## LABORATORY & DIAGNOSTIC IMAGING TESTS REQUESTED

**35. In the list of laboratory tests requested, please provide the following additional information:**

**i. Brief description of how the test is relevant to the provision of physiotherapeutic care within its current scope, and how it relates to other controlled acts and authorities that physiotherapists currently have.**

- Rather than submit a list of tests that physiotherapist would use in practice, the College is proposing a regulation change that reflects physiotherapists' current scope of practice and competencies and is flexible in order to allow care to adapt to evolving standards of practice in physiotherapy care (see the response to question 1 above).
- Community standards for diagnostics and laboratory testing change quickly and often. Tests that were once considered to be optimal are frequently replaced with new and more reliable ones.
- Evolving practice and standards often require testing for confirmation of diagnosis before proceeding with recommended course of action.
- The use of a defined list of tests in a regulation, due to the slow and complicated process for amending such lists, has the potential to limit the ability of patients to access appropriate testing. This scenario results in a number of problems including:
  - The need to find alternative health professionals who can order the needed tests
  - The unnecessary use of health care resources simply to order these investigations
  - A potential for the fragmentation of care and a consequent increase in the number of care transitions which are known to increase patient risk
  - Delay in the provision of needed care.

**ii. Cost to patients, if any, of undergoing each test**

- The fees for laboratory tests and diagnostic images are laid out in the Schedule of Facility Fees for Independent Health Facilities.<sup>88</sup>

**iii. Impact on public resources, if any, of ordering each test**

- This change would not result in a net gain of the number of tests ordered as these tests are being ordered by physicians and/or nurse practitioners on behalf of patients. System savings would be found in reduced unnecessary visits to physicians and nurse practitioners.

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<sup>88</sup>O. Reg. 650/90: Facility Fees



**36. Within the current typical patient pathway, how do patients currently receive the laboratory test, x-rays and diagnostic ultrasound and who usually interprets them? Who usually applies diagnostic ultrasound? How would the pathway change should physiotherapists gain the authority to order (and apply, in the case of diagnostic ultrasound) the proposed laboratory and diagnostic imaging tests?**

- Typically, patients in private health care settings receive requisitions for tests from a physician or nurse practitioner.
- In hospital and other publicly-funded settings, physiotherapists directly requisition tests under delegated authority.
- Tests are interpreted by the primary care provider or in the case of diagnostic imaging, a radiologist.
- Diagnostic ultrasound is conducted by medical radiation technologists. Note that physiotherapists are **not** seeking application of diagnostic ultrasound.
- As described throughout this submission, pathways would be simplified by the elimination of unwarranted visits to physicians and nurse practitioners or the development and maintenance of administratively cumbersome medical directives.
- For about three years, a unique medical directive for MSK x-rays and ultrasounds has been in place in the East Toronto CHC. It was the idea of the nurse practitioners and physicians at the CHC and has been greatly successful. Since implementing the directive system with physiotherapists, physicians and nurse practitioners, efficiencies have been improved by reducing the need for patients to return to their primary care provider for a requisition<sup>89</sup>.

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<sup>89</sup>Stevenson, 2017

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