

The Northwestern Ontario District of the Ontario Physiotherapy Association is pleased to support the joint submission by the Ontario Physiotherapy Association and the College of Physiotherapists of Ontario regarding proposed changes to the physiotherapy scope of practice. We feel that the submission represents a carefully measured step forward toward legislation that is more reflective of the current needs of the health care system, Ontario residents (and Northwestern Ontario in particular), and of current physiotherapy practice.

The North West Local Health Integration Network (LHIN) has the lowest population distributed throughout the largest geographic area of all the Ontario LHINs, and a higher number of residents self-identifying as aboriginal, relative to the province as a whole. There are currently less than 140 physiotherapists practicing in our region; only approximately 30% of whom work in rural and remote communities. Our residents experience the lowest life expectancies at birth in Ontario and a higher prevalence of certain poor health practices which are related to increased risk of chronic disease, mortality, and disability. Relative to the province, residents of Northwestern Ontario experience higher rates of overweight/ obesity, activity limitations, and arthritis/rheumatism, and a lower rate of contact with a medical doctor in a one year period (North West Local Health Integration Network, Population Health Profile). Given the challenges faced by our region in terms of geography, population, and health human resources, regional health care providers, and physiotherapists in particular have, by necessity, embraced the potentials realized by interprofessional/ collaborative care to assist in improving access to care, quality of care, and system efficiencies.

As demonstrated in the original submission, the proposed changes to the Physiotherapy scope of practice are supported by the curricula of current entry-level and post-graduate educational programmes, scientific evidence, and established practice. The changes are also a reflection of the experiences and realities of practice in other Canadian provinces and the international community. Educational programmes incorporating theoretical, practical, and evaluative components have been in place at both the entry and post-graduate levels for some time. Further, the majority of the suggested changes are already established practice in the other Canadian provinces.

Delegation protocols are being used in a number of practice settings in Ontario to allow physiotherapists to practice to the full potential of their education; however this method is cumbersome and places additional strain on a healthcare system challenged by limited human resources. While delegation protocols were initially a useful means of demonstrating safety and improvements in system efficiencies, legislative changes are the next logical step to ensure sustainability of service, and a standardized, not merely institution or provider-specific approach to both training and practice. In Northwestern Ontario, delegation protocols are particularly problematic. Many physiotherapists working in community practice or in remote areas do not have access to institution and provider-specific delegation protocols resulting in an inability to provide patient services for which physiotherapists are appropriately educated. This inability to practice to the full extent of competency necessitates additional referrals to other healthcare providers, increasing system utilization and resource costs, while delaying necessary treatment for patients.

Physiotherapists are established leaders in promoting interprofessional collaboration. In Northwestern Ontario in particular, several programmes focusing on

interprofessional teamwork and communication are currently in place and provide opportunities for both practicing health professionals and health professional students. A move away from delegation protocols and toward a broader scope and increased number of authorized acts for physiotherapy may be perceived as resulting in the creation of silos of care; detracting from interprofessional collaboration and continuity of care. It is our assertion that this is not the case. The provision of quality interprofessional care is best achieved by healthcare professionals who both understand and respect the education and experience each bring to patient care, and have the opportunity to practice their profession to its fullest potential. A collaborative approach has been demonstrated to improve the quality and clarity of communication between health care providers and to improve access to care for patients, providing system-level efficiencies and maximizing patient outcomes.

The driving force behind the proposed changes to all of the professional scopes of practice is the universally acknowledged need for health care reform, in order to meet the demands of an ageing and changing population. Specifically, the need to provide care based on evidence-based practice with access, effectiveness, and efficiency as core values. Given current and projected health human resource challenges, particularly in northern, rural, and remote communities, these needs can best be addressed by maximizing the contribution of all health care professionals and expanding opportunities for interprofessional, collaborative practice. This can best occur through the acknowledgement and support of established competencies; legislative change being one part of this recognition.

The role of legislation is to respond to a changing environment and provide a framework to ensure public safety, sustainability, and standardization. Legislation which reflects the realities of practice, the needs of the health care system, and Ontario residents will provide the necessary foundation and support for continued change and innovation resulting in improvements in system efficiencies for the population as a whole.