



August 15, 2008

Ms. Barbara Sullivan, Chair and CEO  
Health Professions Regulatory Advisory Council  
55 St. Clair Avenue West, Suite 806, Box 18  
Toronto, ON M4V 2Y7

Dear Ms. Sullivan:

It has recently come to our attention that the Ontario Physiotherapy Association and the College of Physiotherapists of Ontario have made a submission to HPRAC regarding proposed changes to their Scope of Practice.

CMCC is supportive of any initiative which promotes and facilitates interprofessional education and interprofessional collaboration. As you may be aware, CMCC faculty members are seconded to St. Michael's Hospital (SMH) Department of Family and Community Medicine where they work with the physiotherapists to provide care to patients within this group of family physicians. Further, our faculty members are involved in the education of medical interns, using an interprofessional model. In fact, the SMH Department of Family and Community Medicine Interprofessional Education Working Group were recently awarded the Education Scholarship Award. Accordingly, we feel CMCC offers a unique perspective on the issue of interprofessional collaboration and interprofessional education opportunities and the relevance to the physiotherapists' requested change in Scope of Practice.

The *Regulated Health Professions Act (RHPA)* is silent on minimum educational requirements that must be met before any regulated health professional may perform a Controlled Act. CMCC has consistently put forward the position that a minimum level of education must be set for all health professionals authorized to utilize a particular Controlled Act. This standard should include consistent curriculum, based on core competencies, and standardized learning outcomes.

Education is the cornerstone for interprofessional care. It is also an enabler for collaboration among the regulatory colleges. There are a number of health care providers who not only practice health care delivery but also teach collaborative care, conduct research, and work in multi-disciplinary health teams within communities. Innovative health care delivery programs have been recognized as a leading edge strategy to achieve optimal patient care through education. All health care providers must possess the knowledge, skills and competencies in order for them to function within interprofessional care teams.<sup>1</sup>

Unfortunately, there was insufficient time for CMCC to compare or contrast the underlying educational requirements associated with the addition of Controlled Acts such as performing and communicating a diagnosis. A superficial review of physiotherapy education indicates that the programs are in transition to a two year Masters level program i.e., seven out of the 13

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<sup>1</sup> Canadian Health Services Research Foundation. Teamwork in Healthcare: Promoting Effective Teamwork in Healthcare in Canada. June 2006.

institutions are offering a Bachelor of Physical Therapy degree program, while six have entry level Masters programs. Students applying for entry level Bachelors/Masters programs require successful completion of an undergraduate degree with a variety of prerequisite courses, depending on the institution. The required science courses do not appear to have been specifically designed to support the physiotherapist's realities of practice and consequently may not be of a sufficient breadth and depth to warrant the profession's having an expanded scope of practice.

Entrance to CMCC requires a minimum of three years of university education, although the majority of students already possess an undergraduate degree with 2 - 4% possessing a graduate degree. CMCC's undergraduate curriculum is a comprehensive, integrative outcomes based program which is guided by three principles: the course content is relevant to professional practice; the knowledge, skills, and attitudes discussed are integrated across courses and years; and the four-year curriculum is developed and designed on the biological and chiropractic clinical competencies developed by CMCC, in accordance with the clinical competencies as outlined by the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (CFCREAB).

In the four year program, Years I and II focus primarily upon providing the knowledge and skills that are the foundation of chiropractic clinical practice, including anatomy, pathology, biomechanics, chiropractic principles, diagnosis, and adjustive procedures. In Year III, a systems based approach emphasizes the integration of the learned knowledge and skills in order to advance the clinical decision making skills from an heuristic perspective, essential to success in clinical practice. This staged approach provides the framework for a hypothetical deductive model of clinical reasoning that is important to understanding the algorithmic strategy of fundamental diagnostic decision making. In Year IV, the curriculum emphasizes the practical application of learned knowledge, skills, and attitudes. The students spend the year in one of CMCC's clinics under the supervision of a clinical faculty member. Direct patient contact furthers the student's clinical reasoning skills, challenging assumptions, and instilling a concept of evidence based best practice.

The Physiotherapy submission acknowledges that some of the Controlled Acts requested require the physiotherapist performing them have appropriate post graduate qualification. It remains unclear as to how the College of Physiotherapists is to monitor this process effectively or how the general public is to be sure that the physiotherapist, who is treating them, has the appropriate qualifications. We feel strongly that the public needs to be protected by ensuring that any health professional given the privilege of performing a Controlled Act has a standardized education background.

Thank you for your anticipated attention to our remarks. If you have any questions please do not hesitate to contact me.

Yours sincerely,



Jean A. Moss, D.C., M.B.A.  
President

c: Dr. Bob Haig, Executive Director, Ontario Chiropractic Association