

Scope of PT Practice

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Submitted by
Scope of PT Task Force

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EXECUTIVE SUMMARY

Recent advances in Physical Therapy research, education and practice coupled with increasing costs and demands on the health care system have led to Physical Therapists (PTs) assuming new emerging roles in Saskatchewan and elsewhere in Canada. Examples of these roles may include ordering of diagnostic tests or triaging patients referred medical specialists.

A Physical Therapy Scope of Practice Task Force, convened by the Saskatchewan Physical Therapy Advisory Group (SPTAG)¹, examined issues related to physical therapy (PT) scope of practice in Saskatchewan and developed a summary report of its findings, recommendations, and considerations provided in a Saskatchewan-specific context.

Saskatchewan is facing many demographic trends such as: an aging population, a large proportion of the population living in rural and remote regions, and a high proportion of Aboriginal people. The Government of Saskatchewan is currently in the process of implementing a number of initiatives to re-design health care delivery models, making it important to consider the delivery and funding of, along with access to PT services in the province and whether development of advanced practice roles would be beneficial in the Saskatchewan context to deliver patient-centered care in a more optimized manner.

The Scope of Practice Task Force identified several practice settings where PTs are currently engaged in non-traditional and/or “advanced practice” roles in Saskatchewan. The Task Force interviewed physiotherapists and stakeholders in Saskatchewan to determine the services that they felt physiotherapists could provide within the current scope of practice in Saskatchewan and areas to explore for the potential for extended scope. The task force determined that advanced practice roles could be established in many different practice areas in Saskatchewan.

Role optimization or the development of advanced practice roles in some areas (e.g. neuro rehabilitation and psychiatry) has the potential to contribute to addressing challenges associated with recruitment of other health practitioners to Saskatchewan and access to needed care. The treatment of musculoskeletal disorders is a common practice area in which physiotherapists in Saskatchewan and other jurisdictions are involved in new and emerging

¹ The Physical Therapy Advisory Group (SPTAG) has membership from the School of Physical Therapy, the Saskatchewan College of Physical Therapists (licensing body), the Saskatchewan Physiotherapy Association (professional association), and Continuing Physical Therapy Education (organization that provides post graduate continuing education).

roles. The Scope of Practice Task Force provided examples of expanded or optimized PT scope to consider in Saskatchewan in a variety of practice settings that have the potential to add value and efficiencies to patient care based on input received from stakeholders.

The Task Force also identified several pragmatic considerations to be addressed before expansion of the scope of practice of physiotherapists in Saskatchewan is undertaken. These include: consideration of the needs of the community and the health care system; the fit of the new roles with the local and regional practice context; regulatory requirements; the receptivity of the public and other stakeholders to these new roles; the sustainability of the new roles; and the potential costs of the expanded roles to physiotherapists, other health care professionals, funding sources, and the health care system.

The Scope of Practice Task Force recommends that extended scope of practice and/ or role optimization for physiotherapy be considered in Saskatchewan. Recommendations for next steps include: consultation with other jurisdictions that have implemented Advanced Practice PT roles and education programs; conducting in depth key stakeholder analysis for specific advanced practice roles that would add value; developing information regarding the anticipated financial costs and timeframes; as well as the development of practice models in which a variety of patient, provider, and system level impacts and outcomes are evaluated. Finally, a review of the current PT entry to practice competencies and potential development of post-professional education requirements for expanded roles should be undertaken prior to widespread implementation of advanced practice roles.

INTRODUCTION

Physiotherapists (PTs) are important members of the health care team providing high quality care to Saskatchewan residents. The development and growth of physical therapy (PT) research, education and practice over the past years, together with the current demands on the health care system, including problems accessing appropriate health care, have led to PTs assuming new emerging roles in Saskatchewan and elsewhere in Canada².

In 2011, the Saskatchewan Physical Therapy Advisory Group (SPTAG) recommended that a task force be established to examine issues related to scope of PT practice in Saskatchewan.³ The purpose of the task force was to examine issues related to scope of practice in the province and to make recommendations that would “enable Physical Therapists to practice within the full available scope of PT practice as well as have opportunities to work in advanced scope of practice roles in Saskatchewan.” The following document provides a summary of the task force’s findings, recommendations, and considerations taking into account a Saskatchewan-specific context whenever possible.

BACKGROUND

Physical Therapy Practice

Physical therapists are uniquely qualified to assess, improve and maintain functional independence and physical performance and to prevent or manage pain, physical

² CPA Practice Research Department. Scope of Practice Briefing Note. July 2012.

³ Appendix A - Scope of Practice Task Force Terms of Reference.

impairments, disabilities and limitations to participation in life activities. PTs are autonomous, self-regulated health professionals with the necessary university education and experience to address the needs of health promotion and disease prevention, both on an individual basis as well as at the community level.

Scope of Practice

Although the term “scope of practice” is used frequently in health professional documents, there is no consistent definition⁴. The meaning of scope of practice varies among and within healthcare professions⁵. The majority of definitions outline activities or roles one is authorized to perform, but how this authority is given (i.e. education, legislation, competencies, and employer) varies across definitions.

Scope of practice can be identified by the following three categories⁶:

1. Education and training — Has the person been educated academically or on-the-job and have documentation proving education to do the item in question?
2. Governing body — Does the state, district, province or federal government that oversees the skill or profession allow (or not explicitly disallow) the item in question?
3. Institution — Does the institution allow a person or their profession to do the item in question?

The key features of scope of practice outlined above are mirrored in the definition put forward by Canada’s National Physiotherapy Advisory Group⁷:

“... a profession’s scope of practice encompasses the services its practitioners are educated, competent and authorized to provide. The overall scope of practice for the profession sets the outer limits of practice for all practitioners. The actual scope of practice of individual practitioners is influenced by their continuing professional education, the settings in which they practice, the requirements of the workplace, and the needs of their patients or clients⁸.”

⁴ Baranek PM. A review of scopes of practice of health professions in Canada: A balancing act. 2005.

⁵ White D, Oelke, N.D., Besner, J., Doran, D., McGillis Hall, L., & Giovannetti, P. Nursing scope of practice: Descriptions and challenges. *Nursing Leadership*. 2008;21(1):44-57.

⁶ Sherwood GDB, M.B.; Fay, V.; Wardell, D. Defining Nurse Practitioner Scope of Practice: Expanding Primary Care Services. *The Internet Journal of Advanced Nursing Practice*. 1997;1(20).

⁷ National Physiotherapy Advisory Group. Essential Competency for Profile for Physiotherapists in Canada. 2009. The National Physiotherapy Advisory Group is comprised of: the Canadian Alliance of Physiotherapy Regulators (The Alliance), Canadian Physiotherapy Association (CPA) & Canadian University Physical Therapy Academic Council (CUPAC)

Even though scope of practice is typically defined as boundaries of a profession, it is also affected by the competency, skill, and personal philosophies of the individual professional. As such, professional scope is determined by legislation and standards whilst individual scope is determined by organizational policy, culture, individual competence, knowledge and skill^{8,9}. It is also important to note that scope of practice is seen as a fluid concept that evolves as knowledge, technology, and the health care environment change¹⁰.

PT Scope of Practice in Canada and Saskatchewan

The scope of physical therapy (PT) practice in Saskatchewan is not clearly defined within provincial legislation; only the title “Physical Therapist” or “Physiotherapist” is protected by legislation. In the absence of a clearly defined scope of PT practice, regulators, health care providers, employers and other professional organizations must rely instead on the “standards of practice” of the profession. “Standards of practice” is an umbrella term for key documents describing values, priorities and practice of a profession necessary for safe practice including: professional standards, ethical guidelines, entry-level competencies, provincial regulations, standards of care, and practice guidelines. Standards represent performance criteria and can help interpret a scope of practice⁵. Standards of practice are a set of expectations that reflect a general agreement on competent practice which may be formally documented and approved or comprise usual and customary practice⁸.

A key foundational document that can help to delineate the standards of practice of Physical Therapists is the Essential Competency Profile (ECP) for Physiotherapists in Canada developed by the National Physiotherapy Advisory Group¹¹. The ECP describes the essential competencies (i.e. knowledge, skills and attributes) required by physiotherapists both at the beginning of and throughout their career. It provides guidance for PTs to build on their competencies over time. The ECP is meant to reflect the diversity of PT practice and to help support evolution of the profession in relation to the changing nature of practice environments and advances in evidence-informed practice⁸.

As previously noted the “scope” of PT practice is broad and open to interpretation based on guiding professional standards of practice and/ or individual variations in scope related to organizational and practice context and culture, as well as individual competence, knowledge, and skill level. A broader definition of scope of practice allows for innovative responses to the evolving nature of health care and health professional practice. This means that PTs should not necessarily be restricted by the statutory definition of their scope of practice (if indeed there is one), but rather that they use their knowledge and skills in safe, effective delivery of services in their profession.

⁸ International Centre for Allied Health Evidence. Tools to assist in the implementation of extended scope of practice allied health roles started pack. 2009.

⁹ Schuling KDS, J. Scope of practice: Freedom within limits. *Journal of Midwifery and Women's Health*. 2000;45(6):465-71.

¹⁰ Visocan BS, J. Understanding and using the scope of dietetics practice framework: A step-wise approach. *Journal of the American Dietetic Association*. 2006;106(3):459-63.

¹¹ Appendix B - The 2009 version of the Essential Competency Profile developed by the National Physiotherapy Advisory Group.

Evolving Scope of Practice

Among many practice contexts and individual health care providers, the de facto scope of practice (however that is determined), has not kept pace with the competencies that many health care providers have acquired through their entry to practice training, practice experience, and continuing professional education. The development and growth of PT research, education and practice over the past several years together with the current demands on the health care system, including problems accessing appropriate health care, have led to PTs assuming new emerging roles in Saskatchewan and elsewhere in Canada. Without this type of ongoing evolution, significant important PT practice changes in Saskatchewan, such as the implementation of “direct access” in the 1990’s, would not have taken place¹².

This evolution of practice roles can be viewed as a continuum ranging from well within “scope” of traditional PT practice boundaries, maximized/ optimized or expanded scope, advanced practice and extended scope. At one end of the spectrum are PTs who practice well within traditional roles historically performed by PT’s, whose practice may not necessarily reflect the whole range of education, training and experience that they have accrued or possibly have not evolved or “advanced” their practice to reflect current best evidence or practice guidelines. At the other end of the spectrum are PTs working in “extended scope” roles whose practice, roles, and tasks are more clearly outside the boundaries of traditional PT practice.

Advanced Practice/ Extended Scope in Physical Therapy Practice

There is little agreement across Canada or internationally as to how best to define “advanced practice” or “extended scope” PT roles. A recent publication from Australia defines “advanced practice” as the application of clinical skills, reasoning, knowledge and experience in areas of practice previously performed by other professions or in new clinical areas¹³. PT roles within the United Kingdom health care system have evolved considerably, including the development of extended scope roles. In 2008 there was a fundamental shift in the definition of scope of PT practice in the UK as follows: “any activity undertaken by an individual physiotherapist that may be situated within the four pillars of physiotherapy practice where the individual is educated, trained and competent to perform that activity. Such activities should be linked to existing or emerging occupational and/or practice frameworks acknowledged by the profession, and be supported by a body of evidence”¹⁴. This has resulted in tasks previously considered “extended scope” now being classified as “advanced practice”¹⁷.

¹² Direct access allows for PTs to be first contact primary care providers whereby people can seek and receive care from a PT without a referral from a physician

¹³ Crane J, Delany, C. Physiotherapists in emergency departments: responsibilities, accountability and education. *Physiotherapy*. 2013;99:95-100.

Extended scope of practice, also known as advanced practice in Canada¹⁵, can be defined as employment contexts where a physical therapist (PT) may perform activities which are considered to be outside the traditional scope of entry-level PT practice¹⁶. Currently two paths exist to perform advanced practice activities. The first is to participate in additional post-graduate training to become certified to perform specialized physical therapy procedures, such as acupuncture or pelvic floor examination and treatment. The other path occurs when the advanced practice activity is not clearly addressed in the professional regulatory guidelines. The core competencies and skill sets of PT combined with additional inter-professional training and experiences have provided opportunities for PTs working in “advanced practice” roles to perform additional controlled acts (usually under medical directives or delegation)¹⁷. PTs working in advanced practice or extended scope roles have primarily been set up on a case-by-case basis at the institutional level (e.g. place of employment). However, more recently, scope of PT practice legislation has been expanded in some jurisdictions in Canada through partnerships among professional associations and the regulatory bodies. For example, physiotherapists in Ontario who intend to perform additional authorized activities may have their names added to a roster associated with the activity they plan to perform. Each of the authorized activities has its own list or roster.

SASKATCHEWAN POPULATION HEALTH AND HEALTH CARE CONSIDERATIONS

From a population health perspective, many of the health issues facing Saskatchewan communities are strongly associated with demographic trends such as: an aging population, a large proportion of the population living in rural and remote regions, and a high proportion of Aboriginal people. Further to these demographic trends, the organization and delivery of health care services are in constant flux.

The Government of Saskatchewan has recently undertaken many initiatives to reorganize how health care is delivered. The goal of these initiatives is ultimately to “explore new approaches that cut unnecessary red tape, streamline processes and result in a safer, more efficient, patient- and family-centered health system”¹⁸. Included among these innovations

¹⁵ Although there is no universally accepted definition of “advanced practice”, we are referring to practitioners with advanced clinical expertise who work beyond the traditional boundaries of PT scope of practice. Advanced practice PTs may or may not have undertaken postgraduate interprofessional education and training to acquire these additional skills and competencies. Note that advanced practice PT and extended scope practitioner are often used interchangeably.

¹⁶ CPA Practice and Research Department. Scope of practice briefing note. 2010 July.

¹⁷ Refers to conferring authority from a regulated health professional authorized to perform a controlled act or procedure under a health profession act to someone who is not authorized to perform the procedure. A “direct order” is patient specific and a “medical directive” is a written and/or institutional policy.

¹⁸ “Innovations in Health Care” Government of Saskatchewan.

<http://www.health.gov.sk.ca/innovations>. (accessed March 18th, 2013)

are: the Saskatchewan Surgical Initiative¹⁹; Primary Health Care re-design²⁰; the application of LEAN principles to health services²¹, and Improving Emergency Waits and Patient Flow²². The underlying principles of these innovations are guided by the findings of the Patient First Review²³ and have been incorporated into the strategic plans and targets of the Saskatchewan Health Ministry²⁴. The Saskatchewan government has stated a target to eliminate Emergency Department wait times by 2017 (Saskatchewan Plan for Growth, 2013). Adding PT services (with or without extended scope) to the interdisciplinary teams within Emergency Departments is associated with higher levels of patient satisfaction for patients with soft tissue injuries and equivalent levels of services provision as compared with other health care professionals^{25 26}.

Amidst the revamping of the publically funded health care system, it is important to consider the delivery and funding of, and access to, PT services in the province. Saskatchewan had 611 licensed PTs in 2011. This translates to 57.4 PTs per 100,000 population, compared to the Canadian average of 51.1 (range 42-97) PTs per 100,000²⁷. A slight majority of PTs (59%; 322) work in the public sector compared to 41% (224) that work in the private sector. PT services outside of health region facilities are not universally covered through Saskatchewan Health, so the ability to pay for services and/or access to additional health insurance can be an important factor in accessing PT care. The services and availability of PT services varies significantly across the regions in Saskatchewan with many public facilities facing waiting lists and a need to prioritize acute care needs²⁸. Furthermore, the vast majority

¹⁹ The Surgical Initiative has a dual mission to improve surgical patients' care experience and ensure that no one in the province has to wait longer than 3 months for surgery by 2014. <http://www.health.gov.sk.ca/surgical-initiative>

²⁰ A vision for strengthening primary health care in the province is outlined in the report: A framework for achieving a high performing health care system in Saskatchewan (2012). The Framework is described as “the road map for a patient-centered primary health care system that will ensure timely access to appropriate care...”. (p. 4) Team-based interprofessional care is emphasized throughout the document as being an essential aspect of effective PHC models. <http://www.health.gov.sk.ca/primary-health-care>

²¹ Lean is a “patient-first approach that puts the needs and values of patients and families at the forefront and uses proven methods to continuously improve the health system.” <http://www.health.gov.sk.ca/lean>

²² <http://www.ipolitics.ca/2012/04/17/brad-wall-to-push-for-health-care-reforms-at-montebello-conference/>

²³ <http://www.health.gov.sk.ca/patient-first-review>

²⁴ <http://www.health.gov.sk.ca/strategic-direction>

²⁵ McClellan, Greenwood and Benger. Effect of an extended scope physiotherapy service on patient satisfaction and the outcome of soft tissue injuries in an adult emergency department. *Emergency Medicine Journal*. 2006 May, 23(5):384-387.

²⁶ Middleton McClellan, Cramp, Powell and Benger. A randomized trial comparing the clinical effectiveness of different emergency department healthcare professionals in soft tissue injury management. *BMJ* 2012; 2(6).

²⁷ CIHI. Physiotherapists in Canada 2011, Spending and Health Workforce. Ottawa, ON: Canadian Institute for Health Information, 2012.

²⁸ Appendix C – Access to PT for Low Income Residents of Saskatchewan, SPA September 2013.

(83.1%) of PT employed in Saskatchewan are located in urban areas, while approximately one third of Saskatchewan residents live in rural areas²⁹; resulting in limited access to PT services in many rural and remote regions of the province.

CURRENT “ADVANCED PRACTICE” ROLES IN SASKATCHEWAN

Through consultation with its members and other key stakeholders, the Scope of Practice Task Force has identified five practice settings where PTs are currently engaged in non-traditional, optimized and/or “advanced practice” roles in the province. Four are funded by Saskatchewan Health and form part of the surgical pathways (e.g. hip and knee, spinal, pelvic floor and prostate cancer pathways)³⁰ and one is a spinal triage program within the private sector. The hip and knee, and spinal pathways, and the spinal triage program involve PTs performing primarily a “triage” role within inter-professional collaborative care models; patients are first screened by a PT to determine if referral to a surgeon or recommendation for further conservative management and/or diagnostic investigations is appropriate. The ability to order diagnostic imaging is an emerging advanced practice role elsewhere in Canada. For example, currently legislation allowing PTs the act of ordering x-rays is available to 55% of PTs in Canada and ordering of MRIs is available to 41% of PTs in Canada.

Recommendations for diagnostic tests may be initiated by the PTs, but through a directive approach, are ultimately ordered by the surgeons. The purpose of the triage model of inter-professional care is to improve patient through-put in busy healthcare settings, and to allow patients to access the appropriate management for their problem in a more timely fashion than waiting to see a physician/ surgeon first³¹. The other two pathways (pelvic floor and prostate cancer) have physiotherapists working in roles that require advanced certification and corresponding regulatory rostering (See Appendix D for details).

Since approximately 1996, PTs in Saskatchewan have taken on an expanded role in third party payer (e.g. WCB, SGI, other third party payers) multidisciplinary assessment and treatment models. The model developed in Saskatchewan represents an evolution or “advancement” of PT scope practice and is fairly unique to this province. This role includes case management (e.g. PTs as first point of contact for communicating with other health care providers, co-ordination of return to work planning), participation in (and in the majority of cases in the province, leading) multidisciplinary assessment teams and comprehensive management plans (e.g. education, regional and functional conditioning, manual treatment, psychological assessment and treatment), and serving as consultants to make recommendations regarding the adjudication of challenging cases.

²⁹ Approximately one third of Saskatchewan residents lived in rural areas. Statistics Canada. <http://www.statcan.gc.ca/pub/91-002-x/2012001/t002-eng.htm>.

³⁰ Appendix D – Overview of the Hip and Knee Surgical Pathway, Spine Pathway and Pelvic Floor Pathway.

³¹ Aiken AB, McColl M. Interprofessional Healthcare: A common taxonomy to assist with understanding. *J Allied Health*. 2009;38:92-6.

The above descriptions have been provided to illustrate examples of advanced practice roles that the Task Force members were aware of. There may be examples of advanced practice roles in addition to those mentioned above.

POTENTIAL AREAS TO CONSIDER FOR ADVANCED PRACTICE IN SASKATCHEWAN

The Scope of Practice Task Force discovered a lack of clarity regarding the current Saskatchewan Scope of Practice making it challenging to identify potential areas for advanced scope. Using the CPA's Scope of Practice Briefing Note () as an initial description of the scope of PT practice, the Task Force then added information from the Saskatchewan College of PT Bylaws, the Medical Professions Act and the SRNA Act in order to document a clearer description of Saskatchewan's current PT scope³².

The Scope of Practice Task Force interviewed PTs working in various roles in Saskatchewan to determine the services that PTs are providing within the current scope of practice in Saskatchewan, as well as areas to explore for the potential of extended scope. The information regarding the various practice areas has been summarized in Appendix F³³. The establishment of an advanced practice PT role should be undertaken with consideration of the Saskatchewan healthcare context. Members of the task force consulted with stakeholders to determine key areas within Saskatchewan that PTs working in "advanced practice" roles could contribute to improved outcomes from patient, other health care provider, and system perspectives.³⁴

Key considerations for the potential for expanded roles include the impact the extended role could have on effective and efficient delivery of patient care, client perception and satisfaction, stakeholder input and buy-in, availability of PTs to fill potential extended scope roles, implementation of advanced practice roles in other jurisdictions, and patients' ability to access specialist consults such as physician specialists. For example, four out of the ten stakeholders interviewed as part of the Task Force's stakeholder review mentioned that a key benefit of an advanced practice PT role would be to address the long wait times for appointments with physiatrists and geriatric specialists. The stakeholders stated that the recruitment and retention of physiatrists has been challenging in Saskatchewan. Based on these key considerations, advanced practice roles may be appropriate in many different practice areas. Three examples of potential advanced practice roles in Saskatchewan are described below.

Musculoskeletal

The treatment of musculoskeletal disorders is a common area in which PTs in Saskatchewan and other jurisdictions have developed advanced practice roles³⁵. There is evidence to suggest that physiotherapists in Advanced Practice roles provide equal or better care in comparison to other health care professionals in terms of diagnostic accuracy, treatment

³² Appendix E – Saskatchewan Scope of Practice.

³³ Appendix F – Saskatchewan - Summary of Areas where Sask PT's Contribute within Traditional Roles and Possible Areas to Explore Extended Scope.

³⁴ Appendix G – Stakeholder Review

³⁵ CPA Practice Research Department. Scope of Practice Briefing Note. July 2012.

effectiveness, use of healthcare resources, economic costs and patient satisfaction with musculoskeletal injuries and dysfunction^{36,37}.

Further development of an advanced practice role in Saskatchewan in this area of practice could include physiotherapists assuming some duties traditionally performed by other healthcare professionals. Duties that have been performed in advanced practice roles in other areas³⁸ and were identified by stakeholders and PT's include:

- Triaging potential surgical candidates
- Ordering diagnostic tests including radiographs, magnetic resonance imaging, ultrasound imaging and laboratory tests (blood tests and electrocardiograms)
- Application of diagnostic ultrasound to improve treatment effectiveness (e.g. for biofeedback and/or to assist with localization of other treatment modalities)

Less common duties for Advanced Practice roles that were identified by stakeholders and PTs as areas that could be considered include prescribing and/ or injecting a limited set of designated drugs (e.g. Lidocaine, Procaine, NSAIDs, Topical or injected corticosteroids)

The Scope of Practice Task Force, stakeholders and PTs in Saskatchewan listed the advanced practice duties above as areas that have the potential to add value to patient care in various settings, including rural and remote health clinics, interprofessional primary health care teams, emergency room departments, orthopaedic pathways (e.g. Saskatchewan Hip and Knee Pathway), orthopaedic outpatient services, and hand therapy clinics.

Neurology and Physiatry

Neurological rehabilitation and physiatry were identified as areas of strong interest for advanced practice physiotherapy identified by stakeholders and the Saskatoon City Hospital Rehabilitation Unit physiotherapy staff. Recent vacancies in physiatrist positions in Saskatchewan and the resulting recruiting challenges have led to the identification of an advanced practice physiotherapy role as an option for improving patients' access to services. The development of an advanced practice role in Saskatchewan in neurology and physiatry could include accepting some duties traditionally performed by other health care professionals such as:

- Prescription and application of braces, prostheses and advanced mobility aids in consultation with an orthotist and/or prosthetist (currently requires the signature of a physiatrist)

³⁶ Desmeules, F., Roy, J., MacDermid, J., Champagne, F., Hinse, O., Woodhouse, L. Advanced practice physiotherapy in patients with musculoskeletal disorders: a systematic review, BMC Musculoskeletal Disorders. 2012, 13:107

³⁷ Health Professions Regulatory Advisory Council (Ontario) Interprofessional Collaboration Scope of Practice Review: Physiotherapy. Summary & selected highlights from the literature. 2008. Available at: <http://www.hprac.org/en/projects/resources/PHYSIOTHERAPY.literaturereview.pdf>

³⁸ Appendix H – Ontario and Alberta 2012 Scope of Practice Changes

- Ordering diagnostic imaging including ultrasound imaging, radiographs and bone scans
- Applying and/or prescribing electromyography and nerve conduction studies
- Ability to refer to external specialists such as orthopaedics, neurology, neurosurgery, rheumatology, geriatrics and physiatry

Advanced practice physiotherapy roles in physiatry and neurology are less common than orthopaedic roles in other jurisdictions and are not currently part of physiotherapy practice in Saskatchewan. A potential advanced practice role would need to be defined to a greater extent taking into consideration the input from other health care professionals that work closely with physiotherapists in rehabilitation settings (e.g. physiatrists, nurse practitioners, geriatric specialists and occupational therapists). The strong level of interest in pursuing advanced practice amongst the PTs currently providing services in this area, the challenges that have been encountered in the effort to recruit physiatrists, and potential support from management and physician stakeholders make this a compelling area of opportunity.

Another consideration in this area is the funding of braces, prostheses, advanced mobility aides and specialized equipment. In some cases, the current scope of practice in Saskatchewan¹ may allow for physiotherapists to order equipment for patients; however, in order for the funding entity (e.g. Saskatchewan Abilities Council or Non-Insured Health Benefits for First Nations and Inuit) to cover the costs of the equipment, the funder may require that the requisition be co-signed by a family physician or, for certain items, a physiatrist. This presents an opportunity to improve the efficiency of services and to avoid wait times by allowing physiotherapists to order equipment which, in some cases, would be within the current scope of practice in Saskatchewan.

Cardiorespiratory

Management of chronic cardiorespiratory conditions was identified as a potential area of interest by stakeholders due to increased rates of COPD in Saskatchewan³⁹. Vacancies in physician positions in rural areas of Saskatchewan and the recruiting challenges have led to the identification of an advanced practice physiotherapy role as an option for improving patients' access to services and ongoing management of chronic lung disease.

The development of an advanced practice role in Saskatchewan in cardiorespiratory care could include undertaking some duties traditionally performed by other health care professionals. Duties that have been performed in advanced practice roles in other areas that could be considered for Saskatchewan include :

- Ordering diagnostic imaging (e.g. chest radiographs) and other diagnostics (e.g. blood work)
- Ordering and administering inhaled medications

³⁹ Statistics Canada, Canadian Community Health Survey. Summary available at: http://www12.statcan.gc.ca/health-sante/82-213/Op1.cfm?Lang=eng&TABID=0&PROFILE_ID=0&PRCODE=47&IND=ASR&SX=TOTAL&change=no

Advanced practice physiotherapy roles in cardiorespiratory are less common in other jurisdictions and not currently in place in Saskatchewan. Another duty that could be considered for advanced practice PTs could include performing bronchoscopies. There was less input from stakeholders in this area than in either orthopaedics or neurology, perhaps suggesting that this area is less ready for the expansion of PT roles than are other areas of practice.

PRAGMATIC CONSIDERATIONS:

Ideally expanded practice roles will result in health system efficiencies such as cost savings and shorter wait times, improved accessibility of appropriate care, and improved health outcomes. However, many things need to be carefully considered before expansion of the scope of practice of physical therapists in Saskatchewan is undertaken. These include, but are not limited to, the needs of the community and the health care system, the fit of the new roles with the local and regional practice context, the receptivity of the public, other health care providers, managers and other stakeholders to these new roles, the sustainability of the new roles and the costs of the expanded roles to the physiotherapists, other health care professionals, funding sources, and the health care system. Once needs are thoroughly assessed, the best strategies and personnel for meeting these needs must be determined. It is within this context that expanded scope of practice roles for physiotherapists should be developed to ensure that the new roles serve to improve patient care and population health. Determining which health care personnel are best utilized to meet the assessed needs must take into consideration several factors: including the value added by utilizing certain health care professionals over others, educational requirements, associated costs, and the compatibility of the new role with current profession's roles, as perceived by the professionals themselves, patients, their families and other health care disciplines. If the newly expanded role is found to be unacceptable to any one of the stakeholders, it will be much more challenging to implement and sustain.

The role and impact of the regulatory bodies also needs to be taken into consideration. The current Physical Therapy Act 1998 (Saskatchewan) does not define a scope of practice for PTs in contrast to many other areas in Canada. The authorized acts for PTs in Saskatchewan have been based largely on traditional practices as well as new practices that are widely accepted by the profession and its stakeholders. The Saskatchewan College of PTs sets the bylaws for the profession to define the scope of practice. The addition of extended scope of practice roles would require the regulatory body to fulfill their role of protection of the public and ensure that the PTs working in extended scope roles have received the required training and have met appropriate evaluation criteria. The regulatory body needs to determine whether changes to authorizations should apply to all licensed physical therapists or be limited to therapists that have been identified and placed on a roster. Appendix E (Scope of Practice for Physical Therapists in Saskatchewan⁴⁰) provides an overview of the PT Act as well as relevant information on other professions' Acts. The PT Act 1998 has a broad and undefined scope that could be open to a lot of interpretation. However, this broad scope of practice may help to facilitate movement towards expanding PT scope. Some changes to authorizations may fall within the broad scope of the Act and not be protected

⁴⁰ Appendix I – Current Scope of Practice in Saskatchewan

by other professions. Therefore the authorizations could be added to the list of authorized acts. The Physical Therapist Act, SCPT Regularity Bylaws and possibly other Professions' Acts would likely require changes to allow PT's to perform some expanded scope roles. The government and other health care professions would have to be in agreement with the changes.

Risk management considerations also need to be taken into account. Stakeholders in management positions interviewed during the Stakeholder review²⁴ expressed a preference for extended scope PTs practicing within their professional scope over having PTs practicing additional authorized acts through delegation by another health care professional. A key area of consideration when one health care professional is delegating authority to another is whether the statutes of the delegating health care professional specifically allows for offering delegation. Some of the Acts for professions (e.g. Medical Profession Act⁴¹) within Saskatchewan do allow for delegation.

Professional liability insurance is also impacted by extended scope roles. The task force gathered input from Brian Gomes, Chief Operating Officer of CPA who manages the professional liability insurance program. Based on the information received, when a PT regulatory body changes the scope of practice, the PT's liability coverage changes along with the scope. If a claim were to occur against a PT working in a scenario where they were doing additional acts considered to be outside of recognized PT scope of practice and had been delegated the responsibility through a signed directive from their health region and delegating physician/ specialist and PT, professional liability insurance may not be extended to cover this case. In this circumstance, it is recommended that the PT ensure the employer or group asking the PT to perform the additional acts through delegation are providing additional insurance to cover any potential gaps in coverage.

Along with an extensive needs analysis and determining the acceptability of the new role (i.e. stakeholder analysis), it is important to assess the local and regional context. Two of many potential considerations are whether there are sufficient PTs in a given area to expand their roles and whether an expanded PT role would fit within the local service delivery model. The context would also need to be evaluated with respect to the needs assessment, and a balance will need to be found between the potential for improved patient outcomes and the capacity of the local service providers.

One way of testing the efficiency and acceptability of expanded practice roles is through pilot testing. Pilot testing can be used to ascertain whether the new role is effective enough to merit the time and expense required changing legislation and health care service delivery models on a large scale. It can also be very effective for uncovering barriers to implementation and for developing strategies for addressing these barriers on a larger scale. However, pilot testing should not be undertaken without first performing adequate needs analyses and assessment of the practice context, as this kind of testing can require large investments of time and money for potentially limited benefits. One way to maximize resources is to adapt successful models established in other provinces to the local health care needs and contexts in Saskatchewan. Another approach to consider is the evaluation of outcomes associated with the present advanced roles and models in Saskatchewan and apply

⁴¹ The Medical Profession Act, 1981 and Medical Profession Amendment Act, 2012.

lessons learned from these settings to other practice contexts. For example, a spinal triage assessment service delivered by PT's in a private practice setting in Saskatchewan demonstrated high levels of patient satisfaction and referring care provider satisfaction, positive patient outcomes, and potential system efficiencies.^{42 43 44}

Planning for extended practice roles should also consider how these new roles will be sustained once they have been implemented. This should include planning for ongoing training and education of practitioners, managing regulatory requirements for the new authorized acts, implementing strategies to maintain services during times of staff turnover. Recruitment and retention strategies need to be implemented in regions that have experienced vacancies in their PT positions historically. Also, ongoing evaluation of new programs/ roles should be undertaken to ensure that the intended patient and system outcomes are being achieved in an efficient/ cost effective manner and that the services are responsive to changing population needs and other contextual factors. To ensure true sustainability, all levels - from the PTs providing the services, to managers, regulators, legislators and funders, including Saskatchewan Health and third party payers - must be involved in an integrated process.

The costs of expanding PTs' scope of practice must be weighed against the anticipated benefits of the expansion. These costs will be incurred at many levels: from the costs to physiotherapists for continuing education and mentorship, costs for development and support of educational programs, to the costs of changing legislation; while the benefits potentially include more efficient and cost-effective delivery of health care services to the people of Saskatchewan.

RECOMMENDATIONS:

The Scope of Practice Task Force recommends that extended scope of practice roles within physiotherapy be considered in Saskatchewan. The Task Force recommends that the process of developing these roles begin with an in-depth key stakeholder analysis, including an analysis of the predicted costs and the development of timelines, and consultations with the PT Colleges and professional associations in jurisdictions (e.g. Alberta and Ontario) that have already implemented advanced PT practice roles. The process should also include an assessment of the current PT competencies in order to identify additional educational requirements. In addition, the Task Force recommends that the process include developing a model for evaluating the health system, patient and population health impacts and outcomes of the expanded PT roles.

⁴² Bath, B., Pahwa, P. A physiotherapy triage assessment service for people with low back disorders: evaluation of short-term outcomes. Patient Related Outcome Measures. 2012 Jun; 3:9-19.

⁴³ Bath, B., Janzen, B. Patient and referring health care provider satisfaction with a physiotherapy spinal triage assessment service. Journal of Multidisciplinary Health Care. 2011; 2012(5):1-15.

⁴⁴ Bath, B., Lovo Grona, S., Janzen, B., A spinal triage program delivered by physiotherapists in collaboration with orthopaedic surgeons. Physiotherapy Canada. 2012; 64(4): 356-66.

CONCLUSION:

The PT Scope of Practice Task Force found the review of issues related to PT scope of practice a challenging task given the numerous areas to research, diversity of practice areas and different perspectives on the topic. Other jurisdictions have been successful in implementing advanced practice roles and the Saskatchewan PT community is fortunate to have models and examples of successful outcomes to review and consider. The provision of patient centered care in Saskatchewan is impacted by many demographic trends including an aging population, a large proportion of the population living in rural and remote regions, and a growing proportion of the population with unique socio-cultural health needs. Also, access to PT services due to costs, wait times and/or geographic isolation are important considerations moving forward. The Government of Saskatchewan is currently in the process of implementing a number of initiatives to improve health care delivery models, making it important to consider potential changes to PT services and expansion of the value that PT can offer within the Saskatchewan healthcare context. Expanding service delivery both within our current scope as well as the development of advanced practice roles has the potential to contribute to addressing the challenges associated with improving health care delivery models.

There are numerous pragmatic considerations to be addressed and recommendations to be implemented which to some may seem daunting on the outset. However, if we could go back in time when the initial leaders within the PT profession came to Saskatchewan and initiated PT in our province and described to them the numerous areas of practice expertise, the multifaceted education system, interdisciplinary partnerships, effective PT service delivery programs, licensing procedures, growing knowledge base and numerous other examples of collaborative success within the Saskatchewan PT community, one would likely be truly amazed at the accomplishments of the Saskatchewan PT profession. The question facing the Saskatchewan PT community at this point is: where do we see the profession in the future?

APPENDICES

APPENDIX A: Scope of Practice Task Force - Terms of Reference

BACKGROUND

Physiotherapists, as direct access primary health professionals, are important members of the health care team providing high quality care to Saskatchewan residents. The development and growth of physiotherapy research, education and practice over the past years together with the current demands on the health care system, have led to physiotherapists assuming new emerging roles in Saskatchewan and elsewhere in Canada. The core competencies and skill sets of physiotherapists combined with additional interprofessional training and experiences have enabled those physiotherapists working in “advanced practice”⁴⁵ roles to perform additional controlled acts (usually under medical directives or delegation⁴⁶).

Physiotherapists working in advanced practice or extended scope roles have primarily been set up on a case-by-case basis at the institutional level (e.g. place of employment). However, more recently, scope of physical therapy practice legislation has been expanded in some jurisdictions in Canada through the partnership of the professional association and the regulatory body.

PURPOSE

To examine issues related to scope of practice in Saskatchewan and make recommendations to the Saskatchewan Physical Therapy Advisory Group (SPTAG) that will enable Physical Therapists to practice within the full available scope of PT practice and have opportunities to work in advanced scope of practice roles in Saskatchewan.

⁴⁵ Although there is no universally accepted definition of “advanced practice”, we are referring to practitioners with advanced clinical expertise who work beyond the traditional boundaries of physiotherapy scope of practice. Advanced practice physiotherapists may or may not have undertaken postgraduate interprofessional education and training to acquire these additional skills and competencies. Note that advanced practice physiotherapist and extended scope practitioner are often used interchangeably.

⁴⁶ Refers to conferring authority from a regulated health professional authorized to perform a controlled act or procedure under a health profession act to someone who is not authorized to perform the procedure. A “direct order” is patient specific and a “medical directive” is a written and/or institutional policy.

COMPOSITION

- The Scope of Practice Review Task Force shall consist of a maximum of six to eight individuals with an interest in and knowledge of scope of practice matters. Of the eight members there will be at least one representative from each of: the Saskatchewan Physiotherapy Association (SPA), the Saskatchewan College of Physical Therapists (SCPT), Continuing Physical Therapy Education (CPTE) and the University of Saskatchewan's School of PT.
- Other individuals with specific expertise will be invited to provide input to the task force deliberations.
- Administrative support to the committee provided by SPA.

ACCOUNTABILITY

- To receive direction from and provide reports to the SPTAG.
- All meeting minutes and task force documents will be housed by SPA and can be accessed by SPTAG members on request.

MANDATE

To review the national initiatives/legislative changes in scope of practice with the ultimate goal of ensuring Physical Therapists are able to practice within the full available scope of Physical Therapy practice in Saskatchewan through progressive stages of development with provincial partners. Recognizing the unique background and skill sets of physiotherapists in any discussion of advancing the current scope of practice of Saskatchewan physiotherapists is essential. As such, the task force will consider that any recommendations made will ensure that the profession continues to meet the demands of an evolving health care system, promote high quality patient-centered care and support growth and development of the profession.

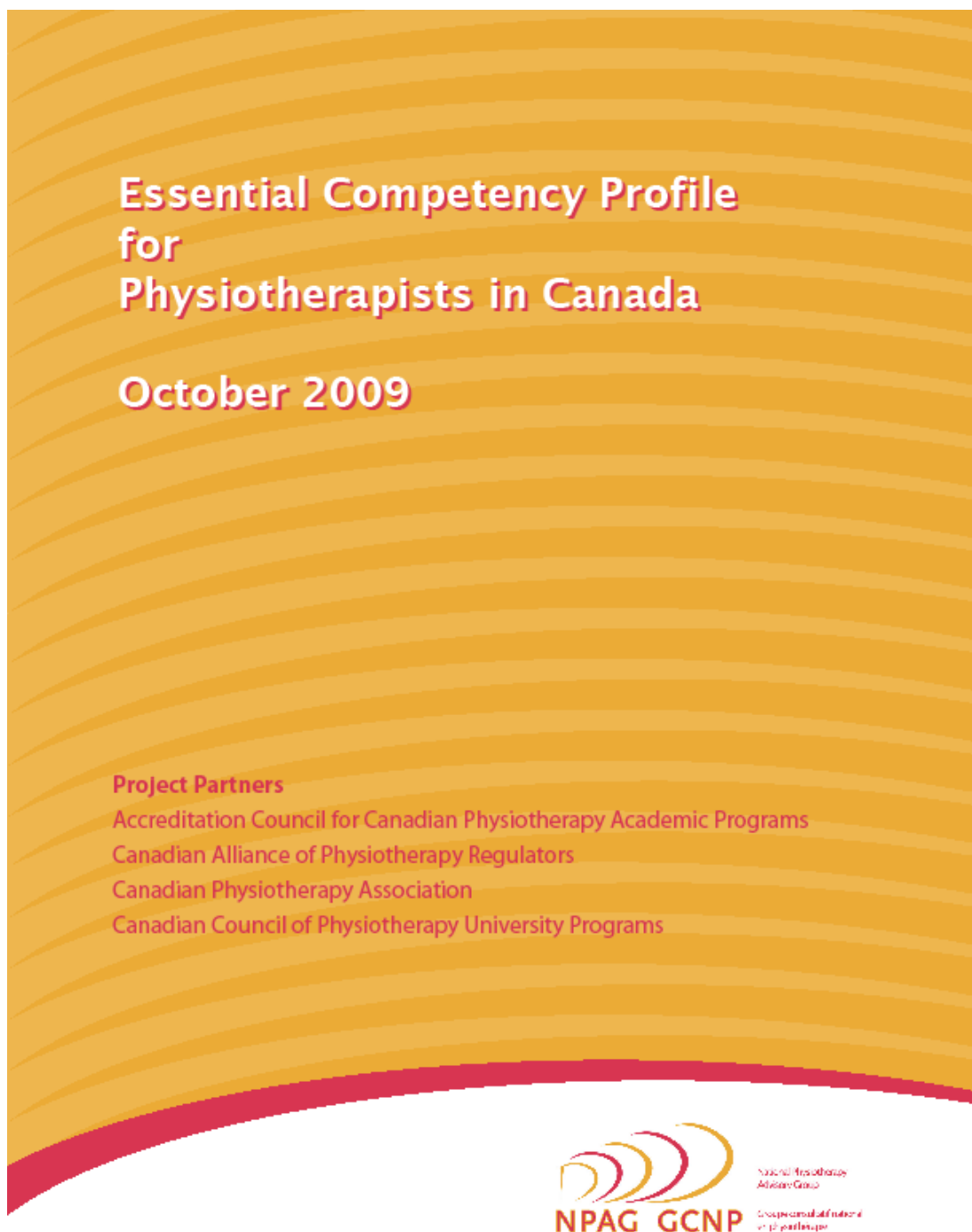
Activities and Deliverables:

- To review relevant background documents related to physiotherapy scope of practice nationally and provincially (e.g. Scope of Practice Briefing Note by CPA Practice & Research Department, July 2010).
- To prioritize and explore pertinent areas where scope of practice could be expanded in Saskatchewan.
- To identify benefits and challenges unique to Saskatchewan in each area recommended.
- To identify issues related to scope of practice changes such as education, continuing competency, etc.
- To consider which levels of legislation need to be modified
- To identify potential processes, partnerships, and associated costs.
- To provide an interim update on progress at SPA/SCPT AGM.
- To provide a report summarizing the findings and recommendations of the task force in 2013 to SPTAG.

APPENDIX B: Essential Competency Profile for Physiotherapists in Canada

Full document available at:

<http://www.physiotherapyeducation.ca/Resources/Essential%20Comp%20PT%20Profile%202009.pdf>



APPENDIX C: Access to Physiotherapy Services – Focus - Low Income Residents of Saskatchewan



Saskatchewan
Physiotherapy
Association

Access to Physiotherapy Services Focus: Low Income Residents of Saskatchewan

Prepared For: Board of Directors, SPA
Prepared By: SPA staff

Date: September 2013

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Research Summary Report

1.1 Background

This report is the result of an Action Item from the June 8, 2013 SPA BoD meeting: ***funding for social assistance.***

Suzanne brought this issue forward on behalf of the PPD. At their AGM, a member brought forward a concern regarding low income clients. There were concerns expressed regarding fairness that this population segment cannot access services in many cases. Some Private Practice Clinics feel obligated to provide services and are not able to charge for their services to this clientele resulting in unrecoverable treatment costs.

The SPA board felt this is an issue we should investigate, as access to service is one of our strategic priorities. SPA agreed to explore the current environment and identify key decision makers.

1.2 Environmental Scan

Government agencies fund health care costs for low income residents in Saskatchewan. Funding sources include social assistance through the Saskatchewan Ministry of Health and Health Canada. In general, coverage includes many areas such as optical, dental and chiropractic but coverage for physiotherapy is **not** provided. A summary of the benefits is provided below.

Saskatchewan Ministry of Health:

When an application for social assistance is approved, supplementary health coverage is made available through the Ministry of Health.

Services covered (as per a telephone discussion with the Ministry of Health):

- Optical: 1 eye exam and pair of glasses per year.
- Dental: 1 exam and cleaning per year. Extractions, fillings, dentures are fully covered. Some other services require pre-approval.
- Chiropractic: 12 Chiropractic treatments per year fully covered.
- Prescription Drugs: Formulary Drugs and some drugs with EDS (Exception Drug Status). Users pay \$2/prescription and all other costs are paid for.
- Hearing: hearing aids are covered.
- **Physiotherapy services are not covered.**

First Nations and Inuit Health:

Health Canada provides eligible First Nations and Inuit people with a specified range of medically necessary health-related goods and services when they are not covered through private insurance plans, provincial/territorial health or social programs. Non-Insured Health Benefits (NIHB) include prescription drugs, over-the-counter medication, medical supplies and equipment, short-term crisis counselling, dental care, vision care and medical transportation.

A listing of the benefits is listed online. For further details, please follow this link:

<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestati/index-eng.php>

In general, the benefits include dental, vision, medical supplies and ambulatory aids. **Physiotherapy services are not covered.**

Publically Funded Outpatient Services:

There are a number of publicly funded facilities (hospitals and health centers) throughout the province that provide outpatient PT services that can be accessed free of charge to all Saskatchewan residents. The services offered and wait times vary significantly throughout the province.

There is at least 1 private PT clinic in Saskatoon and 4 in Regina that receive public funding via the health district for treatment of the public allowing the public to receive services free of charge. The amount of services available under these programs varies.

SPA conducted a survey to determine the PT services that would be offered to Saskatchewan residents if they are not able to pay for the services and don't have funding through other 3rd party payers (IE SGI, WCB or other health care insurance providers).

1.3 Survey Objectives

The survey objectives were as follows:

1. To identify the physical therapy services that low income SK residents are able to access. For the purposes of this project, low income will be defined as residents that do not have income at a level that they can self-fund physiotherapy services and do not currently have access to 3rd party insurance payers (IE Blue Cross, WCB, and SGI).
2. To collect information from private clinics, that they are willing to voluntarily share at their discretion on physiotherapy services that are provided free of charge.
3. To identify key decision makers and address needs in this area.
4. To determine the number of PT vacancies in private facilities for a PT mapping project.

1.4 Methodology

Private Practice Division members (31) and Public Outpatient Physical Therapy Managers (14) were invited to participate in the online survey in September 2013. Data analysis and reporting was completed by SPA staff.

1.5 Private Practice Survey Results

18 out of 31 (58%) Private Practice Division members responded to the survey.

- Respondents were located in a number of rural and urban communities throughout Saskatchewan.
 - 10 (32%) of the clinics were from Saskatoon and Regina with the remainder (71%) located in smaller centers.
 - Clinics had an average of 5.27 full time PTs and 1.05 part time PT's. The number of therapists per clinic ranged from 1 to 27.
- 1) If there were qualified physical therapists in this community available to work, what is your best guess as to how many physical therapists the facility would hire at the present time?
- Full time 1.12
 - Part time 0.51
- 2) Please provide a listing of the services provided by your clinic. Please indicate whether there are restrictions on who can access the services. (IE Veterans, Post-Surgical, Fee for service clients / ability to pay etc.). Please provide the average wait times required for an intake appointment for each service.
- Clinics reported non specialized service wait times to be 1 day to 3 weeks.
 - Clinics provided a variety of services.
 - Longest wait times were for Women's health and acupuncture (3-6 weeks).
 - People funded by Regina Qu'Appelle Health region (RQRHA) have a 2-4 week wait time due to a limited amount of funding per month.
- 3) For the purposes of this question, "low income Saskatchewan residents" will be defined as residents that do not have income at a level that they can self-fund physiotherapy services and do not have access to 3rd party insurance payers (ie Blue Cross, WCB, SGI) at the point they require services.

Access to Physiotherapy Services

Please describe the services that are accessible to low income Saskatchewan residents at your clinic. For services which are accessible (if any), please provide the average wait time required for an intake appointment for each service.

- Public funded clients wait longer for all services due to limited funding per month
- 4) Does your clinic receive public funding for the treatment of low income Saskatchewan residents?
- 4 clinics in Regina and one clinic in Saskatoon reported receiving funding from health districts to treat low income residents. The remaining clinics do not receive funding.
- 5) Please describe the services and numbers of interventions low income Saskatchewan residents are able to access.
- Some clinics provide services based on health region funding but these services are limited and wait times are longer.
 - RQRHA funds 3-4 visits with a limited ability to extend for another 5 if this will resolve the problem. This is for each diagnosis/body part each 6 months. Funding is available for all Saskatchewan residents regardless of income.
 - Several clinics indicated that all clients are required to pay, however sometimes low income residents are seen at a lower rate and some are not required to pay.
 - Some PT's feel that as a professional they are obligated to help them regardless of ability to pay.
 - One clinic indicated they were able to access funding from social services on one occasion (not one of the clinics that has a contract with a health district)
- 6) What other physiotherapy services / facilities in the community are you aware of that low income Saskatchewan residents could access?
- Most medium to large centers indicated that there are services offered at the hospital.
 - Five Hills Health provides services but it is limited due to staff shortages.
 - A few of the hospitals are limited to only seeing post-surgical patients.
- 7) Please provide comments regarding services that your facility has provided free of charge to low income Saskatchewan residents. Please note that information in this area will be aggregated prior to being reported. Response to this question is optional.

Access to Physiotherapy Services

- Approximately 5 (16 %) of the clinics have provided some services free of charge.
 - Free services are often specialized services (eg. pelvic health, TMJ treatments, third party comprehensive programming) as well as a wide variety of musculoskeletal conditions in rural communities as well as in Saskatoon and Regina
 - Free services are often associated with urgent care needs such as post-surgical, post fracture, filling out forms to access equipment.
 - Some of the clinics that do receive public funding through the health regions will provide additional services if the client requires more than the maximum funded by the health region.
 - Respondents expressed frustration that social services would have a client travel (Swift Current to Moose Jaw) to have them attend a public facility rather than be seen locally by a private clinic.
 - 4 (13%) of the respondents indicated that they do not provide services free of charge and indicated that they have to pay the staff therefore cannot offer free services.
- 8) Going forward, SPA may look at future initiatives targeted at improving access to physiotherapy services for low income residents of Saskatchewan. Please feel free to provide comments or suggestions on potential strategies and potential key decision makers or advisors to address needs in this area.
- Limit public funding to clients without access to 3rd party payers so that those spaces are kept available for those without funding.
 - Give a dollar amount for all residents that they can use to attend the clinic of their choice. This would allow them to attend locally and the wait lists at the clinics offering the public funded services would not be as long.
 - One clinic in North Battleford is allowed access public funding for a limited number of visits (perhaps 4) for people that have no other access to supplementary funding. This should be considered in areas where there is no publicly funded access.
 - PT Assistants could be hired for the healthcare facilities to follow the guidelines provided by a private PT so there is at least some services available
 - Funding for specialized services not easily accessible (ex. technical treatment of TMJ , pelvic pain, pelvic health manual therapy, dry needling, acupuncture and vestibular rehabilitation)
 - There is a strong need for access to funding for both primary level services and comprehensive services in order to facilitate return to employment and function.

1.6 Public Practice Survey Results

8 out of 14 Public Practice PT managers responded to the survey. 8 health regions were represented in the survey comprising a large number of communities across Saskatchewan (Please refer to Appendix A – regions that responded are indicated with a star.)

1) Please provide a listing of the services provided by your clinic / facility. Please indicate whether there are restrictions on who can access the services. (IE Veterans, Post-Surgical, Children under the age of 5 etc.). Please provide the average wait times required for an intake appointment for each service.

- 1 out of 8 regions did not provide any data related to this question
- Not all regions indicated the specific services offered throughout their regions.
- All 7 regions with responses indicated that wait times are an issue affecting timely access to Physiotherapy services. Wait times are determined by acuity and depend on which service is required. SGI and WCB cases may be referred to private clinics for services.
- Depending on the service required, wait times across the province could range from 2 weeks up to 8 months. Examples included below:
 - Moose Jaw Union Hospital: PT Priority 1A wait time - up to 6 weeks, 1B wait time up to 5 months, Priority 2 wait time up to 6 months. MDC - 2 weeks, Pelvic floor services (women only) up to 3 months, Vestibular - 3 months. COPD/Pulmonary Rehab up to 7 months Pediatrics up to 5 months
 - Central Butte PT OP wait times Priority 1A - 2 months, Priority 1B - 3 months, Priority 2 - 6 months, Priority 3 up to 8 months
 - Assiniboia Union Hospital Priority 1A wait times up to 3 weeks, Priority 1B wait times 4 - 5 weeks, Priority 2 wait times 6 - 8 weeks, Priority 3 wait times 3 months
 - Gravelbourg OP - Priority 1a wait times 2 weeks, Priority 1B - 4 weeks, Priority 2 and 3 up to 3 months.
 - Craik OP - services not provided through the summer months due to staff vacancies. Services scheduled to resume in October. Currently no waitlist for this community
 - Cypress Regional Hospital - pediatrics, adult musculoskeletal, neuro, pulmonary, Vestibular Rehab. Average wait time currently 8 to 10 weeks.

Access to Physiotherapy Services

- Maple Creek, Leader, Shaunavon, Herbert - adult musculoskeletal, neuro, pulmonary Average waits 1 month (Herbert and Shaunavon) to 6 months (Maple Creek, Leader)
 - Melfort, Nipawin and Tisdale: Acute – 1-2 week wait time, chronic conditions wait several months to be seen
 - Saskatoon: Wait times vary depending on priority of condition: 2 weeks to 4 months for orthopedic; child development at ABCDP depends on the program they need, but long wait lists in general
 - Pasqua Hospital/Regina General Hospital: Wait time for orthopedics varies with volume but usually 2 weeks at the maximum. Lymphedema has a long wait time of over 6 months.
 - Sunrise Health Region: Priority patients are seen in 2-3 weeks or less
- 2) For the purposes of this question, “low income Saskatchewan residents” will be defined as residents that do not have income at a level that they can self-fund physiotherapy services and do not have access to 3rd party insurance payers (IE Blue Cross, WCB, SGI) at the point they require services.

Please describe the services that are accessible to low income Saskatchewan residents at your clinic. For services which are accessible (if any), please provide the average wait time required for an intake appointment for each service. If the answer to this question is the same as the prior question, please indicate “same as above”.

- The responses to this question were very similar to that of question 5. In general, the statements reflected that all services were available to all members of the general population. However, obstacles such as access to transportation and ability to pay parking fees were brought forward.
- 3) What other physical therapy services / facilities in the community are you aware of that low income Saskatchewan residents could potentially access?
- Home Care and Community Services were suggestions by 2 of the regions. However, wait times would be a factor delaying access to timely therapy. Example wait times are included below:
 - Moose Jaw - up to 2 months, Assiniboia - up to 4 months, Gravelbourg - up to 1 month. There is no waitlist for community services in Craik or Central Butte at the present time.
 - Private clinics were suggestions by another 3 of the regions. However, coverage for service fees would be a factor inhibiting access to therapy.

Access to Physiotherapy Services

- 4) Please provide any comments around your experience with funding for equipment and/or services being provided from NIHB or FNIH.
- A physician's note is required in addition to the PT orders for equipment. This equipment is funded every 5 years, which is reasonable, except in some instances where clients may have damaged the equipment. This policy is in place to minimize abuse to equipment attained.
 - Delays in obtaining equipment lead to delays in discharge or inadequate discharge.
 - Paper work required can affect the timely access to equipment.
 - Outpatient services can be covered in some instances
- 5) Going forward, SPA may look at future initiatives targeted at improving access to physiotherapy services for low income residents of Saskatchewan. Please feel free to provide comments or suggestions on potential strategies and potential key decision makers or advisors to address needs in this area.
- There needs to be recognition that more publicly funded positions are necessary – paid at a rate comparable to private counterparts. Subsidized travel to outpatient clinics is also necessary.
 - The main issue is provincial and federal jurisdiction.
 - Provide PT services in Primary Health Clinics that are fully funded and have access to equipment in a timely manner.
 - Consult with Social Services for additional coverage as some residents may be eligible.
 - Transportation (IE special needs) would help client access publicly funded services. Increasing access to community based or home based therapy would increase access for low income and those with other social issues.
 - Key decision makers and advisors mentioned included the following:
 - Sheila Achilles, Alan Buckley, Graham Fast, Karen Levesque, Bette Boechler, Stuart Hutton, Patti Simonar, Maura Davies, Jean Morrison.

1.7 Summary / Conclusion

Health Canada provides an overview of the Canadian Health care system indicating the basis of the system is “**universal coverage for medically necessary health care services provided on the basis of need, rather than the ability to pay**”⁴⁷.

Currently low income residents in Saskatchewan have limited access to health care services provided by physical therapists based on their inability to pay. The limitations vary significantly depending on the geographical location in Saskatchewan.

Most health regions provide outpatients PT services through publically funding facilities, but the services offered vary significantly. There are regional disparities regarding which types of services can be accessed. In addition, wait times can vary from 1 week up to 8 months for PT services. There are concerns regarding the impact of wait times on successful outcomes.

The Saskatchewan Ministry of Health funds dental, optical, prescription medications and hearing impairment services for residents that have been approved for social assistance. PT services are not covered. Health Canada provides eligible First Nations and Inuit people access to specified medical services and equipment such as prescription drugs, over-the-counter medication, medical supplies and equipment, short-term crisis counselling, dental care, vision care and medical transportation. Access to funding for PT services through Health Canada is extremely limited. Survey respondents have indicated the federal and provincial jurisdictional issues are a barrier to accessing services.

Survey respondents reported that Regina residents can access up to 8 PT treatment and Saskatoon up to 3 treatments in a private clinic funded through the health region. Other areas do not have health district funding for PT services provided through outpatient clinics. Private clinic survey respondents indicated in many cases specialized services such as pelvic health, TMJ and comprehensive programming (eg. return to work programming) are not available through publically funded facilities. Often clients in rural settings would have to travel a long distance to reach a publicly funded facility. Some private clinics are providing significant amounts of free services to clients that have no options due to their inability to pay. Other clinics do not provide services free of charge due to their requirement for revenue to pay their PT staff.

Private and public practice managers have provided a number of suggested changes that could improve access to PT services for Saskatchewan residents that have the inability to pay for services such as creating more PT and PT Assistant positions in publically funded facilities, increasing access to public funding for services provided in private faculties, working with the Health Ministry and Health Canada to expand coverage for PT services, increasing access to community and home based therapy and addressing transportation barriers.

⁴⁷ Health Canada website <http://www.hc-sc.gc.ca/hcs-sss/index-eng.php>

APPENDIX D: Overview of the Saskatchewan Hip and Knee Surgical Pathway, Spine Pathway and Pelvic Floor Pathway

Website Information: <http://www.health.gov.sk.ca/hip-knee-clinics>

Hip and Knee Surgery

Saskatchewan implemented a new process for patients being referred for hip or knee surgery. It is expected to shorten waits to see a specialist and improve patient and family centered preparation for surgery. Patients are referred to a Multi-Disciplinary Clinic where they are assessed, prepared for surgery and educated about what to expect after surgery. The clinics also help identify patients who may not need surgery.

Family doctors can refer patients directly to any one of four clinics located in Saskatoon, Regina, Prince Albert or Moose Jaw, using a physician referral form.

Hip and Knee Multi-Disciplinary Clinics

Multi-Disciplinary Clinics assess patients who may need a hip or knee replacement. The clinics:

- confirm patients' need for surgery
- speed up referral to a specialist
- give patients clear, useful information
- help prepare patients for surgery
- follow up with patients after surgery

The goal is to provide earlier access to assessment, education and pre-habilitation for surgery. This results in higher quality patient care and more streamlined, standardized services. It also potentially increases the number of hip and knee replacements done in Saskatchewan.

Hip and Knee Pathway Overview/Notes (2012):

- PTs are trained in pathway. In the case of Saskatoon, there was significant extra training.
- During the implementation, they studied the Ontario model recommended Advanced Practice PTs.
- The Ontario model statistics and data show that they compared traditional PT to Advanced Practice PTs. However, in their model, they didn't involve Nursing (only PTs).
- The Saskatoon Region employs an Advanced Practice PT. This was implemented by Saskatoon within the region. The training occurred within the region.
- Initially the Pathway was modeled after the Sunnybrook Triage Model. Some adaptation occurred based on local issues.
- There is an Algorithm decision box to determine the path they go through. If surgical: provide education, shared decision making, surgical referral, extra testing

and post-op follow up; if non-surgical: referral for conservative management. More information on website.

Each multi-disciplinary clinic is operating differently.

Prince Albert:

- Patients receive screening, pre-op education (done as group), shared decision making and education sessions.
- Pre-op tasks are performed by a PT and a RN.
- Patients are referred from General Practitioners (GP). GPs fill out an assessment tool. If a patient scores 51 or higher, they are to look at surgery. If they score below 51, they are deemed as being appropriate for more conservative treatment.
- If the GP checks any available surgeon, they can go through the pathway. If they check a specific surgeon, they are not included in the pathway.
- PA region is operating on par with targets (2012).
- If patient is on the pathway, they receive a day of screening from an RN, PT and surgeon. If deemed surgical, the goal is to have them leave with a surgical date. This is not happening in PA due to scheduling of the operating room. Resolution in process.

Saskatoon:

- Employs an Advanced Practice PT. Transfer of function for ordering of X-rays.
- Ministry of Health provided funding for the one Advanced Practice PT education program. It took 9 months FTE wage replacement wages. She shadowed an orthopaedic surgeon for 6 months. She took a customized 3-credit unit course developed by Dr. Angela Busch, Dr. Dust and Dr. Suzanne Sheppard. They met weekly for 3 hours for 13 weeks. The course was followed by an exam by Dr. Dust. The course had to be developed and approved by Graduate studies.
- The Saskatoon Advanced Practice PT earns a minimal amount more than Senior PT but has additional skills. There is no recognition within the Health Services Union contract. This could likely be developed.
- The training outside of Saskatchewan (e.g. Toronto program) would have been very expensive.

Regina:

- Employs CASM Physician (Canadian Academy of Sport and Exercise Medicine).
- This is a Multidisciplinary Assessment Clinic. They see hip, knee, shoulders and other musculoskeletal injuries as well.

Moose Jaw:

- Nurse and PT triage the patient. The Surgeon is on standby. The surgeon is there as a support if there are questions. Some patients go through Triage seeing Nurse and PT only and are not seen by surgeon.

As of 2012, two Multidisciplinary Clinics were exceeding volume targets, one was just under and one was missing targets. Whether they are meeting targets or not is not a factor of the people doing the operation of the clinic, but more a factor of the referral network (e.g. if a surgeon stands as a barrier to people going through the pathway vs through surgeon).

As of 2012, there was additional capacity in all clinics.

Source: Notes from website, Dr.Suzanne Sheppard - Health Professions Practice, Education and Research – Saskatoon Health Region, Lisa Haradence - Supervisor of PT for the PAHR, Brad Waddell - Project manager Research and Clinical Pathway Development, Saskatchewan Ministry of Health.

Spine Pathway Program Description

Website Information: <http://www.sasksurgery.ca/patient/spine.html>

In June 2011, Saskatchewan implemented a spine pathway - new assessment and treatment processes for patients with low back pain. This pathway improves the assessment of low back pain by family physicians and other health providers, so patients can quickly receive care that is appropriate for their condition. The pathway is expected to decrease wait times for specialist referrals, treatment and surgery.

In June 2011, the Regina Qu'Appelle and Saskatoon Regional Health Authorities opened Saskatchewan Spine Pathway Clinics in Regina and Saskatoon. Primary care providers refer patients who require additional assessment and support to either clinic, using a referral form. At the spine pathway clinics, a multi-disciplinary team of health providers will reassess patients and identify treatment options.

Overview/Discussion Notes:

Physical Therapists at the Spine Pathway Clinics assess patients who suffer from low back pain.

The clinics confirm family physicians' assessment of patients and provide referrals to an appropriate specialist or treatment program. The process helps ensure that everyone suffering from back pain gets the kind of care they need - and that only patients who can benefit from surgery are referred to surgeons. This reduces the time surgeons spend on office visits and increases the number of surgeries they can perform.

The role of the PT is to triage all low back patients for the spine surgeons in the Saskatoon Health Region. PTs can also help provide a second opinion for the GPs in regards to the source of a patient's low back pain. The GPs have been asking us to provide them with some help in treatment direction and recommendations. PTs are practicing within their scope. PTs initiate the MRI process, but it is the surgeons who technically order the imaging.

Source: Notes from John Berzolla, Senior Physical Therapist, Saskatoon Spine Pathway Clinic

Pelvic Floor Pathway

Website Information: <http://www.sasksurgery.ca/sksi/pelvicfloor.html>

The Pelvic Floor Pathway is intended for women with urinary incontinence and vaginal prolapse.

The Pelvic Floor Pathway is in development, with involvement from Saskatchewan health providers.

It provides educational materials for women, to help them understand their condition and make a decision about treatment. The Pathway also provides professional education and resources to family doctors and nurse practitioners.

Primary health care providers can also refer women to pelvic floor assessment and treatment clinics in Regina and Saskatoon.

Overview/Discussion Notes:

- The Urogynaecology pathway was rolled out in Regina in Winter 2013 and Saskatoon in Spring 2013.
- The Prostate Pathway is still in the planning stages.
- There is a PT representative on both groups.

Source: Notes from Dr. Stephanie Madill, Faculty, School of Physical Therapy, U of S.

APPENDIX E: Current Saskatchewan Physical Therapy Scope of Practice (November 2012)

This document is based on and modified from CPA's Scope of Practice Document from April 2012, and more information has been added from the SCPT Act and Bylaws as well as The Medical Professions Act and the SRNA Act in order to make the document more complete and specific to Saskatchewan.

The SCPT bylaws (however not the Act) state: The practice of Physical Therapy is the use, by a physical therapist, of specific knowledge, skills and professional judgment to improve clients' functional independence and physical performance, manage physical impairments, disabilities and handicaps, and promote health and fitness.

This sets out the profession's scope of practice. Physiotherapists have the education and training required to practice the profession. These skills are generally considered foundational or entry-level skills and the provincial acts give the profession the 'authority' to practice. Other skills that are within authorized scope require additional training. These skills are under the authority of the profession but with specified conditions and their practice is restricted or controlled. However, legislation does not always grant the profession the authority to use skills that would enable a physical therapist to practice to the full extent of their scope. In that context, physiotherapists may practice a skill but under the authority of another profession – as in delegated acts or medical directives.

The attached table describes the current status of physiotherapy legislation in Saskatchewan.

SKILL/ACTIVITY	STATUS
Assess physical function	Authorized
Assess neuromusculoskeletal & cardiorespiratory systems	Authorized
Treat as autonomous clients	Authorized
Therapeutic exercise programs	Authorized
Hydrotherapy, electrotherapy, and use of mechanical, radiant, or thermal energy	Authorized
Soft tissue and manual therapy, including massage and PNF	Authorized
Treating a burn or wound by cleansing, soaking, irrigating, probing, debriding, packing, or dressing	No full participation but have a role in wound care – taught in entry to practice program and included in blueprint for PCE
Pelvic floor dysfunction – putting an instrument, hand, or finger beyond the labia majora or anal verge	Restricted/controlled – Consent required, PT must have completed educational program recognized by SCPT (see SCPT practice guideline #11)
Acupuncture	Restricted/controlled – PT must have completed educational program recognized by SCPT (AFCI, Certificate Program in Medical Acupuncture, or McMaster) (see SCPT practice guideline #9)

SKILL/ACTIVITY	STATUS
Dry Needling/Intramuscular Stimulation	Restricted/controlled – PT must have completed educational program recognized by SCPT (Chan Gunn or GTT) (see SCPT practice guideline #10)
Spinal Manipulation	Authorized if spinal manipulation was taught in a recognized entry to practice program. If the entry to practice program did not teach spinal manipulation, it is restricted/controlled. The SCPT recognizes spinal and peripheral manipulation as a PT Act. PTs must practice manipulation within their level of knowledge, skill, professional judgment and competence to provide the standard of practice required by the college.
Tracheal Suctioning Endotracheal and Nasopharyngeal	Authorized – taught in entry to practice programs and included in blueprint for PCE
Administration by inhalation: oxygen, drug, or substance by health professional with authority	Authorized
Setting/Casting a fracture or dislocation	Not authorized (temporary positioning/splinting only)
Administration of medications prescribed by physicians	Not authorized except through iontophoresis or phonophoresis
Ordering MRI or diagnostic ultrasound	Not authorized*
Ordering X-rays	Not authorized**
Ordering lab tests	Not authorized***
Ordering electricity for EMG or Nerve Conduction	Not authorized
Prescription, manufacture, modification, and application of braces, splints, taping, mobility aids, or seating equipment	Legislation is silent but is part of accepted PT practice
Ergonomic evaluation, modification, education, and counseling	Legislation is silent but is part of accepted PT practice
Communicating a diagnosis identifying a physical dysfunction, disease or disorder as the cause of a person's symptoms – clinical diagnosis in physiotherapy	Authorized – PTs shall confine themselves to clinical diagnosis and management in those aspects in which they have been educated and which the profession recognizes
Direct Access, Private Practice	Authorized
Direct Access, Public Facility	Authorized under our Act but dependent on individual facility policy

*currently legislation that will allow PTs the act of ordering MRI is available to 41% of PTs in Canada

** currently legislation that will allow PTs the act of ordering x-rays is available to 55% of PTs in Canada

***currently legislation that will allow PTs the act of ordering lab tests is available to 41% of PT's in Canada

APPENDIX F: Summary of Areas Where PTs Contribute Within Traditional Roles and Possible Areas to Explore Extended Scope

Practice Area	Areas where PTs can contribute within current scope	Possible areas to explore extended scope
Musculoskeletal	<ul style="list-style-type: none"> - In-depth assessment and screening of MSK signs and symptoms - Screening for serious medical pathology mimicking MSK conditions - Communicating a diagnosis, identifying a physical dysfunction, disease or disorder as the cause of a person's symptoms - Prevention and management of chronic disease through education and exercise prescription - Use of exercise testing and prescription for injury prevention - Prescription, application and assessment of braces, mobility aids, taping and some specialized equipment - Manual therapy applied to joints, soft tissues (including mobilization and manipulation⁴⁸) - Hydrotherapy, electrotherapy, and use of mechanical, radiant, or thermal energy 	<ul style="list-style-type: none"> - Triaging potential surgical candidates - Ordering diagnostic tests including radiographs, magnetic resonance imaging, ultrasound imaging and laboratory tests (blood tests and electrocardiograms) - Setting or casting a fracture of a bone or a dislocation of a joint (extremities only, patients that do not require surgery) - Prescribing and/or injecting a limited set of designated drugs (e.g. Lidocaine, Procaine, NSAIDs, topical or injected corticosteroids) - Application of diagnostic ultrasound to improve treatment effectiveness (i.e. for biofeedback and/or to assist with localization of other treatment modalities)

⁴⁸ Refer to Appendix – Saskatchewan Scope of Practice. Note that spinal manipulation is authorized if it was taught in a recognized entry to practice program. If the entry to practice program did not teach spinal manipulation, it is restricted/controlled.

Practice Area	Areas where PTs can contribute within current scope	Possible areas to explore extended scope
Cardiorespiratory	<ul style="list-style-type: none"> - Communicating a diagnosis, identifying a physical dysfunction, disease or disorder as the cause of a person's symptoms - Prevention of chronic disease through education, exercise, nutrition, smoking cessation - Use of exercise testing and training for injury prevention - Suctioning (endotracheal and nasopharyngeal) - Administering oxygen to maintain adequate oxygen saturation 	<ul style="list-style-type: none"> - Ordering/administering inhalations - Ordering/interpreting chest radiographs
Emergency Department and/or Primary Health Care Teams	<ul style="list-style-type: none"> - Assessment of physical function, cardiorespiratory and neuromusculoskeletal systems - In-depth assessment and screening of MSK signs and symptoms - Screening for serious medical pathology mimicking MSK conditions - Communicating a diagnosis, identifying a physical dysfunction, disease or disorder as the cause of a person's symptoms - Prevention and management of chronic disease through education and exercise prescription - Treating a burn or wound by cleansing, soaking, irrigating, probing, debriding, packing, or dressing - Prescription and application of braces and mobility aids 	<ul style="list-style-type: none"> - Ordering diagnostic imaging (e.g. radiographs, MRIs and diagnostic ultrasound) - Ordering lab tests - Triaging patients to conservative management or surgical and/or specialist management

Practice Area	Areas where PTs can contribute within current scope	Possible areas to explore extended scope
Hand Therapy	<ul style="list-style-type: none"> - Assessment of hand function, in the context of the neuromusculoskeletal systems - Communicating a diagnosis identifying a physical dysfunction, disease or disorder as the cause of a person's symptoms - Prescription and application of some splints and taping 	<ul style="list-style-type: none"> - Ordering diagnostic imaging (e.g. radiographs, MRIs and diagnostic ultrasound) - Performing injections - Prescribing appropriate medications
Lymphoedema	<ul style="list-style-type: none"> - Exercise prescription - Education 	<ul style="list-style-type: none"> - Combined Decongestive Therapy, which includes manual lymphatic drainage massage, compression wrapping and/or garments, exercise prescription, and education (some components within PT current scope). Involvement of PT on inpatient teams assessing bariatric clients, to determine the etiology of existing edema and establishing management plans (some components within PT current scope).

Practice Area	Areas where PTs can contribute within current scope	Possible areas to explore extended scope
Neurology and Physiatry	<ul style="list-style-type: none"> - Assessment and treatment of patients with reduced physical function due to neuromusculoskeletal conditions. - Assessment and physical management of spasticity and pressure ulcers - Prescription, application and assessment of braces, advanced mobility aids and specialized equipment - Provide functional electrical stimulation applications - Amputations: prosthetic prescription, fitting, gait training and identifying needs for modifications. - Cardiorespiratory care for individuals with neuromuscular disorders (e.g. quadriplegia, ALS, MD, MS) 	<ul style="list-style-type: none"> - Ability to sign for bracing and prostheses provided by Saskatchewan Abilities Council in consultation with an orthotist /prosthetist - Participating on the teams that determine admission to rehabilitation programs - Ordering diagnostic ultrasound, radiographs, electromyography, bone scans - Provide referrals to other providers such as orthopaedics, neurology, neurosurgery, geriatrics and physiatry
Urology and Urogynecology	<ul style="list-style-type: none"> - Communicating a diagnosis, identifying a physical dysfunction, disease or disorder as the cause of a person's symptoms - Education and exercise prescription in pre-natal and post-partum women - Assessment and treatment of pelvic floor disorders such as urinary and fecal incontinence in women and men, constipation, pelvic floor pain and pain with sexual activity 	<ul style="list-style-type: none"> - Prescription and application of pessaries

APPENDIX G: Stakeholder Review

Advanced Practice Physical Therapist

Stakeholder Review

October 2012

Prepared for the Use of the Advanced Practice Task Force

**Garnette Weber, PT
Project Manager, SPA**

1. Introduction

Stakeholder research and analysis provides information about those persons and organizations that have an interest in health reform and can be used to support decision making, and to develop implementation strategies around communication, advocacy, negotiation, increasing support for policy changes and to facilitating a participatory, consensus-building change process.

The purpose of the Advanced Practice Task Force is to “*examine issues related to scope of practice in Saskatchewan and make recommendations to the Saskatchewan Physical Therapy Advisory Group that will enable Physical Therapists to practice within the full available scope of PT practice and have opportunities to work in advanced scope of practice roles in Saskatchewan*”.

General interviews were conducted regarding potential opportunities for PTs to work in Advanced Practice roles to meet Saskatchewan Health care needs and the associated benefits, disadvantages, and barriers to the establishment of Advanced Practice Physical Therapy roles.

A high level stakeholder review was completed by collecting information from ten stakeholders. A brief analysis and summary of the stakeholder input has been provided.

The purpose of the high level stakeholder review provided at this stage is to provide input for the Advanced Practice Task force to assist with issue identification and guide recommendations for the task force report deliverable. Prior to undertaking a significant change in Physical Therapy policy and practice in Saskatchewan, it is recommended that a formal stakeholder analysis be completed by a team of people with adequate resources allocated to the project to allow them to conduct a full stakeholder analysis with a larger number of stakeholders. The World Health Organization document, Stakeholder Analysis Guidelines (1) is a recommended resource and guide for an implementation team to conduct a full stakeholder analysis as part of an implementation process. The interview guide was based on the recommended interview guide from the WHO Stakeholder Analysis Guidelines (1).

2. Topic Researched

During the process of conducting interviews with stakeholders, it was necessary to provide an overview of the potential change in physical therapy service provision and provide a definition of Advanced Practice. The following information was provided to stakeholders based on the terms of reference of the task force.

“The core competencies and skill sets of physiotherapists combined with additional interprofessional training and experiences have enabled those physiotherapists working in “advanced practice” roles to perform additional controlled acts (usually under medical directives or delegation). Physiotherapists working in advanced practice or extended

scope roles have primarily been set up on a case-by-case basis at the institutional (level (e.g. place of employment). However, more recently, scope of physical therapy practice legislation has been expanded in some jurisdictions in Canada through the partnership of the professional association and the regulatory body.

The Task force has defined “advanced practice” as practitioners with advanced clinical expertise who work beyond the traditional boundaries of physiotherapy scope of practice.

Stakeholders were asked to provide input on new emerging roles for Advanced Practice PTs, benefits, disadvantages, barriers and level of support/opposition.

3. Stakeholders Interviewed

The following Stakeholders were interviewed:

1. **Dr. Elizabeth Harrison** - Associate Dean Physical Therapy and Interprofessional Health Sciences Education. School of Physical Therapy, College of Medicine
2. **Dr. Jim Melenchuk** - WCB Chief Medical Officer. Past MD and Minister of Finance – Saskatchewan Government.
3. **Andrew McLetchie** - CEO - Mamawetan Churchill River Health Region
4. **Lisa Harradence** - Supervisor of Physical Therapy Therapies Department, Victoria Hospital
Prince Albert Parkland Health Region
5. **Robert Ralph** - Nurse Practitioner - Air Ambulance, Pinehouse and Plastic Surgery
6. **Terry Blackmore** – Senior Policy Analyst for the Saskatchewan Surgical Initiative, Ministry of Health
7. **Dr. Suzanne Sheppard** - Health Professions Practice, Education and Research – Saskatoon Health Region
8. **Sherry Gunderson** – Manager CBI Clinics – North Battleford
9. **Alexander Grier** - Chiropractor – Saskatoon Musculoskeletal Rehab Center (SMRC) and also sat on Chiropractic Regulatory College for several years.
10. **Brad Waddell D.C.** - Project manager Research and Clinical Pathway Development, Saskatchewan Ministry of Health
11. **Dr. Padayachee**, CEO of Saskatchewan Medical Association

4. Summary of Findings

i) Knowledge Levels

The stakeholders that had a Physical Therapy background had a more thorough understanding and background of our current scope of practice and the emerging Advanced Practice roles in PT. The CPA congress event held in Saskatoon in May helped to raise awareness within the Physical Therapy profession.

The stakeholders outside of the Physical Therapy profession (Non-Physical Therapy Managers, Medical, Nurse Practitioner and Chiropractor) had a more limited understanding of the current PT scope of practice and the emerging Advanced Practice roles.

It is recommended that stakeholders receive education on our current scope of practice and the potential role of an Advanced Practice Therapist prior to a more formal stakeholder analysis being conducted. There would also be an advantage to identifying specific advanced practice roles prior to conducting the analysis to facilitate more specific opinions, benefits and disadvantages. Communication of a more specific role and educating stakeholders would facilitate a higher quality stakeholder analysis.

ii) Where is the support/opposition?

Many of the stakeholders interviewed found it very difficult to rate or determine whether they would be in support or opposition of the implementation of Advanced Practice PTs. In many cases it was dependent on how the change was intended to be implemented and their level of support would be impacted by factors such as education that was available, regulatory process, and whether the Advanced Practice PTs would be conducting additional acts under a medical directive or through a rostering process managed by SCPT.

There were a few individuals interviewed that expressed their positions more strongly. The Chiropractor interviewed was opposed. The WCB/Physician representative was supportive. The Saskatchewan Medical Association Physician was conditionally supportive.

It is recommended that a more thorough plan be developed that details out the proposed implementation details prior to a more formal stakeholder analysis being conducted. Communication of the more structured implementation plan would likely facilitate a more educated determination by stakeholders whether they would be in support or opposition.

The stakeholders identified potential organizations that would be in opposition as (Saskatchewan Association of Rural Municipalities) *SARM* and *SUMA* (Saskatchewan Urban Municipalities Association). *There is a strong push to maintain rural hospitals and physician services. These organizations may prefer services to be provided by physicians vs PTs.*

The two most common professional groups that came up as potential opposition were Chiropractors and Physicians. These professions also come up as potential supporters as most of the other professions were identified as well.

iii) Emerging Roles for Advanced Practice PT's

Stakeholders identified emerging roles for Advanced Practice PTs:

- Orthopaedic (6)
 - Triaging orthopaedics/determining the surgical candidates.
 - Ordering bracing and diagnostic tests
- Emergency Room (4)
 - Triaging MSK cases
- Where there is a short supply of Physicians (3)
 - Geriatrics and Physiatry (help fill the gap due to lack of Geriatricians and Physiatrists)
- Rural/Remote settings (3)
- Neurological Care Management (2)
 - e.g. A CVA could be tested and imaged. Within 24-48 hours, could be plugged into early interventions, neurology, etc.
- Cardio respiratory (2)
 - Example - complex care units in specialized facilities
- Servicing the aging population to provide better access to care/enhanced services
- Primary Health Care Sites
- Lymphedema
 - certifying PT to prescribe compression pressures
- Neuro –
 - Ordering bracing
- Wound care
- Chronic Disease Management

iv) What are some of the benefits of Advanced Practice PT roles mentioned above?

Stakeholders identified the following benefits of the Advanced PT role:

- Increase access/faster access to care (5)
- Higher quality treatment/Patient-Centered Care (4)
- Engagement, attraction and retention of PTs due to offering opportunity for career progression (4)
- Help to address Physician shortages and wait times (3)
- Decrease unnecessary medical tests/diagnostics (2)
- Puts the patient first/patient doesn't have to keep shuffling to providers
- Mentorship for existing PTs
- More extensive treatment and prevention services from PT
- Help facilitate the use of PTs to their full scope that entry to practice prepares them for (provides more clarity and awareness amongst other professionals and PTs)
- More people assessing complex diagnosis will result in more accuracy
- Improve the education provided in the acute care phase of care
- Improve the use of Physician resources

v) Disadvantages

Stakeholders identified the following disadvantages of the Advanced PT role:

- Public perception (2)
 - The public may expect to see a Physician for certain services and may have concerns if they are seen by a PT for those services. Would be challenging to educate the public.

- Supply of PTs
 - The number of PTs in Saskatchewan is relatively small and there are areas where coverage is an issue. Expansion of roles could impact supply further unless additional training seats or recruitment strategies are utilized.
- If compensation is increased for Advanced Practice PT roles, the cost to Physical Therapy departments/clinics will be higher (2).
- Potential for inappropriate referrals/care (2)
 - There would need to be clinical practice guidelines established. The guidelines should be similar to those in place for other providers referring for diagnostics. There would need to be proper training, education and supervised practice opportunities.
- Volume/Return on Investment
 - In some areas, it would be challenging to get enough Advanced Practice work to have them working in the advanced role consistently. Is it worth the extra salary/education, etc.?
- If we have one provider that can provide more aspects of care that a client needs, it could reduce the multidisciplinary aspect of care. For example, a clinic has a Chiropractors coming on site frequently. Having two people look at the same problem from different approaches can result in a better solution.
- May lose some generalist knowledge and skill. Students coming in may be less attracted to generalist practices. Public could have less access to generalists.
- Risks associated with standards of care. Need to ensure you are not lowering the standards of care.

Some of the disadvantages were specifically associated with Medical Directives:

- Lack of clarity
- Risk increases for Health Region and associated professionals
- Increased administration for Health Region and associated professionals
- Dependent on another professional. Could result in a change in position
- Liability concerns
- How does the Health Region manage continued clinical competency?

vi) Barriers

Stakeholders identified the following benefits of the Advanced PT role.

- Funding Model (2) for education and establishing professionals
 - Funding to provide/receive the education. Estimated at \$100K per Advanced Practice Therapist for wage replacement and education for a one off pilot project.
- Funding Model for New Role
 - Potential additional cost for Advanced Practice PT
 - Savings on physician services comes from a separate budget
 - Physical Therapy budgets may not be able to accommodate the new hires and expanded services
 - Employee - Health Sciences Union: There is no distinction made for Advanced Practice PT. Currently up to PT Manager to make a special case for additional compensation.
- Evolving existing systems to accommodate the new role (2)
 - e.g. Nurse Practitioner training. In some cases, systems were not set up to accommodate the new role. No support from other team members.
 - There has to be a role for them when they complete their education.
- Establishment of the regulatory system
 - Making changes to the professional act
 - Communication of changes
 - Managing change with other stakeholders
 - Establishing minimum education and certification requirements
 - Continuing competency requirements
- Time/Effort /Priority of enough people
 - e.g. For Yvonne's role to be established, it took a lot of Angela, Suzanne and Yvonne's time.
 - SPA, SCPT, CPTE, School of PT
 - Funding of professional organizations to pay for resources required
- Training Program Development
 - Comparison was made between PT program time of 25 months compared to Chiropractic program time of 38 months. Do Physical Therapy entry to practice PT's have a strong enough general diagnostic education?

vii) Other

Stakeholders provided the following additional comments regarding the Advanced PT role:

- There are models out there to consider. Look at other jurisdictions.
- Consider pilot projects.
- You will have to work out your funding models.
 - It is busier in ER. This could be a great pilot project.
 - Rural settings – will they be as busy to attract the volumes?
 - ER and large ortho centers have higher numbers of MSK. Might be better bang for your buck.
- Fear – Pilot projects and one-offs are not sustainable. Risk that we launch a few and they are expensive and unsustainable.
- Fear that there will be inadequate measuring of the value-add of these new positions. Need to pro-actively measure outcomes. Might not be able to show. Need to provide data from Saskatchewan. Ontario or BC data is not always accepted in Sask.

5. References

1. Stakeholder Analysis Guidelines, Kammi Schmeer. World Health Organization. Available at: <http://www.who.int/workforcealliance/knowledge/toolkit/33.pdf> .

APPENDIX H: Ontario and Alberta Scope of Practice

Ontario and Alberta 2012 Scope of Practice Changes

Ontario Scope of Practice

On February 1, 2012, online registration for authorized activities became available.

As of February 2012, the time of writing, physiotherapists/physical therapists can perform the communication of a diagnosis. This is an additional authorized activity. Authorized activities that are entry level competencies for all physiotherapists/physical therapists and which physiotherapists/physical therapists can perform without having to enter on a roster. All other authorized activities require rostering. These include tracheal suctioning, spinal manipulation, acupuncture, treating a wound below the dermis, assessing or rehabilitating pelvic musculature and administering a substance by inhalation.

Authorized activities related to diagnostics, such as ordering prescribed forms of energy, x-ray investigations and specified laboratory tests are not yet in effect as they are awaiting government approval of related regulations. The College will let you know when they have been approved and rostering is available for these activities.

Roster:

A roster is a list of physiotherapists/physical therapists who are allowed to perform a specific authorized activity under their own independent authority. These lists are managed by the College of Physiotherapists of Ontario Registrants are required to add their names to the roster (list) for each of the authorized activities they plan to perform. Some physiotherapists/physical therapists will choose not to perform authorized activities and will not need to add their names to any roster with the College.

Part of the application process requires a signed legal declaration stating the individual is competent to perform the authorized activity. Information on the rosters is accessible on the public register. There are no additional fees for getting on a roster. Online rostering has been available since February 1, 2012.

If you perform any of the authorized activities for which rostering is required, you must be on the appropriate College roster by March 31, 2012, unless you plan to perform this activity under some alternative authority mechanism such as delegation or medical directive.

The College requires that the education programs include relevant theory, practical performance and evaluation components but we do not approve or list education programs. Each physiotherapist must make a professional judgment whether the course she or he attended (or plans to attend) meets the expectations described in the Standard for Professional Practice: Performance of Authorized activities.

More information available at: <http://www.collegept.org/Physiotherapists/ScopeofPractice>

Alberta

Restricted Activities

A restricted activity is a regulated health service that by law can only be performed by individuals authorized to perform them. Restricted activities for physiotherapists are divided into two categories:

1. Basic authorized activities
2. Advanced authorized activities

Basic authorized activities

All physiotherapists may, in the practice of physiotherapy and within the practice standards, perform a basic activity if they are competent to do so and it is appropriate to their area of practice. These are:

- Assessing and treating TMJ dysfunction
- Inserting and removing catheters
- Reducing a dislocation of a joint
- Suctioning or instillation
- Treating urological, gynaecological and rectal conditions
- Wound debridement and care

Advanced authorized activities

Only authorized physiotherapists on the general or courtesy register may perform the following activities. Authorization is noted on the physiotherapist's practice permit once granted.

- Order diagnostic imaging (limited to x-rays, magnetic resonance imaging, ultrasound imaging)
- Perform spinal manipulation
- Use needles in practice for the purpose of needle acupuncture, intramuscular stimulation or biofeedback

Authorization

Education/experience

Spinal manipulation or use of needles: Physiotherapists seeking authorization have completed an education program related to the restricted activity that includes as part of the curriculum: theory, practice and final (summative) evaluation conducted by the course instructor which resulted in a passing grade.

Diagnostic imaging: Physiotherapists seeking authorization have completed the University of Alberta's PTher 410 Diagnostic Imaging in Physical Therapy course along with five years of clinical practice.

Practice standard compliance: Physiotherapists have reviewed and agree to comply with the practice standard on [Performance of Restricted Activities](#).

Applying for authorization

[Application for spinal manipulation and/or use of needles](#)
[Application for ordering diagnostic imaging](#)

Maintaining authorization

The authorization model will be expanded in the near future to include:

- Random selection of authorized physiotherapists to verify education/experience.
- Process and conditions for annual renewal of authorization.

Learning an advanced authorized activity

In accordance with the Physical Therapists Profession Regulation, physiotherapists on the general or courtesy register learning an advanced authorized activity may only perform the activity:

- Under the supervision of another physiotherapist who is authorized.
- When the supervising physiotherapist is present or on site.
- When the supervising physiotherapist is able to observe and promptly intervene (i.e., stop or change actions) if required.

http://www.physiotherapyalberta.ca/files/practice_standard_performance_of_restricted_activities.pdf

APPENDIX I: Current Scope of Practice for Physical Therapists in Saskatchewan 2012

The Physical Therapists Act 1998 does not define a scope of practice for physical therapists in contrast to many other jurisdictions in Canada. What physical therapists are allowed to do in Saskatchewan have been based largely on traditional practices as well as new practices which have been widely accepted by the profession and are not protected under another profession's scope.

The Physical Therapists Act 1998 states in Section 14(2), "Subject to this Act, regulatory bylaws may be made pursuant to Section 13 for the following purposes: (e) setting standards regarding the manner and method of practice of members."

Certain special acts have been restricted under the bylaws to those who have taken qualified educational programs and have passed an examination (example: acupuncture, manipulation).

Bylaw XVI-Standards

Section 1-Code of Ethics and Rules of Conduct:

5. Physical Therapists shall confine themselves to clinical diagnosis and management in those aspects of physical therapy in which they have been educated and which the profession recognizes

DISCUSSION: First, it would have to be determined if the profession as a whole recognizes a new skill as part of physical therapy practice and then the legislation would have to recognize an education program that would give PTs the appropriate training.

Section 3-Physical Therapy Scope (although the ACT does not define Scope, it has been defined in our Regulatory Bylaws):

3. The practice of physical therapy is the use, by a physical therapist, of specific knowledge, skills and professional judgment to improve clients' functional independence, and physical performance, manage physical impairments, disabilities and handicaps, and promote health and fitness.

DISCUSSION: This is a very broad undefined scope that could be open to a lot of interpretation, but it could be argued that the ability to order diagnostics, for instance, is necessary to better manage a person's physical impairments.

Legislation of Other Professions Within The Province

1. Medical Professions Act:
 - a. Section 6(2) Subject to this Act, the council may make bylaws: (j) authorizing persons other than members to perform specified acts in the practice of medicine and determining whether those acts are to be under the direction or supervision of a member
 - b. Section 79 Every person is deemed to practise medicine within the meaning of this Act who:
 - (a) holds himself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, disability or physical condition; or
 - (b) offers or undertakes by any means or methods to diagnose, treat, operate or prescribe for any human disease, pain, injury, disability or physical condition.
 - c. Section 84 Nothing in this Act applies to or affects powers given to persons under the authority of any other Act.
2. Saskatchewan College of Physicians and Surgeons Bylaws
 - a. 25.1 Operation of Diagnostic Imaging Facilities in the Province of Saskatchewan
 - (a) Preamble-Imaging facilities may perform, as long as there is no other legal exclusion, imaging acts at the request of a physician, dentist, chiropractor, enhanced skill nurse or registered midwife duly licensed to practise in the province of Saskatchewan. (I am not sure which legislation this originally comes from)
3. Chiropractic Act - allows use of x-ray and production of plain film radiographs.
4. Dental Disciplines Act - allows dentists, dental assistants, dental hygienists, and dental therapists to expose, process, and mount dental radiographs.
5. Registered Nurses Act
 - a. Section 23(3) An RN who meets the requirements set out in the bylaws [regulations around Nurse Practitioners] may, in accordance with the bylaws,
 - (a) perform, receive and interpret reports of screening and diagnostic tests that are designated in the bylaws
 - (b) prescribe and dispense drugs
 - (c) perform minor surgical and invasive procedures
 - (d) diagnose and treat common medical disorders

DISCUSSION: The Physical Therapist Act would probably have to be changed to allow PTs to order diagnostics, as well as the Bylaws. The government would have to agree to these changes but also when our Act is opened up to make these changes, other professions can speak out for or against these changes and anything else in our Act. It would be a matter of having a convincing argument to get them to support this change.

NOTE: When the nurses were working on having the designation of Nurse Practitioner be accepted in their legislation and enabling them to perform these new functions it required changes to the following Acts and Regulations besides their own:

1. The Drug Schedules Regulations 1997
2. The Hospital Standards Regulations 1980
3. The Housing and Special Care Homes Regulations
4. The Medical Laboratory Licensing Regulations 1995
5. The Saskatchewan Aids to Independent Living Regulations 1976
6. The Saskatchewan Assistance Plan, Supplementary Health Benefits Regulations
7. The Saskatchewan Medical Care Insurance Payment Register 1994

All of the required bylaw changes were proclaimed into law at once.

Submitted by: Susan Bear