

OT Scope of Practice Review Communiqué

A Closer Look at the Controlled Act of 'Communicating a Diagnosis'

The first controlled act of 'Communicating a Diagnosis' has been the focus of many conversations among healthcare professionals in Ontario. More than twenty years after the *Regulated Health Professions Act (RHPA)* was introduced, there is no documented consensus as to what it means. In the RHPA, the controlled act is described as:

"Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis." RHPA 1991 S.O. 1991, c. 18 at s.27.(1)(2).

RHPA does not define 'diagnosis' or the 'communication of a diagnosis' which subjects it to interpretation by regulated healthcare professions. However, there are documents that can help OTs understand the intent of this controlled act.

HPRAC HEALTH PROFESSIONS
REGULATORY ADVISORY COUNCIL

The Health Professions Regulatory Advisory Council (HPRAC) is established under RHPA and has a statutory duty to advise the Minister of Health and Long-Term care on health professions regulatory matters in Ontario including any changes to an existing profession-specific Act. <http://www.hprac.org>

In "*Adjusting the Balance: A Review of the Regulated Health Professions Act, (March 2001)*", HPRAC suggested that the controlled act of 'communicating a diagnosis' can be broken down into three parts and was intended for professions that had the comprehensive knowledge, skill and judgement to discuss a diagnosis with clients:

- Someone must communicate to the person (the patient/client) or his or her personal representative;
- A diagnosis identifying a disease or disorder as the **cause of symptoms** of the person must be what is communicated (emphasis is placed on the highlighted portion); and,
- It must be reasonably foreseeable that the person or his or her personal representative will rely on the diagnosis.

HPRAC noted that the word assessment in many individual health profession acts was intended to signal that even if a health professional could not perform the controlled act of 'communicating a diagnosis', they could perform an assessment, including an explanation of what is causing the signs and symptoms as it is not labeling a disease or disorder.

<http://www.ontla.on.ca/library/repository/mon/2000/10297113.pdf>

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'Communicating a Diagnosis' – Continued

From the College of Occupational Therapists of Ontario (COTO)

<http://www.coto.org>



In the Position Statement "*On the Interpretation of the Controlled Act of Communicating a Diagnosis*" (March 1996), COTO provides background information about the controlled act and provides direction to OTs about:

- communicating their OT assessment findings;
- explaining how the client's diagnosis may influence his/her occupational performance; and,
- being uniquely qualified to assess signs and symptoms essential for the diagnosing practitioner to arrive at a definitive diagnosis http://www.coto.org/pdf/Position_Diagnosis.pdf

From a Legal Opinion provided to COTO (August 2011)



- A diagnosis is not limited to labels from the International Classification of Diseases (ICD) or Statistical Manual of Mental Disorders (DSM) and using labels from ICD or DSM does not automatically constitute communicating a diagnosis - it depends on how the label or term is being used. However, "it is fair to say that using a term from ICD or DSM makes it more likely that the label would be interpreted as the communication of a diagnosis".
- It is possible that a profession can be given the controlled act of communicating a diagnosis but not the controlled acts needed to reach that diagnosis or treat it. For example, chiropractors are able to diagnose spinal conditions but have limited access to laboratory tests (cannot order spinal fluid tests) and limited access to controlled acts for the treatment of spinal conditions (cannot prescribe or dispense controlled drugs to manage pain). However, most professions have been authorized for the controlled acts necessary to diagnose and treat conditions for which they are able to communicate a diagnosis.

Should OTs be authorized to 'Communicate a Diagnosis'? Consider this Scenario....

Maria is 7 years of age and started grade 2 at the local public elementary school this fall. Early in the semester, the teacher notices that Maria is having difficulty grasping a pencil to do printing assignments and is unable to tie her shoes on her own. She makes a referral to the Occupational Therapist (OT).

The OT meets with Maria and confirms what the teacher reported; Maria has problems with fine motor control. As part of the assessment, the OT observes Maria on the playground and in the classroom/gym and witnesses a general clumsiness and unsteadiness occasionally accompanied by slight shaking. The OT also meets with Maria's parents and learns that Maria recently had her annual health check-up and was told that she was in 'perfect' health - a finding that she has received every check-up since she was born.

The OT is confident in concluding that Maria has Developmental Coordination Disorder but knows that the legislation in Ontario prevents an OT from "communicating a diagnosis". The OT is able to share the results of Maria's assessment but not allowed to communicate the diagnosis. Maria's parents schedule a meeting with the Paediatrician and secure an appointment in six weeks' time. The Paediatrician confirms the diagnosis based on the OT's report and communicates the diagnosis of Developmental Coordination Disorder to Maria and her parents.

Talk to Your Colleagues & tell us what you think (scopeofpractice@coto.org):

1. Was this in the best interest of the client?
2. Is Communicating a Diagnosis an activity you can envision for OTs?
3. What Diagnosis do you envision OTs communicating?
4. Identify other situations where Ontarians might benefit if OTs could 'Communicate a Diagnosis'.



Have you started Blogging Yet?

The OT Scope of Practice Review Blog is an opportunity for OTs to talk to each other about the review project, to share perspectives and ask questions. We'd like you to 'blog' about the newly **proposed OT Scope of Practice statement** – check it out at <http://otscopeofpracticereview.blogspot.com>

- To become a member of the blog- click on '**Join this site**' in the right hand corner & follow the instructions
- To post a question or comment - click on '**comments**' beneath the posting where you want to make a comment, type in your comment and hit '**publish**'

Did You Know ... Alberta also has a regulatory model that restricts harmful activities. In Alberta OTs are authorized to:

- cut a body tissue, to administer anything by an invasive procedure on body tissue for the purpose of administering injections and providing wound debridement and care;
- insert or remove instruments, devices or fingers (i) beyond the cartilaginous portion of the ear canal, (ii) beyond the point in the nasal passages where they normally narrow, (iii) beyond the pharynx, (iv) beyond the opening of the urethra, (v) beyond the labia majora, (vi) beyond the anal verge, or (vii) into an artificial opening into the body;
- set or reset a fracture of a bone for the purpose of splinting hands, arms, feet or legs, applying fracture braces and performing cranioplasty;
- reduce a dislocation of a joint except for a partial dislocation of the joints of the fingers and toes;
- administer diagnostic imaging contrast agents;
- fit an orthodontic or periodontal appliance for the purpose of fitting a mouth stick or mouth splint;
- perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs (i) judgment, (ii) behaviour, (iii) capacity to recognize reality, or (iv) ability to meet the ordinary demands of life.

http://www.acot.ca/files/Alberta_Regulation_217.pdf

Did You Know ...

The controlled act of '**Applying or ordering the application of a form of energy ..**' includes, in regulation, a listing of the forms of energy that are covered by this controlled act. They include:

- Electricity for, i. aversive conditioning, ii. cardiac pacemaker therapy, iii. cardioversion, iv. defibrillation, v. electrocoagulation, vi. electroconvulsive shock therapy, vii. electromyography, viii. fulguration, ix. nerve conduction studies, or x. transcutaneous cardiac pacing.
- Electromagnetism for magnetic resonance imaging.
- Soundwaves for, i. diagnostic ultrasound, or ii. lithotripsy. O. Reg. 107/96, s. 1.

For more information:

http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_960107_e.htm

Did You Know ...

There are 11 professions that are (or will be) authorized to '**communicate a diagnosis**' – podiatrists, chiropractors, dentists, physicians, midwives, naturopaths, nurses in the extended class, physiotherapists, psychologists and traditional Chinese medicine practitioners.

Did You Know ...

HPRAC has 10 criteria that it considers in reviewing a profession's request for a change in its scope of practice.

http://www.hprac.org/en/reports/resources/Scope_of_Practice_June_12_2007.pdf

One of the criteria is the '**Profession's Support and Willingness to Comply with Regulation**' - The profession should demonstrate that it supports the proposed change in scope of practice and that compliance with regulatory requirements is likely among its membership.'

In the last Scope of Practice survey (May 2010), **75% of the OTs were silent** - we need to hear from everyone!

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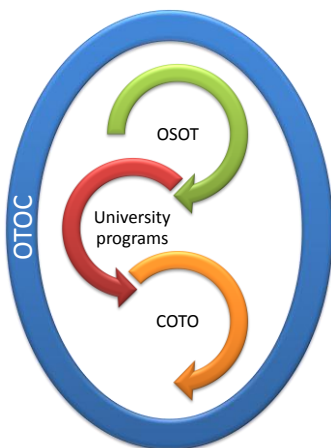
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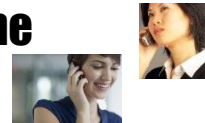
The list of names is growing!



Many Occupational Therapists have stepped forward to be ‘Partners in Change’. They host information sessions about the OT Scope of Practice Review and send the feedback to the Tripartite Steering Committee. If you have not yet attended an information session and want to engage in a conversation about the OT Scope of Practice, send us an email and we will connect you with a local Partner in Change!
scopeofpractice@coto.org



What are we hearing from the ‘Partners in Change’?



OTs want

- More information about other controlled acts - ordering and applying a form of energy; prescribing glasses; prescribing medications;
- Greater clarity around ‘communicating a diagnosis’; the difference between administering and prescribing / dispensing medications;
- To know if any OTs are performing the controlled act of ‘moving the joints of the spine...’ under delegation
- Information about controlled acts being performed by OTs in other Canadian jurisdictions
- Greater clarity about controlled act ‘exceptions’ and ‘exemptions’

OTs see value ...

- In sharing scenarios where OTs are performing controlled acts
- In the dialogue about the Scope of Practice

OTs reports that Ontarians can benefit from OTs doing controlled acts without delegation ...

- Cost savings to the health care system
- Reduction in wound healing time
- Time savings with more immediate access to care
- Optimal utilization of all health care professions
- Reduction in number of unnecessary referrals / consultations
- Better monitoring of client health status

Partners in Change

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