

Collaborative Care

Standard

The physiotherapist collaborates with health-care providers and others to provide safe, effective, quality, **concurrent** care, when indicated by the patient's health-care needs and preferences.

Expected outcome

Patients can expect that the physiotherapist collaborates effectively with others to promote integrated patient-centered care.

Performance expectations

The physiotherapist:

- Inquires about situations where patients may be receiving or considering concurrent treatment from another health-care provider for the same or a related condition.
- Consults with/refers to the appropriate health-care provider when the patient's interests and aspects of patients' goals are best addressed by another provider.
- Clearly explains funding implications of concurrent treatment to the patient.
- Only participates in concurrent treatment of the same or a related condition when approaches are compatible, clinically indicated, of benefit to patients, and an appropriate use of human/financial resources.
- Identifies, documents, **communicates** and manages **risks** of concurrent treatment of the same or related condition when:
 - Approaches conflict,
 - There is inefficient use of resources, and/or
 - The risks outweigh the benefits to patients.
- Communicates the decision to decline or discontinue concurrent treatment to the patient providing their rationale for the decision and documents this discussion.

Definitions

Concurrent *treatment or care refers to “the circumstance where more than one health professional (provider) is administering or applying remedies, including medical, surgical or other therapies, to a patient for the same or related disease or injury.”*

Risk *refers to something that may cause injury or harm or the state of not being protected from injury or harm. Patients encounter risk of harm each time they seek health care services. Some risks are directly related to assessment procedures and interventions, while others relate to environmental factors or are sector specific.*

Conflict of Interest

Standard

The physiotherapist must identify, avoid or otherwise **mitigate**, and disclose any real, potential, or perceived **conflicts of interest**.

Expected outcome

Patients can expect that the physiotherapist delivers physiotherapy services that are in patients' best interests and that real, potential, or perceived conflicts of interest are avoided or disclosed and mitigated.

Performance expectations

The physiotherapist:

- Identifies situations of real, potential or perceived conflicts of interest involving themselves or someone with whom they have a close personal relationship.
- Does not enter into any agreement or arrangement that prevents or could prevent the physiotherapist from putting the needs and interests of the patient first.
- Does not participate in any activity which could compromise professional judgment. Examples include, but are not limited to:
 - Paying for or providing **other benefits** to other parties in return for **referrals**.
 - Providing referrals to other parties in return for payment or other benefits.
 - Contract terms which incentivize the sale of physiotherapy products or non-physiotherapy services by the physiotherapist, by providing **financial** or other benefits to the physiotherapist for doing so.
 - Contract terms which incentivize the physiotherapist to discharge patients following a specified number of visits in return for financial or other benefits without regard for patients' best interests and beyond their customary reimbursement for providing physiotherapy care.
 - Contract terms which include financial or other benefits if the physiotherapist provides more than a specified number of treatment sessions to a patient.
 - Self-referring patients without ensuring transparent disclosure to the patient and offering alternative options.

- Avoids participating in other activities that a reasonable person would conclude pose a real, potential, or perceived conflict of interest. In situations where a conflict of interest cannot be avoided, the physiotherapist must take steps to mitigate the conflict by:
 - Providing full disclosure of the conflict of interest to patients and others as appropriate and
 - Documenting in a complete, transparent, and timely manner how the conflict was managed.

- Avoids providing physiotherapy services to individuals with whom they have a close personal relationship. In situations where this conflict of interest cannot be avoided (e.g., in situations when no other professional with the skills and competencies needed to provide the physiotherapy services that the patient needs is available) the physiotherapist must:
 - Identify the risks related to providing the physiotherapy services and the measures they can adopt to limit these risks.
 - Document and disclose the conflict of interest to the patient and others, including third-party payers, indicating how the relationship is to the patient's benefit and complies with regulatory requirements.
 - Follow formal processes for obtaining free and informed consent and conducting assessment, documentation, communication, and billing of all physiotherapy services provided.
 - The Boundaries and Sexual Abuse Standard applies notwithstanding any of the above provisions.

Definitions:

Conflict of Interest *exists when a reasonable person could conclude that the physiotherapist's duty to act in the patient's best interests while exercising their professional expertise or judgment may be affected or influenced by competing interests or relationships. Competing interests may be financial, non-financial, or social in nature.*

A conflict of interest may be actual, potential or perceived and can exist even if the physiotherapist is confident that their professional judgment is not being influenced by the conflicting interest or relationship.

Close personal relationship *is one where the physiotherapist's ability to be objective and impartial, and to fulfill their professional obligations may be impaired due to the nature of the personal relationship. Close personal relationships typically exist between an individual and their*

romantic or sexual partner, children, parents, and close friends, but may also exist between individuals and other relatives, business partners, past romantic partners and others.

Financial gain: *in the context of physiotherapy practice and conflict of interest, financial gain refers to instances where physiotherapists receive financial benefits beyond their customary reimbursement in return for specific and preferential transactions, arrangements, or recommendations. Examples include reimbursement in return for providing referrals to others, receiving kickbacks from products or non-PT service sales, and receiving financial bonuses that are contingent on achieving specific, inflated billing targets.*

Mitigate *means proactively taking action to lessen the impact or severity of any real, potential, or perceived conflicts of interest to the greatest extent possible. Physiotherapists must ensure that patient interests are protected and any conflicts that could compromise quality of care are addressed effectively.*

Other benefit: *Includes but is not limited to gifts of materials or equipment (beyond gifts of a token or cultural nature that are of insignificant monetary value), preferential access to facilities, or provision of promotional activities that would typically be paid for by the physiotherapist, that have the potential to harm or affect patient care, professional judgment and/or trust in the profession.*

Referral: *A recommendation or direction that a patient seek care or services from another provider or specialist. This includes self-referrals where a physiotherapist refers existing patients to their own services, for example in another practice setting. Referrals are not limited to the formal process of directing a patient to a medical specialist.*

Dual Practice

Standard

The physiotherapist clearly identifies instances when they are providing non-physiotherapy services.

Expected outcome

Patients can expect that the physiotherapist will clearly identify instances where the services provided do not constitute physiotherapy.

Performance expectations

The physiotherapist:

- Does not represent non-physiotherapy services as physiotherapy or use protected titles when providing non-physiotherapy services.
- If offering non-physiotherapy services, establishes each service as a distinct entity, maintaining:
 - Separate billing and financial records for each service, issuing invoices that clearly, transparently, accurately indicate the service provided.
 - Separate patient records for each service or separate entries in a shared patient record that clearly identify which professional role/service was provided at each patient visit.
 - Separate appointment books and/or distinct times for providing each service.
- Provides physiotherapy services, if the patient sought physiotherapy services, unless the physiotherapy services sought are not in the patient's best interests.
- Clearly communicates with patients and others when the services proposed do not constitute physiotherapy services.
- Advises the patient of the implications of receiving non-physiotherapy services, including potential funding implications, obtaining patient informed consent for non-physiotherapy services.

Infection Control

Standard

The physiotherapist complies with current **infection prevention and control** best practices, in line with Public Health Ontario's Provincial Infectious Diseases Advisory Committee (PIDAC) *Infection Prevention and Control for Clinical Office Practice*¹, to support the health and safety of patients, health-care providers, themselves, and others.

Expected outcome

Patients can expect that the measures in place for infection prevention and control during the provision of physiotherapy services comply with applicable legislation, regulatory requirements, standards, guidelines and best practices.

Performance expectations

The physiotherapist:

- Acquires education, training, and proficiency regarding best practices of infection prevention and control relevant to their practice.
- Applies infection prevention and control techniques and **Routine Practices**² relevant to their physiotherapy practice consistently and effectively. This includes:
 - Conducting a **Point of Care Risk Assessment** prior to each patient interaction.
 - Employing the **personal protective equipment** indicated by the Point of Care Risk Assessment.
 - Completing effective hand hygiene before and after each client interaction.
 - Practicing effective respiratory hygiene.
- Ensures all physiotherapy spaces and equipment are cleaned and disinfected prior to patient use.
- Disposes of devices and materials according to best practices and established protocols.

¹ A summary of mandatory practices and best practice recommendations for clinical office practice is set out on page 72 of [Infection Prevention and Control for Clinical Office Practice](#).

² [Information about Routine Practices can be found on page 13 of Infection Prevention and Clinical Office Practice.](#)

- Follows manufacturer’s specifications, relevant legislation, and Public Health Ontario standards and policies for the use, cleaning, disinfection and reprocessing of equipment and devices.
- Documents and retains details of reprocessing and sterilization of reusable critical and semi-critical medical equipment including parameters used.
- Is aware of and fulfills their legislated responsibilities regarding worksite safety, in accordance with occupational health and safety legislation.

Definitions

Infection prevention and control refers to *“measures practiced by health-care personnel intended to prevent spread, transmission and acquisition of infectious agents or pathogens between patients, from health-care workers to patients, and from patients to health-care workers in the health-care setting.”*

Personal protective equipment (PPE) refers to *items in place for infection prevention and control, such as masks, gloves, gowns and goggles.*

Point of Care Risk Assessment (PCRA) is a routine practice that should be conducted by a physiotherapist before every patient interaction to assess the likelihood of exposing themselves and/or others to infectious agents. The Point of Care Risk Assessment informs the physiotherapist’s use of PPE and other infection control measures.

Risk refers to *something that may cause injury or harm or the state of not being protected from injury or harm. Patients encounter risk of harm each time they seek health care services. Some risks are directly related to assessment procedures and interventions, while others relate to environmental factors or are sector specific.*

Routine Practices refer to *“the system of IPAC practices to be used with all patients during all care to prevent and control transmission of microorganisms in all clinical office settings.”* For a full description of Routine Practices, refer to PIDAC’s *Routine Practices and Additional Precautions for all Health Care Settings.*