SCOPES OF PRACTICE & LEGISLATION

Medical Foot & Lower Limb Care

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UNDERSTANDING HEALTHCARE LEGISLATION

Understanding scopes of practice (SOP) and the context of both an entry to practice scope (ETPS) versus and independent scope of practice (ISOP) is the responsibility of all regulated and unregulated health care Practitioner's . Common misconceptions occur in the healthcare landscape and, therefore the OFCA/CFCA has created this document to clarify SOP and healthcare legislation.

All healthcare providers should become familiar with healthcare legislation (HCL). HCL is communicated within the Regulated Health Professions Act (RHPA). The RHPA sets the legal framework of controlled acts in each province as healthcare is a provincial jurisdiction which sets the benchmarks and backstops for regulated health care providers (RHCP) or unregulated health care provider (UHCP) who must legally adhere to when delivering healthcare across provinces in Canada. The RHPA is an authoritative document that communicates what is deemed a “controlled act” and who may or may not initiate and/or delegate various “controlled acts”. within their designation and/or entry to practice and is communicated by their respective regulatory college.

The RHPA restricts who can perform the enumerated “controlled acts” which are considered “procedures or activities which may pose a risk to the public if not performed by a qualified practitioner.” [1]

No person shall perform a “Controlled act” in the course of providing health care services to an individual unless that person is a member authorized by a health profession act to perform the “controlled act.” [1]

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WHAT IS A SCOPE OF PRACTICE (SOP)? WHAT IS THE DIFFERENCE BETWEEN A "CONTROLLED ACT" AND A SCOPE OF PRACTICE?

The term scope of practice (SOP) refers to the limits of a health professional's knowledge, skill and experience and reflects all tasks and activities they undertake within the context of their professional role or designation as regulated health care providers (RHCP).

Inconsistency in definitions of SOP contributes to uncertainty and confusion regarding professional practice boundaries and potentially impacts societal access to safe, effective and efficient healthcare options. (2)

There are currently no universally agreed definitions of SOP despite common usage of the term and various meanings are ascribed by different organizations' and agencies. (2)

A regulatory body within that same community may conversely define the SOP for this professional group differently, and not permit the group to provide that activity of a "controlled act". This creates a loss for society where the professional group would have been able to enhance either access, safety, effectiveness or efficiency of the activity of services as compared to the next best alternative in that community. (2)

It is widely acknowledged that novice practitioners need to sequentially acquire further knowledge, and skills to support any progression of their scope, in addition to their entry-level qualification, recognizing that each individual's ISOP will differ to a greater or lesser extent from that of their peers and professional colleagues, informed by their cumulative professional experience and additional education and training. And therefore, we must then rely on the legal interpretation of the RHPA within a provincial context given legislation may vary from province to province. Healthcare falls under provincial jurisdictions respectively.

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SCOPE OF PRACTICE AND LEGAL SIGNIFICANCE



A communicated scope of practice within a profession does not necessarily hold legal significance (unless a controlled act within the RHPA) and therefore when a RHCP or UHCP is determining to offer various health care services they should always defer to the RHPA. healthcare services may or may not be considered a controlled act. The health care provider (HCP) must rely on legislation and not assumptions.

A “scope of practice” statement holds no legal significance according to health law. When a HCP is initiating the delivery of care that is not considered a controlled act within the RHPA they may initiate said care provided they have acquired the knowledge, skill and judgement to perform the task or skill. Therefore when a HCP is delivering non-controlled acts they are permitted to do so even if it’s not expressed within their professions stated scope of practice and communicated act.

Obtaining post graduate education is one way a HCP can gain and establish the competencies to offer care that falls under non-controlled acts as these procedures are considered non-invasive, conservative in nature and pose little to no risk of harm. This is legally referred to as the “basket clause”. (3)

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HEALTHCARE PROVIDERS
INDEPENDENT SCOPE OF PRACTICE

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An independent scope of practice (ISOP) is defined as a practice a HCP has learned through continued post graduate education and training beyond their entry to practice competencies. Entry to practice competencies are defined by their respective regulatory colleges who interpret the RHPA.

An ISOP is often obtained by HCP's who have an interest in a specific area of healthcare and/or a field of healthcare they have taken an interest in and excelled at.

Various traditional and non-traditional educational programs offer continued education opportunities that can be obtained by community colleges, private career colleges, vocational institutions through peers/colleagues who offer various types of theoretical continued education and hands-on skilled training mentorships.

Peer feedback and evaluations are a common practice in healthcare to ensure point of care concepts are acquired to gain an understanding that considering the efficacy, safety and relevance of each procedure performed within one's legislated scope of practice (RHPA) that considers both controlled and non-controlled acts. This allows the HCP's to meet their own individuals learning outcomes they have set to meet their regulatory colleges quality assurance program. This learning practice ensures the HCP's has developed the core competencies needed to practice responsibly, ethically and professionally in a specific area of healthcare.

CANADIAN FOOT CARE ASSOCIATION
KEEPING PEOPLE MOBILE & HEALTHY THROUGH ADVANCING EDUCATION & QUALIFYING MEMBERS

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IMPORTANCE OF RECOGNIZING ALL HEALTHCARE PROVIDERS & OVERLAPPING SCOPES OF PRACTICES

OFCA/CFCA recognizes the primary focus of medical foot and lower limb care should consider accessibility, cost-effectiveness and be patient centered.

Unfortunately, the current debate over professional titles detracts from solution-oriented discussions in relation to the improvement of patient outcomes and should foster healthy collaboration among healthcare professionals. Emphasis should be placed on addressing the real issues affecting patient care and healthcare equity in our communities across Ontario and Canada. Outdated hierarchies hinder effective service delivery and should be considered widely amongst public health officials in order to place public need first and foremost thus improving delivery of care both publicly and privately in all healthcare institutions and in the community.

The OFCA and CFCA has legally established for example “orthotic therapy” is not deemed a controlled act under the RHPA and therefore falls within the public domain as it poses “little to no risk of harm” (legally referred to the “Basket Claus”).[3] OFCA and CFCA has also established clear and concise definitions of Orthotic Therapy, for our members to reference who are first RHCP who have engaged in post graduate continuing education and who have acquired the core competencies through continued post graduate education programs and offer various healthcare services in the field of medical foot and lower limb care respectively.

It is widely recognized that HCP’s must place importance on obtaining the knowledge, skill and judgement when delivering care both if it is a controlled act or not a controlled act. This is accomplished through the HCP’s obtaining post graduate continued education and skilled hands-on training ensuring they have developed the competencies to effectively and safely deliver this care across communities in Ontario and throughout Canada. OFCA/CFCA members are encouraged to ensure quality client care is delivered in a solution-oriented manner that is cost effective and accessible.

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Polytherapy in Practice & Virtual Mulidisciplinary Approach to Care

OFCA/CFCA represents many RPNs, RNs and various other healthcare providers who acknowledge that “prescribing” is considered a “controlled act” within the legal context of the RHPA and notes that “prescribing a drug” is explicitly a controlled act within the legislation and only permitted by specific designates under the Act; however, “prescribing” orthotics for example is not explicitly a controlled act under the legislation and has been inappropriately adopted by some insurance companies possibly to limit public accessibility to care provided by other qualified health care providers. These HCP have obtained post graduate education and skilled hands-on training in addition to their entry to practice competencies in order to service public need, utilize additional modalities to assist their clients and are qualified to initiate this therapy and dispense foot orthotics and orthoses.

In addition health care modalities that are not specifically considered a “controlled act” should not be described as a prescribing and be worded correctly as an adjunctive modality that is conservative, non-invasive and not deemed a controlled act within the RHPA. These “non controlled act” can be offered by health care practitioners that have acquired the competencies to provide this therapy based on the Practitioners continued education and developed ISOP as they are considered a member of a self-regulating profession.



This concept serves to eliminate Practitioner and public confusion that continues to create a divide and animosity amongst health care Practitioners, insurers and the public that is unfair and creates a monopoly of essential healthcare services.

PodOrtho® Foot Specialists (Pod. Fs) are first regulated health care providers (RHCP), who have chosen to advance their individual scope of practice through obtaining post-graduate education beyond their “entry-to-practice competencies”.

Continuing education is an ongoing requirement of all healthcare providers ensuring public needs are met responsibly. This requirement is communicated within regulatory college's framework in order for Practitioners to meet their learning outcomes that considers the changing and advancing needs of the population.

Pod. Fs specialize in the field of medical foot and lower limb healthcare utilizing their entry to practice competencies and post graduate education.

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OFCA/CFCA has partnered with various foot, lower limb and wound care education programs to offer the needed skills for our members to offer advanced and competent care throughout Ontario and Canada.

These Resource Care Partners (RCP) can be located in OFCA/CFCA members portal and are offered either complementary or for discounted rates.

We encourage our members to continue their education and increase their knowledge, skill and judgement to offer quality care with a caring and competent approach.



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REFERENCES

(1) Regulated Health Professions Act, 1991, SO 1991, c 18, s 3 [RHPA].

(2) From Carina Lentsch, “What Is the ICRC?” ACL LAW (19 February 2021), online: The Inquiries, Complaints and Reports Committee or ICRC is one of seven statutory committees that are part of the Colleges that regulate the health professions in Ontario in accordance with the Regulated Health Professions Act (“RHPA”), including the College of Nurses of Ontario (CNO), the Royal College of Dental Surgeons of Ontario (RCDSO), the College of Dental Hygienists of Ontario (CDHO), the College of Massage Therapists of Ontario (CMTO), or the College of Physiotherapists of Ontario, to name a few. The ICRC’s mandate is to investigate complaints and Registrar’s reports made to the College about a member, and to decide how the complaint or report is to be resolved. The ICRC does not make any findings of professional misconduct. It serves a screening function. As a statutory committee, the ICRC’s powers are entirely derived from statute: the RHPA and Health Professions Procedural Code (“Code”). Pursuant to section 26(1) of the Code, the ICRC can refer a member to the Discipline Committee or incapacity proceedings, require a member to be cautioned, or take any action the panel considers appropriate that is not inconsistent with the College’s governing legislation.

(3) Steinecke, R. A complete guide to the Regulated Health Professions Act, p. 11-3.

(4) Regulated Health Professions Act, 1991, S.O. 1991, c. 18, s. 30(1)

(5) Regulated Health Professions Act, 1991, S.O. 1991, c.18 (“RHPA”), Schedule 1.
(6) RHPA, s. 27(2).
(7)Ministry of Health and Long-Term Care, “Regulated Health Professions Act, 1991”:http://www.health.gov.on.ca/en/pro/programs/hhrsd/about/rhpa.aspx.
(8) RHPA, s. 27.

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"The answer to the problem of inequality is for the people who are fortunate enough to either have been gifted or deserved more to do everything they can to make the communities around them as strong as they possibly can." J. B. Peterson

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