

# Performing Controlled Acts

*College publications contain practice parameters and standards which should be considered by all Ontario physiotherapists in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.*

## Introduction

A controlled act is any one of the 13 actions/activities defined in Subsection 27(2) of the Regulated Health Professions Act that when performed by people who are not qualified to do so, may put the public at substantial risk of harm and are therefore “controlled” or restricted.

The controls on these acts are intended to provide protection to the public by restricting the performance of these acts to regulated health professionals who are qualified to perform them. Since the controlled acts defined in the Act often capture a diverse range of activities, when the authority to actually perform the activities are granted they are often broken up into subsections of the larger controlled act.

The ability to perform controlled acts can be authorized in four ways:

- By direct authorization
- By delegation
- Through exceptions
- Through exemptions

### Direct Authorization

The governing statutes of some regulated health professions directly authorize them to perform controlled acts or components of controlled acts. Registrants of these professions may perform these controlled acts when they are practicing within their professions’ scopes of practice, and when they have the appropriate knowledge, skills and judgment to perform them according to the standard of practice of the profession.

In the Physiotherapy Act, physiotherapists are authorized to perform one controlled act in its entirety and a component of another:

1. Moving the joints of the spine beyond the individual’s usual physiological range of motion using a fast, low amplitude thrust (this is the complete controlled act as defined in the RHPA)
2. Tracheal suctioning - this is a component of the controlled act of: Putting an instrument, hand or finger,
  - i. beyond the external ear canal
  - ii. beyond the point in the nasal passages where they normally narrow
  - iii. beyond the larynx

- iv. beyond the opening of the urethra
- v. beyond the labia majora
- vi. beyond the anal verge
- vii. into an artificial opening into the body

### Delegation

Delegation is the process by which a person who is member of a regulated health profession that has controlled acts authorized to it delegates the authority to perform one or more of these controlled acts or components of controlled acts to another person, who is then authorized to perform these acts.

### Exception

Exceptions are circumstances, defined in law, where the restrictions on performing controlled acts do not apply (e.g. in an emergency).

### Exemptions

Exemptions are controlled acts, or components of controlled acts, that are exempted from the performance restrictions on these acts. The current exemptions for controlled acts are contained in a regulation made under the authority of the RHPA (Ontario Regulation 107/96, Controlled Acts).

When College registrants choose to perform any controlled act, whether it is one that is directly authorized to them, or by one permitted by another authorization method, it is to be performed in keeping with the requirements of the law and the standard of practice of the profession.

This standard is intended to provide registrants with guidance when they wish to perform controlled acts under any authorization mechanism.

## Standard Statement

*In the event of any inconsistency between this standard and any legislation that governs the practice of physiotherapists, the legislation governs.*

Registrants may perform a controlled act or a component of a controlled act when they are acting within the scope of practice of physiotherapy and:

- the patient's assessment results warrant the performance of the act
- they are authorized to perform it
- they are competent to perform it
- they are able to manage the reasonably foreseeable outcomes related to the performance of the controlled act
- they accept personal accountability for the performance of the act
- they meet any other statutory, regulatory and professional responsibilities that apply

Sub-delegation of a delegated authority to perform a controlled act is not permitted<sup>1</sup>.

<sup>1</sup> An example of a sub-delegation is when a physiotherapist who was delegated the authority to perform the controlled act of titrating oxygen then in turn delegates this authority to support personnel. This is not permitted as the physiotherapist, who does not have the direct authority to perform the act, cannot delegate it.

## Performance Expectations

General performance expectations applicable to the performance of a controlled act in every circumstance

A registrant demonstrates the standard by:

### Assessment

1. Prior to performing a controlled act, assessing the patient to:
  - identify other treatment alternatives that need to be discussed with the patient
  - ensure that the health concern for which the controlled act is being proposed is within the scope of practice of physiotherapy
  - ensure it is a reasonable outcome that the patient's condition would benefit from the controlled act(s) proposed as a treatment

### Risk

2. Prior to performing a controlled act:
  - assessing the risk(s), benefits and side effects associated with performing the controlled act to ensure that the benefits associated with the performance of the act outweigh the reasonably foreseeable risk(s),
  - discussing the identified risks, benefits and side effects with the patient.

### Authorization

3. Prior to performing a controlled act, ensuring that he or she is authorized to perform the controlled act through one of the four authorization mechanisms found in the RHPA (statutory authorization, delegation, exemption, exception).

### Competence

4. Being able to demonstrate his or her competence in any controlled act performed through successful completion of a formal or informal education program that includes as a minimum:
  - a. a didactic component including theoretical information on the indications, contraindications and risks associated with the performance of the controlled act(s),
  - b. a practical component including information on the technical performance of the controlled act and an opportunity to perform the controlled act(s) under the supervision of a person who is authorized to perform it, and
  - c. an assessment method that evaluates theoretical and practical knowledge associated with the safe and competent performance of the controlled act(s).
5. Being able to demonstrate his or her continuing competence in the performance of the controlled act(s) through ongoing participation in a formal or informal education program that includes as a minimum a component through which theoretical and practical knowledge is updated in keeping with the standards of practice relating to the performance of the controlled act.

### Accountability

6. Assuming accountability for decisions and actions when performing controlled acts.
7. Assuming responsibility for the technical performance of a controlled act.

### Professional Responsibilities

8. Performing the controlled act(s) and any associated healthcare in compliance with applicable legislation, regulation or standards of practice of the profession including<sup>2</sup>:
  - a. transparency – (by providing patients with information on the authority under which the controlled act is being performed when the controlled act being performed is not directly authorized to physiotherapists),
  - b. obtaining consent (for treatment as well as for the performance of the act under the authorization used),
  - c. recordkeeping (to record the assessment, the proposed treatment, the obtaining of consent, the authorization method etc.), and
  - d. managing any outcome associated with the performance of the controlled act.
9. Ensuring that a protocol is available that defines the course of action to follow if the performance of the controlled act(s) results in an adverse outcome.

### When performing a controlled act under delegation

10. Providing any information the delegating health professional may need to appropriately delegate the controlled act(s).
11. Having a reasonable belief that the regulated health professional delegating the controlled act(s):
  - a. has the ability to perform the controlled act(s) safely, competently and ethically;
  - b. is authorized to delegate the controlled act(s); and
  - c. has delegated the authority to perform the controlled act(s) appropriately.
12. Accepting the delegation of a controlled act(s) only when the delegating health professional has provided the information required for the appropriate acceptance of the delegation including:
  - a. the specific controlled act(s) or component of the controlled act being delegated;
  - b. the circumstances or limitations in which the delegation is granted<sup>3</sup>; and
  - c. the patient or a class of patients to whom the delegation applies.

<sup>2</sup> The performance of a controlled act, as with other treatment modalities, is a component of a plan of care and not a discrete episode of care.

<sup>3</sup> The circumstances in which the delegation granted would serve to define the duration

When performing a controlled act under exception

13. Performing a controlled act under the authority of the exception provisions in section 29 of the RHPA only when these exceptional circumstances apply<sup>4</sup>.

When performing a controlled act under exemption (acupuncture)

14. Performing the controlled act of acupuncture only when the exemption provision in Regulation 107/96, Controlled Acts under the RHPA applies<sup>5</sup>.

## Definitions

**Authorized Act:** An authorized act is a controlled act, or a component of a controlled act, that a member of a regulated health profession is permitted to perform through direct authorization, where a controlled act or a component of a controlled act is granted to members of a regulated health professional in their profession specific act.

**Controlled Act:** A controlled act is any one of the thirteen actions/activities defined in Subsection 27(2) of the Regulated Health Professions Act (e.g., invasive procedures). Controlled acts are categories of health intervention that have been deemed to have a significant element of risk attached to them.

**Health Concern:** A health concern, in the context of this standard is a physical dysfunction, injury or pain.

**Reasonable Belief:** A conclusion that a reasonable person in the same circumstances would come to.

**Scope of Practice of Physiotherapy:** The assessment of physical function and the treatment, rehabilitation, and prevention of physical dysfunction, injury or pain, to develop, maintain, rehabilitate, or augment function or to relieve pain.

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4 It would be somewhat uncommon for a physiotherapist engaged in typical patient care to need to perform a controlled act(s) using the exception provisions in the RHPA. However, an exceptional circumstance may arise. Of these relatively uncommon circumstances where an exception may apply, the most frequently encountered may be the following:

- when providing first aid or temporary assistance in an emergency;
- when, under the supervision or direction of a member of the profession, a student is learning to become a member of that profession and the performance of the procedure is within the scope of the profession's practice;
- when assisting a person with his/her routine activities of living

5 Acupuncture, when being performed by a registrant of the College who is referring to him or herself as a physiotherapist, can only be used when a registrant is acting within the scope of practice of physiotherapy.

## References

1. Standards for Professional Practice:
  - Record Keeping
2. Guide to the Standard for Professional Practice: Performing Controlled Acts
3. Briefing Note:
  - Briefing Note to the Health Care Consent Act
4. Statutes:
  - Regulated Health Professions Act – Section 27 (Controlled Acts)
  - Physiotherapy Act – Section 4 (Authorized Acts)
5. Regulations:
  - Ontario Regulation 107/96 under the Regulated Health Professions Act: Controlled Acts. (This regulation defines the circumstances in which a number of controlled acts, including acupuncture, are exempted from the restrictions on performing controlled acts in defined circumstances.)

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