



STANDARDS OF PRACTICE

Orthotics Prosthetics Canada (OPC)

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Executive Summary

Orthotics Prosthetics Canada (OPC) is the representative national organization for the orthotic and prosthetic profession in Canada. Its mission is to foster the highest quality care by developing and maintaining standards, credentialing members, and providing education and advocating for and promoting the profession. To align with this mission, OPC has developed Standards of Practice, which apply to the diverse areas in which our members practice. The Standards of Practices apply at all times to both current and former OPC Members who hold or have held a given title from the association. Given titles include all those issues by Orthotics Prosthetics Canada (OPC) and the Canadian Board for Certification of Prosthetists and Orthotists (CBCPO):

- Certified Orthotists (CO(c))
- Certified Prosthetists (CP(c))
- Certified Prosthetist and Orthotist (CPO(c))
- Registered Orthotic Technicians (RTO(c))
- Registered Prosthetic Technicians (RTP(c))
- Registered Technician Prosthetics and Orthotics (RTPO(c))
- Residents and Interns (orthotic and prosthetic professionals) in all practicing roles in Canada

The Standards of Practice are intended to provide clarity to OPC Members in their professional activities, and act as a conduit to inform the public, patients and patients' families, colleagues, allied healthcare professionals and referring sources about what they can expect from credentialed OPC Members.

This document covers a wide range of practice areas, from accountability to business practices to professionalism, and is intended to work in conjunction with other OPC policies, such as our Canons of Ethics, and industry best practices.

For clarification on any of the standards shared in this document, please reach out to the OPC Office by email via info@opcanada.ca or by phone at (416) 623-6687.

The information contained in these Standards of Practice are not intended to set a standard of care for our members or any person practicing in orthotics or prosthetics. The Standards of Practice are for general information purposes only. OPC makes no representation and assumes no responsibility for the accuracy of the information contained in the Standards of Practice and such information is subject to change without notice. In no event will OPC be liable to any person for any act, alleged act, omission, or alleged omission of any of our members.



Vision, Mission, and Values

Our vision

Leading the advancement of orthotics and prosthetics.

Our mission

We foster the highest quality care by:

- Developing and maintaining standards,
- Credentialing members and providing education, and
- Advocating for and promoting the profession.

Our organizational values

Integrity | Teamwork | Excellence | Innovation



Purpose of Standards

Orthotics Prosthetics Canada (OPC) follows broad standards to coincide with the diverse nature of the areas in which Certified Orthotists (CO(c)), Certified Prosthetists (CP(c)), Certified Prosthetist and Orthotist (CPO(c)), Registered Orthotic Technicians RTO(c), Registered Prosthetic Technicians (RTP(c)), Registered Technician Prosthetics and Orthotics (RTPO(c)), Residents and Interns (orthotic and prosthetic professionals), hereafter referred to as “OPC Members”, practice.

The Standards:

- Apply at all times to all OPC Members who hold or have held a given title from the association. This includes but is not limited to: Certified Orthotists (CO(c)), Certified Prosthetists (CP(c)), Certified Prosthetist and Orthotist (CPO(c)), Registered Orthotic Technicians RTO(c), Registered Prosthetic Technicians (RTP(c)), Registered Technician Prosthetics and Orthotics (RTPO(c)), Residents and Interns (orthotic and prosthetic professionals) in all practicing roles in Canada,
- Provide increased clarity to OPC Members regarding the expectations of Orthotics Prosthetics Canada with respect to conduct, professional practice, ethics, patient safety and delivery of exceptional service,
- Guide decision making for practices when addressing professional practice issues,
- Provide expectations and act as a tool for professional practice management,
- Are to be used as a formal reference for reasonable and prudent practice expectations,
- Should be utilized and strengthened in tandem with ongoing development of Standards, Ethics and Scope of Practice documentation,
- Act as a conduit to inform the public, patients and patients’ families, collaborative colleagues, allied healthcare professionals and referring sources about what they can expect from credentialed OPC Members,
- Provide patients and patients’ families with the minimum expectations that OPC Members must meet to provide safe, ethical, and efficacious services,
- Provide the public with a level of certainty and protection.

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Standard 1: Knowledge-based Practice

OPC Members should use clinical expertise, industry best practices and evidence-based research (where available) to guide them in clinical decision-making. The development of best practice guidelines is ongoing and dynamic. With changes in technology, also come changes to best practices; research is necessary to define these best practices. With the diversity of the patient population, best practices and current practices exist as guidance and should be used appropriately with good judgment.

Indicators:

1. Uses critical inquiry to assess, plan, intervene, monitor, and evaluate care and related services.
2. Establishes and initializes an orthotic/prosthetic (O/P) plan of care based on comprehensive patient assessment.
3. Coordinates with allied health professionals actively involved in a patient's care.
4. Monitors the effectiveness of the O/P treatment through continuum of care.
5. Monitors the effectiveness of the implemented plan of O/P care and appropriately collaborating with allied health professionals or teams actively involved in a patient's care.
6. Documents appropriately, in written or electronic form, timely and comprehensive assessments, decisions about a patient's O/P treatment, plans of care and interventions along with documented outcomes. Documentation must be accurate, clear, comprehensive, chronological, and legible.
7. Respects a patient's choice, involvement in the treatment plan, their decisions, and the choice of providers for O/P care. Respects and incorporates cultural diversity and safety within the practice.
8. Understands funding situations and how these impact a patient's treatment plan. Offers potential solutions and/or alternatives, if possible, when financial burdens are indicated.
9. Understands components in O/P and their functional application. Keeps abreast of new developments and products. Makes patients aware of the OPC Member's level of expertise with respect to products and available options.
10. Provides unbiased product knowledge to help guide patients.

Standard 2: Responsibility and Accountability

OPC Members are responsible to their patients to practice safely, ethically, compassionately, and competently within their specific discipline. Members are accountable to their patients, third-party paying agencies, their employer, the public, the profession, and themselves.

Indicators:

1. Shows responsibility for their actions and accountability for the results of those actions or lack of actions and of the decisions made within one's own practice both clinically and technically.
2. Properly attains and maintains the relevant designation(s) and certification(s) in orthotics and/or prosthetics.
3. Demonstrates fiscal responsibility to patients, third-party paying agencies, provincial and federal funding agencies, and not-for-profit funding agencies. Provides the patient with the most appropriate treatment based on current best practices and clinical judgment.
4. Uses one's best judgment and seeks out appropriate assistance when required. Works within one's own capabilities.
5. Acts in a manner that upholds the public's trust and support for the profession.
6. Provides a safe and supportive environment for employees, the patient, and the public.
7. Uses social media, technology, print, and advertising in a way that enhances the orthotics and prosthetics profession.
8. Adheres to the profession's strict code of ethics and stay abreast of any changes made to these codes.
9. Adheres to the profession's Scope of Practice for the area in which one practices.

Standard 3: Practice Management

OPC Members must provide a safe environment that is conducive to work, with both proper patient record management and a clean and safe environment for orthotic and prosthetic treatment.

Indicators:

1. Patients are met with kind, courteous staff who respect their needs.
2. The practice ensures that it has implemented policies to safeguard patients' personal health information, such as obtaining a signed/verbal release of health information form before collaborating with allied health professionals or paying agencies. See *Standard 7: Business Practices* for safe storage of patient information.
3. Appropriate infection control treatment measures are available within their facilities/workplaces. All staff use appropriate infection control techniques.

Standard 4: Continuing Competence

OPC Members must engage in self-assessment of their practice by identifying their strengths and learning needs requiring ongoing professional development.

Indicators:

1. Assumes primary responsibility and accountability for maintaining professional competence.
2. Participates in the Mandatory Continuing Education (MCE) Program with OPC.
3. Demonstrates responsibility for documenting and always reports necessary points, especially during times of audit.
4. Maintains and upgrades professional knowledge and skills on an ongoing basis.
5. Maintains awareness of trends, issues, and changes in orthotic and prosthetic care.
6. Participates willingly in peer review of other orthotic and prosthetic professionals and willingly undergoes peer review.

Standard 5: Collaboration

OPC Members should strengthen interdisciplinary collaboration to provide the best possible clinical outcomes for their patients and patients' families who access orthotic and prosthetic care.

Indicators:

1. Collaborates with external healthcare prescribers and teams to determine the appropriate treatment when beneficial to patient outcomes.
2. Uses appropriate language and terminology when communicating with allied health professionals, patients, and families.
3. Conveys respect and builds trust among colleagues and care teams.
4. Requests professional opinion when assistance is needed.
5. Makes new team members feel welcome by providing guidance and support.
6. Educates and allow the patient to make informed decisions.
7. Provides adequate support to clinical residents and technical interns.

Standard 6: Leadership

OPC Members must demonstrate effective leadership, knowledge, and skill in their own clinical and technical practice, as well as in the management and supervision of others working in the orthotics and prosthetics profession.

Indicators:

1. Models professional values, beliefs and attributes that promote the profession to patients, learners, colleagues, and allied healthcare professionals.
2. Evaluates safety and effectiveness when delivering orthotic/prosthetic care and/or assigning duties to unregulated providers in accordance with established OPC guidelines. This is dependent on the details of provincial contracts and other feasibility variables.
3. Promotes innovation and demonstrate receptivity to new ideas which may enhance or support orthotic and prosthetic practice.
4. Contributes to the development of policies and procedures for the delivery of safe, efficacious, and ethical orthotic and prosthetic care.
5. Recognizes when there is a perceived or real conflict of interest and remove or retract influence in these instances.

Standard 7: Business Practices

OPC Members are expected to follow the guidelines laid out in the Canons of Ethical Conduct while engaging in all business practices related to orthotic and prosthetic patient treatments.

Patient Records

OPC Members are responsible for maintaining documentation of patient care in a manner consistent with the OPC Canons of Ethical Conduct and the Personal Information Protection and Electronic Documentation Act (PIPEDA) or similar provincial legislation.

Indicators:

1. Patient records are accurate, enhance outcomes, promote safety and continuity of care, and maintain accountability to third-party paying agencies as well as broader healthcare teams.
2. Under PIPEDA, OPC Members are considered a health information custodian (HIC) for records associated with the treatments they deliver. As such, they adhere to the responsibilities and rules of the law of Canada and the respective province.
3. All policies within a prosthetic and orthotic practice coincide with PIPEDA and/or provincial legislation.
4. It is the OPC Credential Holder's responsibility to take reasonable precautions to ensure record-keeping systems are designed and operated to best protect patient information. Information access by employees is limited to information that is relevant to their portion of the treatment delivery or billing when possible.
5. When a breach in confidentiality occurs outside an organization or practice, an effort to inform the patients of the breach occurs in a timely manner.
6. Other payment information practice guidelines can be found within the Payment Card Industry Security Standards Council as well as the Payment Card Industry Data Security Standards. OPC Members take reasonable steps to keep payment information safe as this is considered a part of a patient's records.

Recommended links and current standards are available from the following regulatory bodies:

www.pcisecuritystandards.org

<https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-privacy-act/>

Advertising

To maintain and promote public trust in the prosthetic and orthotic profession, only relevant information should be included in any advertisement. Advertisements should be factual, verifiable, and clear so that it does not mislead. Advertising should adhere to the OPC Canons of Ethical Conduct.

Product Recommendations

When OPC Members use, recommend, provide, or sell products integral to treatments, they must do so in a way that serves the patient's best interests and limits the potential conflict of interest associated with product use and the product recommendation.

Indicators:

1. OPC Members use the best/current practices available to make their recommendations and give patients complete information to make an informed choice.
2. When providing information about products, the OPC designation is not used to endorse a product.

Invoicing and Billing Practices

The OPC member is responsible for informing patients in advance of potential fees and acceptable payment methods prior to treatment.

Indicators:

1. Discussions regarding fees with patients include fee conditions as well as available funding options applicable to that specific treatment.
2. Invoice review policies are in place to ensure billing accuracy.
3. Misrepresentation of the products or treatment provided is recognized as unethical and does not occur.
4. Fees align with the guidelines set out by the OPC Canons of Ethical Conduct.

Conflict of Interest

All decisions and recommendations made by OPC Members must be made with the understanding and intent that the patient's best interests are the primary concern.

Indicators:

1. OPC Members do not allow their judgment to be driven by financial or personal benefit over that of the patient's interest.
2. Multidisciplinary teams cannot only refer in-house. Referrals prioritize patient's best interests in all instances.
3. As outlined in the Canons of Ethical Conduct, Certified Orthotists and Certified Prosthetists cannot accept funds derived from a referral as it is a conflict of interest.
4. Consult the OPC Canons of Ethical Conduct for matters to do with proper referral practices.

Conduct

OPC Members are expected to conduct themselves in a manner which honours the profession and the patients they work with.

Standard 8: Professionalism

OPC Members should always conduct themselves honourably and appropriately in private life and professional practice. Their conduct should sustain and enhance their professional integrity as well as the integrity of the orthotic and prosthetic profession (See the OPC Canons of Ethical Conduct).

Indicators:

1. Recognizes that the self-regulation of the profession is a privilege, and that each member has a continuing responsibility to merit this privilege.
2. Replies promptly and completely to any communication from OPC, its officials, committees, or delegates.
3. Avoids challenging the reputation of colleagues for personal motives.
4. Reports to OPC any unethical conduct by colleagues.
5. Commits to acting with honesty and integrity. This commitment is fundamental to the delivery of high quality, safe and professional services.
6. Commits to using those professional designations that they have duly earned and maintained in accordance with the regulations of the appropriate certifying and governing bodies.
7. Commits to not solicit patients or referring professionals with offers of monetary or material incentives.
8. Respects the patient's culture, lifestyle, religion, gender expression and ethics.

Standard 9: Informed Consent

OPC Members must obtain informed consent prior to providing orthotic and prosthetic care. This includes consent to treat, consent to collect and store information, and consent to speak with other involved healthcare providers and third-party payers on matters that are relevant to the treatment plan. OPC Members must also obtain consent before using any information or data for teaching, research, promotion, or social media purposes.

The ability to direct one's own orthotic and prosthetic needs and treatment is vital to an individual's personal dignity and autonomy. OPC Members hold a position of trust and power with respect to their patients and can often exercise influence over a patient. However, decision-making power must always rest with the patient, or in the case of incapacity, the patient's substitute decision-maker (SDM). Every patient or their SDM has the right to receive full and frank information on the condition, the options available and to provide free and informed consent to any matters relating to their care.

Indicators:

1. Ensures that the patient or substitute decision maker (SDM) understands the nature of the orthotic/prosthetic treatment.
2. The patient or substitute decision maker are made aware that consent can be withdrawn at any time.
3. Consequences of pursuing or not pursuing orthotic/prosthetic treatment are effectively communicated to the patient or substitute decision maker.

Informed consent

Informed consent is consent based on information which a reasonable person in the same circumstances as the patient would require to make a decision about the treatment. In order for the patient to provide informed consent, the following matters must be discussed:

- The nature of the orthotic/prosthetic treatment,
- The expected benefits of the treatment plan,
- The material risks (well-established potential for serious harm) of the treatment plan,
- The material side effects of the treatment plan,
- Alternative courses of action, and
- The likely consequences of not pursuing the treatment plan.

Communication

Ongoing dialogue and open communication between the patient or the SDM and the practitioner are essential for obtaining informed consent. If the condition of the patient significantly changes or if the OPC Member proposes a different treatment option, then consent should be obtained again. The OPC Member should always be realistic with the patient when it comes to discussing the likelihood of future improvement or preventing the worsening of symptoms.

Express consent vs. implied consent

Consent to treatment can either be express or implied. Express consent is provided directly from the patient or SDM in explicit words or in writing. Express consent can be either verbal or written. OPC Members should exercise great caution when relying on implied consent. Implied consent is subject to interpretation, which can lead to misunderstanding.

Incapacity

There are situations in which a patient may not be able to provide informed consent because they are incapacitated. When this is the case, consent can be obtained from the SDM, while still including the patient as much as possible. Deciding that someone is incapacitated for the purposes of consent is a very serious matter and goes to the very heart of an individual's autonomy and dignity. A person is capable with respect to a treatment if the person is able to understand the information that is relevant to making a decision about the treatment and is able to appreciate the reasonably foreseeable consequences of a decision or lack of a decision. All persons are presumed to be capable. A member may not presume that a person is incapable solely based on any one of the following reasons:

- The existence of a psychiatric or neurological diagnosis.
- A refusal of a proposed service that is contrary to the member's advice or the advice of another practitioner.
- A request for an alternative service.
- The person's age.
- The existence of a disability, such as a hearing impairment.
- The mere fact that an SDM is in place.

Substitute Decision-Makers (SDMs)

When a patient is deemed to be incapable of providing informed consent, the OPC Member must seek consent from an SDM. If there is no SDM established in a particular case, there is a hierarchy of SDMs, and criteria that a prospective SDM must meet. The hierarchies and criteria for SDMs may differ across provinces — refer to local provincial legislation for the applicable policy.

Standard 10: Dual Healthcare Practices

OPC Members who carry certification in both orthotics and prosthetics must:

1. Maintain their Mandatory Continuing Education (MCE) credits, as set out in the guidelines by OPC.
2. Provide consultation, evaluation, treatment, and preventive care in accordance with the laws and regulations of the jurisdiction in which they practice.
3. Be truthful and honest with the patient, physician, other health care professionals, and the public regarding device prescriptions required to improve a patient's standard of living.

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