GUIDE FOR THE PROVISION OF SECOND OPINIONS
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PURPOSE

The purpose of this Guide is to support audiologists and speech language pathologists (SLPs) when applying practice standards, regulations and legislation to the provision of second opinions.

THIS GUIDE APPLIES WHEN:

- A second opinion is requested by the patient, substitute decision maker (SDM) or a third party such as the College, a lawyer, insurance company, legal proceeding or by court order.
- The second opinion is, a) a patient record review or, b) a record review and a patient assessment with recommendations.
- The original clinical information is available.

DEFINITION OF SECOND OPINION

An audiologist’s or SLP’s independent clinical findings relating to the validity and appropriateness of some, or all, of a patient’s intervention, provided by another professional with the same or similar scope and area of practice.

PRINCIPLES

1. You shall practice within the limits of your competence as determined by your education, training and professional experience (Code of Ethics 4.2.2).
2. When conducting a second opinion, you must be honourable, objective and impartial (Code of Ethics 4.1.3 and 4.1.7).
3. You must ensure that the second opinion is reasonable, fair, balanced, and substantiated by objective data and clinical judgment (Code of Ethics 4.2.7).
4. You must identify and mitigate bias or conflict of interest that could reasonably affect your second opinion. This may include declining your involvement.
5. You are not required to provide a second opinion and may choose to decline to do so.

CONSENT REQUIREMENTS

- When reviewing a patient’s personal health information, knowledgeable consent from the patient must be obtained and documented. Only then can you collect, use and disclose personal health information in your report and/or testimony.
- When conducting a patient assessment, informed consent for the assessment must be obtained from the patient and documented.
- If the patient does not have capacity to consent, the patient’s SDM must provide both consent to collect use and disclose health information and/or consent to assess.
• Consent may have been obtained by another health care professional or a third party, such as a lawyer or insurance company. You must ensure that the patient being assessed understands the purpose of the assessment, how the assessment will proceed, and where the report will be sent.

• There are legal proceedings (summons or orders) that may require the disclosure of personal health information without consent. The Personal Health Information Protection Act permits disclosure for a proceeding in which you are a party or witness. (PHIPA 2004, c. 3, Schedule A, s. 41 (1).)

• Patients can withdraw consent at any time; however, this may prevent you from completing the assessment and submitting a second opinion.

• Patients are entitled to place limits on the information that audiologists and SLPs can disclose in a report. You should communicate to the patient that such limitations may affect your second opinion.

COMPETENCIES

In order to develop an objective and reasonable second opinion, you must possess the requisite knowledge, skill and judgement to:

• Communicate appropriate information to the patient including, but not limited to:
  o the purpose of the second opinion and how it may affect the assessment procedure
  o who is requesting the second opinion
  o the relationship between you and the third party

• Comply with current relevant legislation, regulations, processes and criteria that govern the requested second opinion. For example, legal and insurance company requirements such as independent medical examinations (IMEs) also known as independent evaluations (IEs).

• Determine the relevance of any information collected for the record review or assessment.

• Identify gaps in information and make reasonable efforts to seek out further information that may impact the second opinion.

• Identify and declare any conflict of interest.

• Consider, declare (if applicable) and mitigate any biases, including personal opinions and different therapeutic approaches.

• Use and document current, evidenced-based research to support your opinion.

• Provide a clear rationale for how and why you arrived at the second opinion.

When assessing a patient, the following additional competencies are required:
• Consider any restrictions to timelines for re-administering standardized assessment protocols.

• Identify significant clinical differences between the original intervention and the second opinion. This would include technological and clinical advances and whether assessment tools or equipment were available.

• Select an appropriate assessment protocol, especially if you cannot repeat the original assessment protocol, to generate a clinical finding.

• Review the scope of the second opinion, and not provide an opinion or intervention outside that requirement.

• Protect the patient’s well-being by reducing potential stress or confusion stemming from what may be an impersonal process.

If you determine you do not have the required competencies or you are in a conflict of interest to provide a second opinion at any point in the process, you should withdraw your services. You should inform the patient and whoever made the request for a second opinion.

DOCUMENTATION

You must keep a patient record for both a record review and assessment.

• When conducting a record review and writing a report where you are not assessing the patient, the following documentation needs to be retained:
  o The patient’s consent to collect, use and disclose personal health information
  o Information on who requested the second opinion and why
  o The dates you conducted your record review
  o A copy of your report, if written
  o Notation of who received your report

• When assessing a patient, a patient record must be developed and retained, as per the Records Regulation (2015).
  • Include information regarding the evidence used to substantiate the second opinion.

GLOSSARY

ASSESSMENT: the use of both standardized and non-standardized measures to observe and record a person’s functioning in a variety of areas. This is done in order to gain an understanding of a patient’s strengths and weaknesses so as to allow the member to make an evaluation statement and plan a treatment program.

KNOWLEDGEABLE CONSENT: the patient understands why their personal health information is being collected and used and the purpose for disclosing their information to another health information custodian, agent or third party and agrees to the collection, use and/or disclosure. The patient also is informed that they may give, withhold or withdraw consent.
INFORMED CONSENT: Before receiving service, the patient or SDM has received information that a reasonable person in the same circumstances would require. In addition, the person must have received responses to his or her requests for further information. Necessary information includes:

- The nature of the service.
- The expected benefits of the service.
- The material risks of the service.
- The material side effects of the service.
- Alternative courses of action.
- The likely consequences of not having the service.

INTERVENTION: includes screening, assessment, treatment, management, consultation, education and counselling.

RECORD REVIEW: when a member provides a professional opinion based solely on a patient record with no direct patient intervention.

PATIENT RECORD: an electronic or paper patient health record that is made, used, maintained, retained and disclosed by audiologists and SLPs in English or French in accordance with the Records regulation.

REFERENCES

The College of Physicians and Surgeons of Ontario (2012) Medical Expert: Reports and Testimony

The College of Physicians and Surgeons of Ontario (2012) Third Party Reports


The College of Chiropractors of Ontario (2013) Third-Party Independent Chiropractic Evaluations

FREQUENTLY ASKED QUESTIONS

Q1 I provided a second opinion regarding an SLP’s treatment plan, this involved a record review. I have since been asked to provide verbal testimony in a court proceeding regarding my second opinion. Are there any considerations I should be aware of?

A1 It should be no different than if you were required to provide testimony as the patient’s primary SLP or audiologist. The typical guidance given by the College is to answer questions within your scope and area of practice and regarding the service you provided, in this circumstance a record review and report.
Q2  I have been asked to carry out an assessment of a child and provide a second opinion, however the parents refuse to provide the SLP’s or audiologist’s original assessment and clinical information. What should I do?

A2  If you do not have access to the original record or the assessment and clinical information, you cannot provide a second opinion. Parents, as substitute decision makers have the right not to disclose personal health information. Inform the parent that without the previous record, your assessment can only be considered a valid reflection of the child’s current abilities and is not an opinion on the previous assessment. You can, however, agree to carrying out an assessment and share your clinical findings and recommendations. Ensure the parents understand that your assessment is not a second opinion.

Q3  A colleague has asked me to review an audiogram and his report regarding one of his patients who presents with a complex hearing history. Is this considered to be a second opinion?

A3  Reviewing a colleague’s assessment results, reports or observing a colleague provide service is not a second opinion. This is a consultation which happens frequently with both audiologists and SLPs. Members must consider if the colleague is in the Circle of Care, and if not, obtain knowledgeable consent to disclose the patient’s personal health information.

Q4  A patient who isn’t happy with his hearing aids prescribed by another audiologist has asked me for a second opinion. The patient wants to know if the hearing aids prescribed were appropriate. The aids were prescribed over five years ago and technology has changed significantly so they wouldn’t be appropriate now. What should I say?

A4  You should inform the patient that hearing aid technology has changed over recent years, and if they want to pursue a second opinion, you will need the original audiogram and prescription information. The second opinion you provide should reflect the technology that was available five years ago.

You can also offer the patient an assessment to provide a recommendation for new hearing aids that fit his current hearing needs.

Q5  I am an SLP and I was asked by a family to provide a second opinion regarding an aphasia assessment and treatment plan provided for their father. The family now want me to provide services to their father. Is this OK and is the service I provide still considered to be a second opinion?

A5  Following the provision of a second opinion you may provide aphasia treatment to the patient. The subsequent service does not fall under what the College considers the provision of a second opinion.
Q6 I work as an SLP in the auto insurance sector providing assessment and treatment to patients with acquired brain injury. What happens if there is disagreement regarding the assessment/recommendations by the clinician providing the second opinion?

A6 Most insurance companies address this circumstance with specific processes. You should follow the processes provided by the insurance company or their governing body. The processes may change so you must keep up to date with what they are.

Q7 I am an audiologist and I have been asked by the spouse of a patient to provide a second opinion regarding an audiological assessment carried out by a Hearing Instrument Practitioner (HIP). HIPs are not regulated, so are there any differences in the consent or second opinion requirements?

A7 You will still have to obtain and document consent from the patient, if they are capable, for the collection, use and disclosure of personal health information. Because HIPs are not required to follow CASLPO standards regarding audiological evaluations, you should keep this in mind when developing your second opinion.

Q8 I have agreed to provide a second opinion regarding the intervention with a child who has a severe stutter. I am confident in my knowledge, skills and judgement in the area of stuttering. However, the member who conducted the patient assessment has a completely different approach than I do (she provides direct therapy to young children and I focus my intervention on parent training). Should I still provide a second opinion?

A8 Use your professional judgement. You have recognized your therapy bias, so ask yourself if you can provide an objective and impartial opinion that is reasonable, fair, balanced, and substantiated by objective data and clinical judgment. If you feel that you cannot, then you should inform the party that requested the second opinion and withdraw your services.

Q9 What is the difference between a second opinion and an expert opinion?

A9 An expert opinion is a legal term for the opinion rendered by an expert witness or subject matter expert in a legal proceeding. This may or may not be a second opinion, depending on the circumstance. For example, it is a second opinion if it pertains to a patient, the original clinical information is available and the member is providing an opinion regarding the clinical information.