

Update CPTBC

Summer 2005 • Volume 6 Issue 2

REGISTRAR'S REPORT

ANNUAL GENERAL MEETING

The Annual General Meeting (AGM) was held on Saturday, May 28, 2005 at the Victoria Conference Centre in Victoria, BC. Thank you to the 90 members who attended and the 35 members who sent in proxies.

This year the Board approved holding the annual meeting in Victoria during the Canadian Physiotherapy Congress weekend. The Physiotherapy Association of British Columbia (PABC) and the College co-hosted the first Beth Maloney Memorial Lectureship, which was followed by a wine and cheese reception. The evening was a resounding success!

For those of you who were unable to attend here are some of the highlights of the evening:

At the AGM ...

- The Board Chair, Melissa Holland, welcomed the following guests to the meeting:

Marilyn Atkins, CPTBC, Alliance Representative

Cathryn Beggs, Executive Director, Accreditation Council Canadian Physiotherapy Academic Programs (ACCPAP)

Pamela Fralick, CEO, Canadian Physiotherapy Association

Signe Holstein CEO, Canadian Alliance of Physiotherapy Regulators

Dianne Millette, Registrar, College of Physical Therapists of Alberta

Sue Murphy, Division Head, P.T., School of Rehabilitation Sciences, UBC

Rebecca Tunnacliffe, CEO, Association of Physiotherapists of British Columbia

Margaret Warcup, Past Chair, Board of Directors, Canadian Alliance of Physiotherapy Regulators

- the business meeting was short with the Chair's report, committee reports and the 2004 financial statements received and placed on file.
- Jane Cole, Margaret Harris and Jeff Garrett (see biographies below) were elected to the Board of Directors for a two-year term.

RECOGNITION AWARDS

Recognition awards were presented to the following volunteers for serving on the Board and Committees:

Greg Cassap, Registrant
Board of Directors 1999-2005
Quality Assurance Committee 1999-2004

Terry Fedorkiw, Registrant
Board of Directors 2003-2005

Karen Bonter, Registrant
Quality Assurance Committee 2002-2004

Janice Leong, Public Representative
Continuing Competency Sub-Committee 2004

Jim McGregor, Registrant
Discipline Committee 1995-2005

Tish Pike, Registrant
Legislative Committee 2002-2004

Elisabeth Riley, Public Representative
Inquiry Committee 2003-2005

Marlene Scott, Public Representative
Registration Committee 2003-2004

Marilyn Toro, UBC SRS student
representative to the Board 2003-2004

Mark Virgin, Public Representative
Board of Directors 2001-2004
Inquiry Committee 2002-2004

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INSERTS

- Deputy Registrar - Employment Opportunity
- Advisory Statement Number 2 - Draft
- Paid Advertisements
PABC
ISTOP
UBC - Continuing Studies
University of Northern BC

COLLEGE BOARD OF DIRECTORS: 2005-2006

Victor Brittain - Elected Registrant and Board Vice-Chair

Jane Cole - Elected Registrant

Jeff Garrett - Elected Registrant

Margaret Harris - Elected Registrant and Board Chair

Melissa Holland - Appointed Public Representative

Wren Montgomery - Appointed Public Representative

Irene Ruel - Elected Registrant

Anne Scott - Elected Registrant

John Zimmer - Appointed Public Representative

At the Beth Maloney Memorial Lectureship ...

- the lectureship was co-hosted by the Physiotherapy Association of British Columbia (PABC) and the College of Physical Therapists of British Columbia (CPTBC)
- Beth's husband, Paul Digney and her daughter Andrea Digney joined us for the evening
- **our guest speaker, Andrea Holmes**, is a young athlete who decided to compete at the Olympic level after watching the 2002 Paralympic Winter Games. Andrea achieved 8th place in long jump at the 2004 Paralympic Summer Games. Andrea was born a below-the-knee amputee and recently discovered that she is also missing the following muscles - Rectus Femoris, Sartorius, Semitendinosus, Gluteus Maximus, as well as the left anterior superior iliac spine. The audience was moved by Andrea's heartfelt stories of struggling through injuries while training to achieve her sporting goals. Andrea expressed an emotional appreciation for the excellent care she has received from physical therapists throughout her career. The audience was left with a clear sense of the gratitude felt by Andrea for the skill of her physical therapists, their ability to be realistic about her progress while still maintaining a positive outlook, and the emotional support this provided her while having physical therapy treatment.

And the Reception ...

- was a great opportunity to 'catch up' with old friends from across the province.

BIOGRAPHIES – NEW BOARD MEMBERS**Jeffery (Jeff) Garrett (first term)**

Jeff Garrett graduated with a Bachelor of Sciences in Physical Therapy from the University of Toronto in 1985. He passed his Part A and B examinations in 1995 and became a FCAMT member in 2000. Jeff has held clinical positions in Ontario and BC. He has taught at the University of Waterloo, University of Western Ontario and in continuing Medical Education at the University of Toronto. He has also taught in Cuba with the Canadian International Development Agency.

Jeff is a registered instructor with the Orthopaedic division of CPA. He has been on the Board of Directors of a winery in Ontario as well as a venture capital company. He also owns 3 private physical therapy clinics in Ontario.

Jeff has held various positions with the Canadian Physiotherapy Association. He has been the Chair of the Education Committee of the Orthopaedic division for the past 5 years. He has also worked for the College of Physiotherapists of Ontario in the roles of investigations and remediation for the past 5 years. Jeff has been a member of the College of Physical Therapists since 1985 and has just recently relocated to British Columbia from Ontario.

Jeff's other interests include fishing, sailing, hiking and Viniculture. He is an award-winning winemaker having won a number of awards provincially and nationally.

He presently resides on the Queen Charlottes Islands with his wife Sheila, an artist, and their two children Catherine (8) and Drew (5).

Margaret Harris (second term)

Margaret took her physical therapy training at King's College Hospital, London University from 1963-66. She has worked over the years in England, Bermuda, Ontario and British Columbia in a variety of settings, both public and private – including Paediatrics, Sports Medicine, Orthopaedics and Ergonomics. Margaret has taught the Sports Aid and Sports Taping courses for Sports Medicine Council of B.C. at the High School in Prince Rupert for 9 years. She has also volunteered for the Northern BC Games, Seniors Games, Minor Soccer Tournaments and All-Native Basketball Tournaments on many occasions in Northwestern B.C.

Margaret has recently moved from Prince Rupert to Courtenay on Vancouver Island and is now working for a

private PT Clinic in Campbell River, the Comox Valley Child Development Association, the B.C. Brain Injury Association and the Ministry of Child and Family Development 'At Home' Program (Extended Therapies).

Margaret has been a member of the PABC Board for six years over two terms, President of the Northwest B.C. District of PABC for four years over two terms, Editorial Committee of PABC for four years, and most recently a member of the Board of the College of Physical Therapists of B.C. for one year to complete the term of a resigning Board member.

Margaret's interests outside work include cycling, skiing, hiking, kayaking, choral singing and gardening.

Margaret has enjoyed her year serving on the College Board and feels that she now has gained a good understanding of the Board's role and direction. She would like the opportunity to put her work and Board experience to good use by continuing to represent physical therapists on the Board for another full term.

Jane Cole (first term)

Jane received her physical therapy training at The Middlesex Hospital, London, England and her degree at UBC in 1982. In 2002, she completed a certificate in Health-Continence with the University of East London.

Jane has worked in the lower mainland in a variety of settings, both public and private practice – including arthritis, post-operative cardiac care, continence (bladder and bowel) management and treatment of pelvic pain. She is currently employed at The Bladder Care Centre at UBC Hospital and works as a casual physical therapist at Royal Columbian Hospital.

Jane has volunteered as a member of the executive of the Women's Health Division of CPA, and is presently on the Pelvic Floor Task Force for PABC. In the community she is a committee member of the East Fraser Lands Committee for the City of Vancouver, and a run leader for the Sun-Run.

Jane's interests outside work include running, cross-country skiing, bridge and gardening. With her family she hosts national and international students and has welcomed students from China, Japan and Quebec in the last year.

Jane looks forward to serving on the Board of CPTBC to continue with her commitment to her profession. The diversity of her practice gives her a global interest in the scope of physical therapy practice.

CONTINUING COMPETENCY PROGRAM UPDATE

In light of the Ministry of Health Services Model Bylaws, which require that Colleges have a Quality Assurance (QA) Program in place, the Continuing Competency (CC) Sub-committee is considering how to modify the current CC Program in order that it will meet the government's pending QA requirements.

It seems the government intends that College QA programs will proactively assess registrants' performance in an attempt to pick up incompetent practice. The College's CC Program on the other hand uses a professional portfolio designed to promote life-long learning and document registrants' efforts towards maintaining their competence. Currently, there is not a clear enough link to a registrant's practice within the portfolio to be seen as having the ability to pick up incompetent practice. The CC Sub-committee intends to review the current portfolio and revise the contents to have a QA component, which focuses on a registrant's practice. The resulting portfolio will then become a part of the College's QA program, in order to satisfy the Model Bylaw requirements. This also means that the CC program will be renamed the QA Program in accordance with the Model Bylaws.

The College of Pharmacists of BC currently uses a learning portfolio, which is linked to their competency document, to have registrants reflect on scenarios involving direct patient care. With the recent publication of the Essential Competency Profile for Physiotherapists in Canada the CC Sub-Committee feels that the College's portfolio can be revised and linked to the Profile to include physical therapy practice content. By revising the content of the portfolio the Sub-Committee believes the Professional Portfolio will be able to document CC activities as well as meet the government requirements for a QA Program, and avoid having two separate programs running side by side.

Again, the current Professional Portfolio remains on hold due to delays in passing the *HPA* amendments. Registrants will be notified when the new Professional Portfolio is ready for use.

MEMBER ADVISORY

IMPORTANT NOTICE TO REGISTRANTS:
PRACTICE HOURS REQUIREMENT TO TAKE
EFFECT AT EARLIEST JANUARY 1, 2007

CHANGE OF DATE FOR PRACTICE HOURS REQUIREMENT FROM JANUARY 1, 2006

According to Clinical Practice Statement No. 11 issued in November 2001, to maintain registration with the College, full and limited registrants must accrue 1200 Practice Hours in a rolling 5 year period. The date of enforcement for the Practice Hours requirement is listed as January 1, 2006.

The College's Legislative Committee is currently rewriting the Bylaws in accordance with the Ministry of Health Services Model Bylaws. Until these Bylaws are approved by the Board and passed by the Lieutenant Governor in Council the College Practice Hours requirement will not take effect.

In June 2004, a notice was sent to all registrants to notify them that the professional portfolio was being put on hold due to the delay in "implementation of continuing competency legislation". Below is an excerpt which addressed the Practice Hours requirement:

The Practice Hours requirement is not expected to change. The deadline for attaining 1200 practice hours will occur after the HPA amendments are proclaimed in 2005 and after the College's Bylaws are approved by Cabinet. Cabinet approval may take up to several months after the HPA amendments are proclaimed. The College anticipates that the earliest date for the Practice Hours requirement to be in 2005 and the latest date to be in 2006.

All registrants will be informed when the HPA amendments are proclaimed, and the Bylaws are approved.

The Professional Portfolio remains on hold since *HPA* amendments have yet to be proclaimed. It was, however, anticipated that the College Bylaws would pass in 2005.

It is now clear that the Bylaws will not be passed until 2006. As a result, the earliest anticipated date for the Practice Hours requirement is January 1, 2007.

If you changed your College registration status to 'inactive' in 2005 because you were not able to accrue 1200 Practice Hours before January 2006 please contact the College immediately. The additional year may provide you with the opportunity to accumulate the required hours and therefore make you eligible to retain your registration with the College. Due to the uncertainty regarding when the College Bylaws will be passed by government registrants are urged to contact the College prior to making any licensing changes based on the Practice Hours requirement.

A letter indicating the changes to the Practice Hour requirement will be sent to all former registrants whose license status went from '*inactive*' to '*cancelled in good standing*' or '*retired*' for the 2005 registration year.

COMINGS AND GOINGS

Alison Leedham was appointed to the Inquiry Committee as a Public Representative.

Gregory Cassap has resigned from the Continuing Competency Sub-Committee.

PATIENT RELATIONS CORNER

A penny for your thoughts! Remember your first year in physical therapy school learning surface anatomy? The instructor at some point asked us to strip down to our underwear to observe posture and palpate body prominences on our partner. Do you remember the great silent pause while your fellow classmates pondered how to react and tried not to be embarrassed? As physical therapy students we quickly become immune to the sensitive nature of exposing ourselves to others. By the end of our training we thought nothing of walking around class partially dressed and classmates knew our every neurological and musculoskeletal flaw.

In the clinical setting the general public has not been trained to be as comfortable “baring all”. As professionals we have the responsibility to provide a private, safe environment for our clients/patients to be assessed and treated. We may provide our clients with a gown, cover sheet, or have them wear shorts to respect an individual’s modesty. There is a full range of reactions clients may have in response to having to expose their upper shoulder, pelvis, or back for you to observe and palpate. If it is their first time seeing a physical therapist they may not know what to expect. Therefore, it is crucial for you to explain what your physical assessment will include, check for understanding, and ask if they have any questions. All these steps must be done to ensure that you have gained consent to proceed. Physical therapists should inform their clients that they have a right to give or withdraw consent at any time during their physical therapy assessment and treatment.

In Health Canada’s “Handbook on Sensitive Practice for Health Professionals: Lessons from Women Survivors of Childhood Sexual Abuse” (2001), survivors of sexual abuse may bring feelings, experiences, and behaviors that may interfere with assessment and treatment. This could present as the psychological phenomenon of ‘transference’ where past experiences are displaced to the present situation. For example, they may be overly sensitive to

criticism or negative feedback, or respond to a ‘trigger’, which precipitates a flashback or overwhelming emotion such as fear, anxiety or anger. All our clients, regardless of their personal experiences, should be made to feel safe and be given control of their body. Communication is a key factor in maintaining a good patient-therapist relationship. Copies of this publication can be ordered through the following web link:

http://www.phac-aspc.gc.ca/nfv-cnivf/familyviolence/oform_e.html
by calling toll-free:1-800-267-1291 or by faxing at 613-941-8930.

Submitted by Nancy Cho
Member, Patient Relations Committee

COMMITTEE REPORTS

Pelvic Floor Task Force (PFTF)

Last fall the Board of Directors of the Physiotherapy Association of British Columbia (PABC) supported a group of physical therapists practicing in the area of Pelvic Floor Re-education in forming a Task Force to address emerging issues related to this field of practice. The College of Physical Therapists of British Columbia (CPTBC) (The College) was invited to send a representative to participate in this work.

One of the issues being addressed by this group is the pending health legislation Reserved Actions List which identified ‘internal vaginal and rectal examination for the purposes of assessment and treatment of pelvic floor dysfunction’ as a delegated reserved act for physical therapists. This means that a physician referral will be required for a physical therapist to perform this function when government passes this legislation. The complete list of Reserved Acts can be found at:
www.healthservices.gov.bc.ca/leg/hpc/review/reserved-list.html

In addition the increased prevalence of Nurse Continence Advisors is overshadowing the ability of physical therapists to provide services in this field of practice.

The Task Force, chaired by Marcy Dayan, has been hard at work collecting information and defining a plan of action that will assist the group in lobbying government to amend the pending legislation. The Task Force is lobbying to have ‘*internal vaginal and rectal examination for the purposes of assessment and treatment of pelvic floor dysfunction*’ granted to physical therapists as a ‘shared’ reserved act,

rather than as a 'delegated' reserved act, in order to remain primary care practitioners in this field. The Task Force intends on distributing information by way of Briefings to Physicians, articles in allied health professions newsletters, submissions to policy makers and health programme administrators throughout the province, and presentations to WCB and ICBC on the unique role of physical therapists in the assessment and treatment of incontinence. The brochure titled "Physiotherapy and Incontinence" can be found on the PABC website at www.bcphysio.org.

In 2003 the College submitted a report to the Ministry of Health Services recommending that pelvic floor assessment and treatment be granted to physical therapists as a shared reserved act under the proposed legislation.

The Task Force believes that excellence in assessment and treatment of pelvic floor dysfunction can best be achieved when the physical therapist is trained in performing internal assessment and treatment. To this effect PABC and UBC Continuing Studies are currently exploring the option of developing a comprehensive educational program.

CPTBC expects registrants to practice within their competencies. Should a program become available for registrants to acquire the competencies necessary to practice in this field it would then be possible for the College to require successful completion of the formalized educational program prior to performing intra-pelvic assessment and treatment.

The work of the Task Force is almost complete. A new group called "The Pelvic Floor Professional Practice Group" (PFPPG) is being formed. The purpose of this group is to continue to raise awareness for pelvic floor physiotherapy issues, liaise with Nurse Continence Advisors, provide stakeholder education and networking, and to continue to plan professional development for physical therapists wanting to develop skills and advance in this area of practice.

Submitted by Terry Fedorkiw
CPTBC representative on the PABC Task Force

INCORPORATION REPORT

Is your practice Incorporated?

If your practice is incorporated with the Registrar of Companies you must also obtain a permit from the College before you do business as a corporation. Contact the College for the "Guide to Incorporation of Your Physiotherapy Practice". An abbreviated version of the "Guide" is available at the College website: www.cptbc.org

If you own a corporation, which has been doing business without a College permit, please contact the College immediately to bring your corporation into compliance with the College's regulations.

Once your application is approved the College will issue your company a permit number and each year will send you a renewal form to complete and return with the \$50.00 fee.

All practices incorporated after September 16, 2000 must follow the College's guidelines for the name of their corporation and have their name approved by the College before applying to the Registrar of Companies.

Thank you to those physical therapists who have contacted the College to bring their long-standing corporations into compliance with the requirement of the Health Professions Act to have a permit issued by the College!

FREQUENTLY ASKED QUESTIONS

A client of mine dropped off a thank you card for me and when I opened it I found she had enclosed money for me! What should I do?

Registrants are often concerned about whether accepting a gift is a conflict of interest. The answer to that question differs depending on the scenario. For example, if an ICBC client gives you a gift just as you are about to write a report including return to work recommendations, accepting the gift may be, or appear to be, a conflict of interest. If the gift were substantial, how would you feel about disclosing the nature of the gift to colleagues, family members of the client, ICBC, or even the College if a complaint were later made? When a gift is given, either of money or otherwise, that causes the physical therapist concern about whether or

not to accept it, the College regulation to consider is Clinical Practice Statement No. 9 which notes that:

“a conflict of interest arises when a physical therapist’s actions or decisions may reasonably be perceived to be, or are in fact, motivated or influenced by financial gain or the potential for financial gain.”

In the end the physical therapist who asked this question felt awkward about trying to return the money to an insistent client and decided to make a donation to charity, in the amount of the gift, and informed the client that she had done so. The registrant felt this was the right thing to do given the circumstances.

I’ve been approached by a kinesiology student about providing a placement in my physical therapy clinic. Is this acceptable practice?

The College would view this scenario as similar to offering a placement to a rehab aide student, where you are providing a placement in an area they are likely going to be employed upon completion of their studies. A few things to consider would be:

- Be aware of the kinesiology/ rehab aide/ athletic therapy program content to ensure that you provide an appropriate experience and don’t give responsibilities which extend beyond their knowledge base.
- You must have client consent for the student to work with them, and it must be clear that the student is a kinesiology / rehab aide / athletic therapy student vs. a physical therapy student.
- As per College Bylaw 55 section 1.7 “Physical therapists shall assume full responsibility for all the care they provide or delegate to personnel under their supervision.”

If you are in this scenario it would be useful to review Advisory Statement No. 13 - Observation/Job Shadowing By Non Physical Therapy Students which is in your College Reference Guide (white binder) or on the website at www.cptbc.org under the heading ‘regulation’.

***If you are interested in offering a placement for a physical therapy student please contact Patricia Lieblich by email at lieblich@interchange.ubc.ca or call 604-822-7413.**

What should I do if I’m working with a physical therapist who is practicing in an unsafe way?

The PABC and College Joint Initiatives Committee has been discussing physical therapy issues which concern both the professional association as well as the College. One of the scenarios we have discussed is how harmful it is to the safety of the public and to the profession of physical therapy if a physical therapist practices in an unsafe manner. Since this is an important issue for both organizations, there is a response from the College’s perspective below, and there will also be a response to the same scenario from the association’s perspective in the PABC’s *Directions* fall publication.

On occasion, as physical therapists, we may witness what we believe to be unsafe or incompetent practice by another physical therapist. In some instances this practice is effectively dealt with at the workplace via mentoring, in-services, or discussion with colleagues or supervisors. In many cases the practice in question changes and all is well.

However, if the unsafe practice continues, many physical therapists feel they have exhausted all avenues and resign themselves to the situation, or alternatively they may let the physical therapist go as a result of the poor practice. In either of these scenarios there is cause for concern from a public protection perspective. If the unsafe practice continues, the public is at risk and there is likely to be an undesirable client outcome at some point. If the employee is simply let go - they may go on to find work at another facility where they will continue the same patterns of practice. The risk to the public has not been eliminated it has simply been moved on to another practice.

College Bylaws are clear about how physical therapists must respond to incompetent practice. College Bylaw 55 (Code of Ethics) section 2.3 reads: *“Physical therapists must report any unethical conduct or unsafe or inappropriate practice of another physical therapist in writing to the College”*.

It is the responsibility of all physical therapists, as part of a self-regulating profession, to report unsafe practice to the College. It may put us in an awkward position but, if other avenues have not changed the unsafe practice, at the end of the day the need for patient safety will always override the unpleasantness of reporting the incident.

RECORD RETENTION

How long should I keep a client record?

The College frequently receives inquiries about how long physical therapists should keep their clinical records. In this article, registrants will find some general information about record retention. **It is important to remember that it is not the College's intention to provide registrants with legal advice.** Registrants should consult with their own legal advisers when addressing this issue.

One reason for physical therapists keeping clinical records for extended periods is for protection if legal action is taken against them. Physical therapists will then be able to rely on the charts in defending the claim. It appears that most physical therapists keep their clinical records for 6 or 7 years from the date of the last entry, or in the case of minors – until the age of majority (19 years of age) plus 6 or 7 years. Unfortunately, there isn't a clear answer for how long records should be kept by health care professionals. In some cases, it is necessary to keep the records indefinitely, as will be seen below. In difficult situations, the physical therapist needs to evaluate the circumstances of the case and make a determination about the length of record retention on a case-by-case basis.

The most important resource on record retention is the *Limitations Act, R.S.B.C. 1996 C.266. judge made law*. The basic rule is that a claim for damages for personal injury must be brought within 2 years from the date on which the right to do so arose. [Section 6(4)]. The limitation period for a claim against a hospital is 6 years [Section 3(5)]. There are no limitation periods for claims for sexual assault, or claims based on misconduct of a sexual nature where the victim is a minor. [Sections 3(4)(k) and (l)]. Minors are considered to be "persons under disability". Claims brought by plaintiffs under a disability, which includes adults with a mental disability, are covered in section 7 of the Act. The limitation period is "postponed" so long as a plaintiff is under disability. This means that the limitation period does not start to run for minors until they are 19 years of age. People who suffer from mental disabilities that are permanent, may not be subject to any limitation period, unless their disability is episodic.

On the surface, these rules appear to be straightforward. Regrettably, their application is not. The problem is trying to determine when the right to commence an action arises in a given situation. Limitation periods are governed by the "discoverability rule"[section 6(4)]. It is often applied in

claims against medical professionals, because of the complex nature of medical malpractice claims. This rule means that the date on which physical injury occurred is not necessarily the date on which the cause of action arose for the purpose of determining when the limitation period begins to run. The best way to explain this rule is to give an example from a medical malpractice case. In *Armitage v. Brantford General Hospital*, the plaintiff brought his wife to the hospital emergency department, where a physician examined and discharged her. Within 20 hours, her condition worsened and she died shortly thereafter of septic shock. The plaintiff filed a complaint with the College of Physicians and Surgeons of Ontario, but sued the hospital, doctors and others after the expiry of the one-year limitation period. The defendants brought an application to dismiss the claim on the basis that it was out of time but were not successful because the plaintiff established that it was only after he received the report of the College, which set out the particulars of the physician's negligence, that he realized there was a valid claim against the doctor for misdiagnosing his wife's condition. The plaintiff required professional opinion to learn about the facts of the case. As a layman he could not interpret blood test results or determine from hospital records that the physician did not conduct a differential diagnosis. Time did not begin to run on the limitation period until the plaintiff, exercising due diligence, had a reasonable time to obtain the information he needed to develop the requisite facts for making a claim. The claim was initiated within one year from the date the plaintiff was apprised of the requisite facts, not the date on which the misdiagnosis had occurred.

To use a physical therapy scenario, imagine a client with an ACL repair, where the physical therapist allegedly has the client do plyometric exercises 2 weeks post operatively and the repair fails. The client goes back to the surgeon 10 years later for a second repair, and the surgeon then points out that the client should not have been doing plyometrics so early post-operatively. It is now 10 years later, the client has all the facts, and the 2-year discovery period starts. In this scenario if the client makes a claim, and the physical therapist destroyed the chart after 7 years, there is no physical therapy clinical record to use in court. You see the problem.

In B.C., this discoverability rule is codified in section 6(4) of the Act, which says that "*Time does not begin to run against a plaintiff with respect to an action...until the identity of the defendant is known to the plaintiff and those facts within the plaintiff's means of knowledge are such that a reasonable person, knowing those facts and having*

taken the appropriate advice a reasonable person would seek on those facts, would regard those facts...: as showing that (a) a cause of action.....[has] a reasonable prospect of success, and (b) the person whose means of knowledge is in question ought, in the person's own interests and taking the person's circumstances into account, to be able to bring an action."

Courts are entitled to take a plaintiff's circumstances into account when deciding the date upon which the cause of action arose. This introduces further uncertainty into the issue of how long to keep records. A good example is the case of *Novak v. Bond* [1989] 1 S.C.R. 808. The patient discovered a lump on her breast which was initially diagnosed as benign until about 1 year later when a specialist diagnosed breast cancer. When the surgery was performed, it was discovered that the condition had spread to most of the lymph nodes. The plaintiff considered suing the physician and discussed this with her parish priest after recovering for about one year, but decided to concentrate on maintaining her health and a positive approach to it. She made this decision before the limitation period expired. Four years later, the cancer recurred spreading to her spine, liver and lung. She commenced an action in April 1996, nearly 7 years after the initial misdiagnosis had occurred. The Supreme Court of Canada concluded that this particular plaintiff's circumstances were so compelling that it could not reasonably be said that she should have brought the action within the limitation period.

In summary, the longer physical therapists retain their records the better, for their own protection, especially if a specific patient's circumstances are perceived to be high risk. Physical therapists should seek legal advice about record retention in unusual circumstances. The general practice of retaining records for 6 years from the date of the last entry, or to the age of majority plus six years, seems to be reasonable as a general rule, as long as physical therapists pay attention to unusual cases, where this is obvious, minors and persons under disability.

You may wish to review the Limitations Act in its entirety, or to consult a lawyer for an opinion about record retention in your specific practice scenario. If you have any questions regarding the information in this article please contact the College's Practice Advisor at 604-730-9193.

Article by Cathy Herb-Kelly, Q.C. and Susan Paul, CPTBC Practice Advisor.

INQUIRY SUMMARIES

Professional Misconduct

A private insurance carrier contacted the College Registration Coordinator to confirm the registration status of an individual with the College. The insurance company had received receipts from one of their members for physical therapy treatment and could not locate the therapist's name on their provider database. It was confirmed that the person was an inactive member of the College and was not entitled to practice physical therapy in the Province of British Columbia.

The insurance company, when contacted, declined to file a complaint. The Inquiry Committee, under Section 33(4)(a) of the Health Professions Act, motioned to pursue the investigation of this matter.

The Inquiry Committee decided under section 33(6)(c) of the *Health Professions Act* to act under sections 36(1)(c) and 36I(1)(d) of the Act and request the physical therapist to consent to a reprimand and consent to an undertaking to never again practice physical therapy in British Columbia unless legally entitled to do so.

Professional Misconduct & Incompetence

The complainant was receiving physical therapy for neck and back injuries. During her third treatment session the therapist used acupuncture and cervical traction (15 lb. weight) concurrently while the client was in the sitting position. The client called for assistance when she realized that she was not feeling well. The therapist released the weight which fell on client's toe. The therapist assisted the patient to the floor, removed the acupuncture needles from her neck, took her blood pressure, gave her first aid for her toe and instructed her to wait before driving home.

That evening the patient's husband took her to the emergency department where the injury was diagnosed as an open fracture of the toe. The bone had been exposed for approximately nine (9) hours. The patient's toenail was removed and she was given antibiotics.

The Inquiry Committee decided under section 33(6)(c) of the *Health Professions Act* to act under sections 36(1)(c) and 36I(1)(d) of the Act and request the physical therapist to consent to a reprimand. The physical therapist has since taken appropriate action in repositioning the cervical traction to avoid such accidents in the future.

The *Update* continues with its series of articles from the various programs in BC which provide training for Rehabilitation/Physical Therapy Assistants. This issue features the Vancouver Community College, Occupational/Physical Therapist Assistant Program.

Vancouver Community College

Occupational/Physical Therapist Assistant Program

Starting in September 2005, Vancouver Community College (VCC) will be offering for the first time, the **Occupational/Physical Therapist Assistant Program**. This program is a full time, two-year diploma program that meets the national standards as detailed in the Canadian Physiotherapy Association's *Competency Profile: Essential Competencies of Physiotherapist Support Workers in Canada* (Competency Profile). The program will also comply with the guidelines and recommendations of the College of Physical Therapists of BC, the Physiotherapy Association of BC, the Canadian Occupational Therapy Association, the College of Occupational Therapists of BC and the BC Society of Occupational Therapists.

Members of the physical therapy profession recommended that the program prepare graduates for employment as Group 1 Physiotherapist Support Workers as defined in the Competency Profile. As a result of this recommendation, a team of Physical Therapists and Occupational Therapists developed the curriculum to fulfill the criteria for the education of Group 1 Workers.

The curriculum is designed for the combined training of both Occupational Therapist Assistants and Physical Therapist Assistants. The program is five semesters in length for a total of 2070 hours (69 credits). A combination of theory, practical training, laboratory work and supervised fieldwork will be used throughout the program. Specific physical therapy coursework will include skills such as ambulation, range of movement, use of heat and cold, therapeutic exercise and treatment considerations for different types of clients. Included in the courses are the Performance Criteria outlined in the Competency Profile. Generic courses include Communications, Health Care Concepts, Anatomy & Physiology, Conditions, Sociology and first year Psychology.

With the exception of the first year Psychology and Sociology courses, the program will be taught by Physical

Therapists and/or Occupational Therapists who are currently working in the field. The total amount of clinical fieldwork in the program is 540 hours, and will occur in a wide variety of health care settings (both public and private) where Assistants are employed. Prerequisites to the program include: (1) Grade 12 graduation including Academic English 12, Human Biology 12 and Math 11 (2) VCC Psychology 1100 or equivalent (3) 30 hours experience working with people with disabilities.

Applicants whose first language is other than English and who are presenting foreign documents, must successfully complete a VCC English Language Assessment.

Throughout the program, the appropriate role and scope of practice of the PT and OT Assistant will be emphasized, including role boundaries.

For more information about the program, including the prerequisites and specific course information, please call the program office at (604) 443-8625 or check Vancouver Community College's website at www.vcc.ca and follow the links to the School of Health Sciences.

VCC is committed to providing a program which is responsive to employer and professional needs. It is also committed to working with the professions in the provision of education for PT and OT Assistants. Your feedback is welcome and we look forward to hearing from you.

IN MEMORIUM

Carole (Georgina) Miles passed away in Winnipeg, Manitoba on May 9, 2005.

Carole graduated from UBC with a degree in Physiotherapy and Occupational Therapy, a Masters of Arts and a PhD and post-Doctorates in Sociology. Carole worked at Lions Gate Hospital, in Victoria and in Winnipeg. She practiced as both an Occupational Therapist and a Physical Therapist during her career and was a Sports Therapist for the Canadian athletes at the Montreal Olympics.

**ARE YOU MOVING?
CHANGING YOUR STATUS?
CHANGING YOUR NAME?
MAIL OR FAX COUPON TO:**

Registration Coordinator
College of Physical Therapists of B.C.
302-1765 West 8th Avenue
Vancouver, BC V6J 5C6
Phone: (604) 730-9193
Fax: (604) 730-9273
Email: info@cptbc.org

MOVING OR CHANGING JOBS?

Name: _____

Full: _____ Inactive: _____ Interim: _____

Effective date of change: _____

New Home Address

Phone/Fax: _____

Email: _____

New Business Address

Name: _____

Address: _____

Phone/Fax: _____

Email: _____

DISCLAIMER

The College retains the right to determine the contents of its newsletter Update. Unless specifically indicated, all statements reflect the opinion of the writers and do not necessarily reflect the opinions or policies of the College. The College does not verify the content or accuracy of any advertising that appears in *Update*, nor does it accept responsibility for same.

CHANGING YOUR NAME?

Reg. No. _____

From: _____

To: _____

Attach a copy of official change of name form or marriage certificate and \$25 each for a new certificate or registration card.

GOING INACTIVE

CHANGE MY REGISTRATION STATUS

(Print Name) & (Signature)

Registration Number _____

I am a full registrant in good standing with the CPTBC and intend to cease practice as a physical therapist in British Columbia. If I choose inactive registration, I understand that as an inactive registrant I no longer need to carry malpractice insurance, may not work in BC as a physical therapist and **MUST** renew my registration by December 31. Please change my registration status to:

- Cancelled in good standing
- Retired
- Inactive*

on _____ (m/d/y)

*If you choose inactive registration, please be aware of the following:

1. You must be a full registrant to qualify for inactive status. You must request this change in writing, either with this form, with a letter to the Registration Coordinator or on your annual renewal form, which will be sent to you by November of each year.
2. You **must** change to inactive registration in BC if you no longer carry malpractice insurance.
3. There is no refund in whole or part of the annual registration fee when you change status during the year.
4. Inactive registrants may not work as physical therapists in any capacity, either clinically or non-clinically **and must report practice hours on renewal of registration.**
5. Inactive registrants continue to be listed in the register, receive the newsletter and any College mailouts.
6. To change from **inactive to full** registration **at any time during the year** you must first contact the office and obtain an application package. Allow three weeks for processing. Call the Registration Coordinator if you have any questions.

ADVERTISING RATES AND DEADLINES

Advertisements for employment opportunities and educational/course announcements are suitable for publication.

Deadlines: January 15, May 15 & August 15

Rates:	\$50	up to 3¼" x 3¼"
	\$75	3¼" x 4½"
	\$100	3¼" x 8½"
	\$200	full page

WHO TO CONTACT AT THE COLLEGE

Brenda Hudson

Registrar and Complaints
 Email: brenda_hudson@cptbc.org

Susan Paul

Practice Advisor: professional portfolios, practice hours and practice questions
 Email: susan_paul@cptbc.org

Joan Morton

Registration Coordinator: registration, incorporation, newsletter
 Email: joan_morton@cptbc.org

Arlene Gloria

Student and Courtesy Registration
 Email: arlene_gloria@cptbc.org

Anna Gloria

General enquiries
 Email: anna_gloria@cptbc.org

PLEASE ADDRESS ALL NEWSLETTER ITEMS AND QUERIES TO:

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 College of Physical Therapists of B.C.
 302-1765 West 8th Avenue, Vancouver, BC V6J 5C6
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