

Update CPTBC

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QUALITY ASSURANCE

A Message from the Board Chair

Dear Fellow Registrants,

I would like to take this opportunity to thank all of those who sent in words of encouragement and support for the College and the Quality Assurance Program (QAP) following my initial email to you in July. The College truly appreciates the time you have taken to share your viewpoints with us, and we encourage you to continue expressing your questions, concerns and comments as we move forward with the implementation of this program.

It is evident at this time that some confusion still remains regarding the QAP. It is also clear that, as a College, we must do a better job of sharing information with all registrants in the province. That is exactly what we intend to do, starting with this *UPDATE* issue.

On behalf of the College Board, I strongly encourage you to read this newsletter issue.

I am confident that it will help to clear up any lingering questions and misconceptions you may have about the QAP.

Recently, the College met with senior officials from the Physiotherapy Association of British Columbia to receive their feedback regarding the QAP. It was reassuring to learn that we agree upon many of the key issues. Throughout our discussion, it also became apparent that by putting the public interest and safety first, we actually ensure a stronger profession overall.

The privilege of self regulation is exactly that – a privilege. The right our profession has to regulate itself may, at times, become secondary while trying to meet the daily demands of our lives as physiotherapists. Globally, professions are slowly losing this privilege and governments are stepping in to provide that regulation. It is more vital than ever these days that we ensure we have an objective and impartial process in place, to demonstrate that we are competent practitioners, in order to maintain our right to self regulation.

Finally, I want to assure you that the QAP is not a punitive process. If you, or I, do not “pass” this assessment, we will not lose our licenses to practice. We will be able to continue to work as physiotherapists, with the added benefit of a process in place to help support our practice and strengthen those areas that require assistance. The QAP will enable practitioners the opportunity to improve and enhance their practice, yielding positive results for us all.

Sincerely,

Victor Brittain

Board Chair, CPTBC

THE HISTORY OF THE QUALITY ASSURANCE PROGRAM (QAP)

2004 – The Board of Directors approved the development of a quality assurance program to meet the requirements of the *Health Professions Act*. As the result of a “Request for Proposal” (RFP) that was issued, the firm Management Dimensions Consultants, from New Brunswick, was contracted in 2005 to assist the College in developing its program.

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2006 – The Board of Directors approved the program framework. This framework was based on a study commissioned by the Board of Directors, and overseen by an appointed advisory committee who undertook a comprehensive review of other quality assurance programs that had been developed across the country. In addition, the advisory committee, which included seven committee members and three external stakeholders as well as College staff and consultants, attended a two-day workshop held by the College which provided guidance to develop a program that would be consistent with the Program’s purpose of “supporting and monitoring safe, effective, and ethical practice”.

The framework included the:

- > College’s Authority and Mandate to implement a program;
- > Purpose, Objectives and Standard;
- > Assumptions;
- > Guiding Principles;
- > Design Features; and
- > Program Components.

The program consists of three components:

- 1) a self report about practice and quality assurance activities (The Annual Self Report)
- 2) a physical therapist’s choice of either a simulated case-based evaluation* or a practice-based case evaluation* (Registrant Competence Assessment)
- 3) practice support ** if unsuccessful in the Registrant Competence Assessment component of the program

*A ‘Simulated Cases Competence Assessment’ is a written ‘key features’ examination whereas a ‘Practice Based Competence Assessment’ is a structured written report of actual patient cases related to a specific assessment criteria.

**Practice Support includes the ability to redo the unsuccessful component of the program, or the use of an alternate assessment tool – chart stimulated recall and follow up meeting(s) with the assessor.

2008 – Following a cost analysis to develop and administer two evaluation programs, the Board of Directors approved the use of the simulated case-based evaluation for the second component of the program in April 2008. The ‘key features’ format was chosen, due to its focus on clinical reasoning and decision making, as the most appropriate format for assessing the competence of experienced practitioners.

The committee then confirmed the key areas of clinical practice (adult musculoskeletal, adult neuromuscular, adult cardio-respiratory, geriatrics, paediatric musculoskeletal and paediatric neuromuscular), and recommended that registrants be assessed in two of the six areas of practice. An online survey was conducted with registrants in June 2008 to validate the assumptions made in the QAP blueprint that registrants should maintain competence in more than one area of clinical practice. This hypothesis proved to be correct as approximately 97.4 % of the respondents indicated they are confident in demonstrating their competence in 2 or more of the core clinical areas. The results of the survey, however, also showed that approximately 2.5% of the registrants declared themselves to be competent in only one area of practice. (*The committee flagged this as an issue to be addressed in the further development of the Program.*) As a result of this feedback from registrants, the committee directed the consultants to review whether or not the integrity of the examination would be compromised if the number of clinical areas was decreased. Research confirmed that the program would not be compromised by changing the number of clinical areas, and in 2011 the Board of Directors approved a change to the program at the recommendation of the committee. The areas of clinical practice were decreased from six to four, and now include: Adult & Older Adult Musculoskeletal; Adult & Older Adult Neurological; Adult & Older Adult Cardio-respiratory and Children & Youth.

2009 – The members of the Annual Self Report and the Registrant Competence Assessment Committees began to develop questions for their respective program components. The Board of Directors approved plans for an online Annual Self Report.

2010 – The Annual Self Report was piloted in spring 2010 and successfully launched in September 2010 as part of registration renewal.

A review of the College’s newsletter *UPDATE* reveals that, since spring 2005, registrants have been notified of the need to develop and implement a quality assurance program that meets the new provisions of the *Health Professions Act*. The 2007 and 2008 summer editions of the newsletter outlined the program framework. The 2009 spring edition provided registrants with the results of the online survey. Since April 2008, College staff have made more than 22 presentations at different locations across the province to over 900 registrants, in addition to presenting at the annual general meetings since 2007.

An update on the Registrant Competence Assessment (the 2nd component of the College’s Quality Assurance Program) can be found under the section titled “Registrant Competence Assessment” further down in this article.

QUALITY ASSURANCE PROGRAM (QAP) – COMPONENT 1: ANNUAL SELF REPORT (ASP)

The 2011 Annual Self Report will be accessible in early September, and must be completed between the **September 6, 2011 and October 31, 2011**. Completion of the ASR is required before the start of the registration renewal process.

This online Annual Self Report launched in the fall of 2010, and it is the first component of the College's Quality Assurance Program. Approximately 3,000 registrants completed this innovative tool designed to help physical therapists in BC review College regulation through the completion of self-quiz questions, and identify potential risks and supports to competence. At the College AGM in April 2010, some of the early findings from the 2010 Annual Self Report data were shared with registrants.

Was the Annual Self Report a success? It sure was; there was very near to full compliance in the first year of the ASR. Based on feedback from approximately 1,680 registrants, the Annual Self Report was well received. 87% of respondents indicated that they spent 30 minutes or less completing the Annual Self Report, with 92% reporting that they spent, what they felt to be, the right amount of time completing it.

What have we learned from our first year of implementation?

First and foremost, most registrants did very well on the Annual Self Report. The good news is that the average score on the self-quiz section of the ASR was 91%. There were only 36 registrants who scored below 66%, and the ASR is specifically designed to help those registrants improve their competence in a supportive environment while maintaining their anonymity.

While most of the questions were answered very well, there were a few surprising results. For example, one of the questions asked if a physical therapist could refuse to treat a patient based on the patient's HIV status. Nine percent, or 263 BC physical therapists, answered this question incorrectly. One of the features of the ASR is that a report is immediately provided indicating the correct answers to the self-quiz questions, and offering links to supporting resources to address incorrect answers.

It was also interesting to discover that of the 3,000 respondents, only 693 (23%) indicated that they had a formal performance review in the past year.

The Annual Self Report data provides a treasure chest of aggregated confidential information to support registrants' practice with no risk to an individual registrant. Over time, the College will learn more about trends, and be able to respond by providing focused resources to address a given topic or potential risk. For example, we learned which potential risks to competence were most frequently reported by the 7% of registrants who reported the highest number of potential risks. This will give the College the opportunity to reduce the potential risks for this group by offering better support to registrants.

At this point, it is too early to tell if the same potential risks will be consistent from year to year in the group reporting the highest number of potential risks. After several years of aggregate data, this will become clearer, and support strategies will be considered.

The Annual Self Report engaged registrants and there is evidence that it did change registrants' behaviour. According to one biomedical technician, requests for servicing electrophysical agents showed a sharp spike in November and December of 2010, just after the ASR launched its inaugural session. Apparently, he was advised by registrants that annual servicing was a new College requirement effective that year. In fact, the requirement for annual servicing has been in place for years, but the ASR question relating to how often electrophysical agents must be serviced has made registrants more aware of the requirement. This is a great indicator that the Annual Self Report did engage registrants and, in some cases, has led to a change in positive behaviour that could ultimately improve patient care.

A few registrants expressed concern that the questions did not reflect their own specific practice context. The 12 self-quiz question topics reflect the most frequent questions that the College receives from registrants throughout the year, as well as the topics that repeatedly appear in the complaints and inquiry process.

One question in the Annual Self Report, related to privacy laws in BC, led several registrants to contact the College to discuss and debate the correct answer:

"If a patient makes a written request for a copy of his/her clinical records, is the physiotherapist required to provide a copy? A yes or no answer was required. The ASR indicated the correct answer as "yes", however, as several registrants correctly pointed out, there are some exceptions to this rule. According to privacy laws in BC, when a patient makes a written request for a copy of his/her clinical records, a copy must be provided except in limited cases where the disclosure of records could threaten the safety, physical or mental health of an individual, or where personal information about another individual would be revealed. Full details of the exceptions can be found in section 23 of the *Personal Information*

Protection Act, or section 19 of the Freedom of Information and Protection of Privacy Act. Feedback from registrants indicated that the question could have been more clearly written to specify “where no exceptions apply”. Duly noted; and special attention will be paid to future questions where exceptions may apply.

By completing the Annual Self Report on a yearly basis, registrants will become increasingly aware of College regulation and provincial legislation, as well as potential risks and supports to continuing competence.

The revised and improved 2011 Annual Self Report will soon be available. Have a look at the pink newsletter insert about the 2011 ASR for more details, and stay tuned for an email message arriving the first week of September which will include your confidential Annual Self Report login password. We are confident that you will find the 2011 ASR has addressed registrant suggestions from our 2010 launch, and features improvements which will benefit competence and the overall practice of all registrants.

The College welcomes your questions and comments on the Annual Self Report. Please direct all inquiries and feedback to Susan Paul at: susan_paul@cptbc.org or call 604 730 9193. You may also refer to our web page at www.cptbc.org/annualselfreport.asp

QUALITY ASSURANCE PROGRAM (QAP) – COMPONENT 2: THE REGISTRANT COMPETENCE ASSESSMENT (RCA)

Since the last update in the Spring 2011 College newsletter, there has been much activity related to the RCA component of the Quality Assurance Program (QAP):

- The question-writing teams are taking a well deserved break over the summer months after working on 78 key feature cases.
- Research is currently being done by the College on the feasibility of developing the assessment as an online tool.
- Committee members and senior staff from the Occupational Therapy and Physical Therapy Colleges are meeting in August to investigate the opportunity to collaborate in some policy development and program evaluation for the RCA.

For those of you who are also Physiotherapy Association of British Columbia (PABC) members, you would have received correspondence from PABC over the winter months regarding the College’s Quality Assurance Program. In this correspondence, the Association had expressed concern that the College will be using only one measure to evaluate competence – a written exam. The decision to use a written-test format was made after a comprehensive review of the educational and assessment literature by committee members and staff, with the assistance of our consultants in performance assessments. This format meets the requirement of being a valid and reliable assessment tool for measuring the continuing competence, knowledge application, clinical reasoning and decision-making skills of physical therapists, and is very cost effective as well. After exploring many potential options for assessment, the written-exam format was deemed to be the most suitable to achieve the purpose and objective of the QAP.

As the 2nd component of the College’s Quality Assurance Program, mandated by the *Health Professions Act*, the development of the RCA is progressing well. In order to develop an effective quality assurance program, we communicate regularly with other health professions in British Columbia, as well as with our colleagues in other Canadian jurisdictions and internationally to monitor their quality assurance management plans. A recent inventory of other colleges’ progress indicates that CPTBC is proceeding with an approach and timeline consistent with many other colleges.

For example, the College of Pharmacists of BC has, as its main quality assessment tool, a written open-book monitored examination. If unsuccessful in the examination, the registrant is given an opportunity to either re-take the examination OR participate in a Practice Audit. If competence issues persist, the College has a remediation program in place to assist the registrant in meeting competence requirements. The College of Massage Therapists of BC is currently in the development phase of its own program, and their intent is to follow the model implemented by CPTBC.

At its recent meeting this month, the Quality Assurance Committee approved a template for the third component of the Program – Practice Support. This will be another tool for use in a personalized support plan for registrants. This proposal is being submitted to the Board for final approval this fall. More information will be forthcoming over the next few months.

Please remember that the Registrant Competence Assessment is non-punitive. This non-punitive approach means that if you are unsuccessful you will not lose your registration. The College will set up an individualized plan to assist you to identify and fill the gap(s) in your competence and improve your practice overall. At its recent meeting this month, the Quality Assurance Committee approved a template for this personalized support plan which will be the third component of the Program – Practice Support. This proposal is being submitted to the Board for final approval.

In order to provide current, updated information to our registrants on the first two components of the Quality Assurance Program (Annual Self Report and Registrant Competence Assessment), we make regular revisions and updates to the FAQ section on the College website. Please be sure to review our recent updates and improvements to this section.

The College welcomes your questions and comments on the Registrant Competence Assessment. Please direct all inquiries and feedback to Brenda Hudson or Olga Nestic at: olga_nestic@cptbc.org or call 604 730 9193. You may also refer to our web page at www.cptbc.org/registrantcompetenceassessment.asp

COLLEGE BOARD OF DIRECTORS: 2011-2012

- **Victor Brittain**, Registrant and Chair
- **Annick de Gooyer**, Registrant and Vice-Chair
- **Wendy Carter**, Appointed Representative
- **Jane Gates**, Registrant
- **Anne Harris**, Registrant
- **Michael Lam**, Appointed Representative
- **Philip Sweeney**, Registrant
- **Marilyn Tevington**, Appointed Representative
- **Susanne Watson**, Registrant
- **Jonathan Tom-Yew**, Student Representative MPT2, Observer
- **Dan Wilson**, Student Representative MPT1, Observer

RECOGNITION AWARDS

The activities of the College could not be completed without the dedication and hard work of the many individuals who volunteer their time to ensure that the organization meets its requirements as set out in the *Health Professions Act* and the College Bylaws.

The College recognized the following individuals for their contributions to the College:

Marilyn Atkins – Legislative Committee from May 1, 2004 to April 30, 2010

Jane Calland – Discipline Committee from April 29, 1995 to April 18, 2010

Marcy Dayan – Quality Assurance Committee, Registrant Competence Assessment Subcommittee from June 21, 2008 to April 3, 2010

Jason Giesbrecht – Board of Directors from April 2007 to April 2, 2011 including Vice-chair from April 12, 2008 and Chair from April 17, 2010

Peter Goyert – Quality Assurance Committee - Standards of Practice Subcommittee from March 20, 2004 to March 19, 2010

Tony Gui – Board of Directors, Student Representative from June 20, 2010 to August 23, 2010

Robert Hofmann – Inquiry Committee (including Chair) from April 25, 1995 to April 24, 2010

Islay Kerr – Quality Assurance Program, Item Writing Team from April 4, 2009 to May 10, 2010

Lois Lochhead – Quality Assurance Program, Item Writing Team from June 20, 2009 to November 24, 2010

Patrick McParland – Finance Committee, Public Member from June 23, 2007 to January 26, 2010

Shannon Martens – Quality Assurance Program, Item Writing Team from April 9, 2009 to March 1, 2010

Sue Murphy – Quality Assurance Committee, Registrant Competence Assessment Subcommittee from September 8, 2007 to February 2, 2010

Manu Nijjar – Board of Directors, Student Representative from June 20, 2009 to June 19, 2010

Freeman Qu – Board of Directors and Finance Committee from April 4, 2009 to April 2, 2011

Anne Scott – Registration Committee from May 15, 2004 to May 14, 2010

Karen Sauve – Quality Assurance Program, Item Writing Team from April 4, 2009 to November 8, 2010

Arlana Taylor – Quality Assurance Program, Item Writing Team from June 20, 2009 to April 12, 2010

Cheryl Thompson – Inquiry Committee from June 23, 2007 to February 6, 2010

Laura Werner – Quality Assurance Program, Item Writing Team from April 4, 2009 to April 19, 2010

John Zimmer – Board of Directors, Appointed Public Representative from November 19, 2004 to November 18, 2010

REGISTRAR'S REPORT

Annual General Meeting (AGM)

The Annual General Meeting was held on April 2, 2011 at the Marriott Pinnacle Hotel Vancouver in Vancouver, British Columbia. There were one hundred eighty seven (187) members in attendance carrying twenty two (22) proxies; therefore a quorum of registrants was present as required under section 4(1) of the College's Bylaws.

The Board Vice-Chair, Annick de Gooyer, welcomed the registrants and guests to the meeting. The Chair's, committees' and Registrar's reports, and the 2010 audited financial statement were received and placed on file.

Jane Gates was elected for a second two-year term to the Board of Directors. Victor Brittain and Susanne Watson were elected to serve a first term on the Board. The Vice-Chair welcomed the Board's new public member, Wendy Carter, and thanked the 'retiring' board members, Jason Giesbrecht, Freeman Qu and John Zimmer, for their contributions to the College.

The Quality Assurance Program presentation was held immediately following the AGM and was attended by over 300 registrants. Due to an unexpected flight cancellation, our featured speaker, Susan Glover Takahashi, hosted the Quality Assurance Program presentation through Skype from Toronto, Ontario along with fellow presenters, Annick de Gooyer (on behalf of Anne Fiddick), Susan Paul, David Troughton and Nancy Cho. In general, the presentation was well received and questions during the Question & Answer session were directed towards the rationale for the Registrant Competency Assessment, its format and the plan for implementation.

Many registrants also visited the CPTBC booth and reviewed the two posters about the Quality Assurance Program and the Annual Self-Report. Some of these registrants also requested to be volunteers for the Registrant Competency Assessment pilot in 2012, as they represent 5% of the physical therapist base who practice in a patient context area not currently covered by the RCA. If you are interested in volunteering for the Registrant Competency Assessment pilot, please email Helen Ko/Olga Nesic at olga_nesic@cptbc.org or contact the office at 604 730 9193.

MEMBER ADVISORY

Changes to the Criminal Record Review Act

Effective January 1, 2011, the Criminal Record Review Act has been expanded to include protection of vulnerable adults from individuals whose record indicates they pose a risk to physical, sexual or financial well-being. As a regulated health professional, you are required to undergo a criminal record check every five years. In early September, the College will be sending out notifications to those physical therapists who require a criminal record check in 2012.

Dry Needling Educational Programs

Registrants are reminded that the dry needling course *Integrative Systemic Dry Needling for Physical Therapists* taught by Dr. Yun-tao Ma does not meet the College's minimally-accepted educational criteria to be included as an approved dry needling education program in *Practice Standard No. 10 – Dry Needling for Physical Therapists*. This course may be taken in addition to one of the College's approved courses, but on its own does not qualify as a College approved 'entry level' program.

Important Message from the Ministry of Health Personal Planning Legislation Changes Come Into Effect - September 1, 2011.

As you may already know, personal planning legislation will come into effect on September 1, 2011. These bills make changes to the *Health Care (Consent) and Care Facility (Admission) Act*, the Representation Agreement Act, the Adult Guardianship Act, and the Power of Attorney Act, as well as the regulations made under those Acts. The following link provides more information:

http://www2.news.gov.bc.ca/news_releases_2009-2013/2011AG0001-000100.pdf

NEW! Practice Standard No. 1

– Clinical Records

On September 1, 2011, the new draft of Practice Standard No. 1 – Clinical Records (included as a newsletter insert) will take effect. On September 1st, remember to replace the *Clinical Records Practice Standard* dated April 1, 2008 with the new enclosed Practice Standard. Current Practice Standards are available on the College website at:

<http://cptbc.org/practicestandards.asp>

Interim Registrants and Billing with Sun Life Financial Health Care Plan

It has been brought to our attention that some interim registrants have had billing declined by Sun Life Financial Health Care Plan. The College is pleased to advise you that issue of non-payment of billings by Sun Life Financial Health Care Plan for physical therapy services provided by interim registrants is now resolved. Sun Life advised the College in writing that an interim physical therapist in BC would be eligible for billing if the name and qualification of the fully-registered supervising physical therapist is indicated on all receipts.

TIP!

Some physical therapists have had billing rejected because they did not put their College registration number on their receipts. Please note that most third-party payers check the College website to verify your registration status by using your registration number. Your College registration number is a five-digit number that starts with the number zero; it is different from your CPA number and your MSP billing number. Please remember to include your College registration number on your receipt to avoid billing mishaps.

INQUIRY SUMMARIES

Professional Misconduct/Sexual Misconduct

This public notification is made pursuant to the requirements of section 39.3 of the *Health Professions Act*, R.S.B.C. 1996, chapter 183.

A complaint was made to the College of Physical Therapists of British Columbia by a female patient of Mr. Campbell (Cam) Crichton (the registrant) that Mr. Crichton was sexually inappropriate during the course of his provision of physical therapy treatments to her. The Inquiry Committee of the College commenced an investigation of the complaint. It also made a motion pursuant to section 35(1) of the *Health Professions Act* which provides that if the Inquiry Committee considers the action necessary to protect the public during the investigation of a registrant it may impose limits or conditions on the registrant's practice or suspend the registration of the registrant. In order to settle the section 35(1) concerns, the registrant voluntarily entered into an undertaking and consent agreement ("the interim agreement") in which he consented to the following restrictions on his practice of physical therapy during the investigation of the complaint:

1. to cease and desist, effective immediately, from providing any physical therapy assessment or treatment services of any kind to any female person unless for all of the time that he provides such physical therapy services that the female patient is accompanied always by an adult of her choosing and that the adult remains present in the room where the registrant is providing the physical therapy services to the female patient;
2. to provide evidence of his compliance with the requirements of paragraph 1 by providing documentation in his practice records that the accompanying adult enter her/his signature in the practice records indicating the date when she/he attended when the registrant provided physical therapy services to the female patient and that this accompanying adult was present at all times during the provision of those services;
3. to notify any female patients of the practice restrictions set out in paragraphs 1 and 2 prior to their attendance at his clinic for any scheduled appointment;
4. to have no contact either directly or indirectly with the complainant; and
5. to have no physical contact with any female patient unless it is for the clear and only purpose of providing physical therapy treatment.

On 6 December 2010, following its investigation, the Inquiry Committee approved the disposition of the complaint by an Undertaking and Consent Agreement, authorized pursuant to the authority of section 36 of the *Health Professions Act*. On 11 March 2011, an Undertaking and Consent Agreement was entered into voluntarily by Mr. Campbell Crichton of Duncan, B.C., registration no. 01468, in which Mr. Crichton, without admitting liability for any alleged wrongdoing and disputing the allegations, consented to the following terms:

1. to take a Professional Boundaries Course as approved by the Registrar and provide a written report to the Inquiry Committee demonstrating his insight into this issue;
2. to consent to a reprimand;
3. to consent to a two month practice suspension effective May 1, 2011; and
4. to consent to the continuation of the practice restrictions agreed to in the interim agreement for a period of two years.

Unprofessional Conduct

The College received a notification from the Criminal Justice Branch of the Ministry of Attorney General that a respondent has been charged with “Uttering a forged document” under section 368(1) of the 1988 Criminal Code. The Inquiry Committee decided under section 33(6)(a) of the *Health Professions Act* to take no further action based on the fact that the trial was stayed by the Crown. The file was closed.

Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist did not listen to her concerns regarding her problem and minimized her condition. The complainant believes that the physical therapist should not be paid for his services.

Following an investigation the committee determined that, on the face of the information before it, there was no reason for the committee to take action against the physical therapist under the *Health Professions Act* as there was no breach of the College Bylaws:

1. section 55(1.1) - Standards of Practice - Responsibilities to the Client - Physical therapists shall consider the well-being of the client as their primary concern by respecting the client's legal rights, dignity, needs, wishes and values; and
2. section 56(1)(a)(v) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment, a registrant must attempt to obtain relevant medical information concerning the client by discussing the results of the assessment and proposed treatment plan with the client or, where the client is a minor or mentally impaired, the client's guardian or agent.

The file was closed.

Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist charged her for a treatment she did not receive.

Following an investigation, the committee determined that, on the face of the information before it, there was no reason for the committee to take action against the physical therapist under the *Health Professions Act* as there was no breach of the College Bylaw section 57(1)(a) – Business Practice Standard and Clinical Practice Standard #4. The file was closed.

Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist's reports to WorkSafe BC regarding his progress contradict each other.

Following an investigation, the committee determined under section 33(6)(a) of the *Health Professions Act* to take no further action as, on the face of the information before it, there was no basis to substantiate the allegation of professional misconduct for the committee to take action against the physical therapist. The file was closed.

Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist did not use proper infection control measures before treating her. Following an investigation, the committee determined not to take any action against the physical therapist under the *Health Professions Act* as there was no breach of the Clinical Practice Standard on Infection Control. The file was closed.

Unprofessional Conduct/Sexual Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist abused her both physically and emotionally during her physical therapy sessions, and that the treatments she received on her neck may have caused her, on two occasions, to have seizures.

Following an investigation, and based on the materials before the committee and concerns about possible professional misconduct under section 53 of the College Bylaws, there was cause to take action against the physical therapist under section 36 of the Act.

The Inquiry Committee decided under section 33(6)(c) of the *Health Professions Act* to act under section 36(1)(c) and 36(1)(d) of the Act and request the physical therapist to:

- a. consent to a reprimand;
- b. consent to the suspension of his right to practice physical therapy and to the use of all related professional titles for a period of two (2) calendar months;
- c. consent and undertake to not provide any physical therapy assessment or treatment services to any female patient unless that female patient is accompanied by an adult of her choice;
- d. consent that restriction c) remain in effect for at least 24 months;
- e. consent to complete a course in professional boundaries; and

- f. consent that upon completion of the boundaries course and the expiration of the twenty four (24) calendar months and after the lifting of the practice suspension the physical therapist may apply to the Inquiry Committee to request that it find that he has fulfilled all the requirements of the Undertaking.

Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist did not complete the Worksafe BC Extended Report Form and, therefore, her treatments may not be covered by Worksafe BC.

Following an investigation, and based on the materials before the committee and concerns about possible professional misconduct under section 53 of the College Bylaws, there was cause to take action against the physical therapist under section 36 of the Act.

The Inquiry Committee decided under section 33(6)(c) of the *Health Professions Act* to act under section 36(1)(c) and 36(1)(c) of the Act and request the physical therapist to:

1. consent to a reprimand;
2. undertake under Section 36(1)(a) to not repeat the conduct to which the matter relates; and
3. undertake under Section 36(1)(d) that if he chooses to treat Work Safe BC patients that he completes all relevant paperwork required by the patient and Work Safe BC.

Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist used improper assessment techniques, and did not follow the surgeon's advise regarding ambulating the complainant's mother. Following an investigation, the committee determined that there was, on the face of the information before it, no reason for the committee to take action against the physical therapist under the *Health Professions Act* for allegedly breaching the College Bylaws:

1. section 55(1.1) - Standards of Practice - Responsibilities to the Client - Physical therapists shall consider the well-being of the client as their primary concern by respecting the client's legal rights, dignity, needs, wishes and values; and
2. section 55(1.4) - Standards of Practice - Responsibilities to the Client - Physical therapists must give clients the opportunity to consent or decline treatment or alterations to the treatment regime.

The file was closed.

Professional Misconduct & Exacerbation of Injury

The College received a written complaint against a physical therapist alleging that the physical therapist aggravated his pain during treatment and then discharged him from physical therapy, as the physical therapist allegedly stated that she could not help him any more. The complainant further alleges that the physical therapist told him to return to work even though she knew that he could not manage his job. Following an investigation, the committee determined that there was no reason for the committee to take action against the physical therapist under the *Health Professions Act* as there was no breach of the College Bylaws section 55(1.4) - Standards of Practice - Responsibilities to the Client - Physical therapists must give clients the opportunity to consent or decline treatment or alterations to the treatment regime. The file was closed.

Incompetence - Exacerbation of injury

The College received a written complaint against a physical therapist alleging that the physical therapist reinjured the complainant's arm as a result of not properly checking the electric equipment when applying it, and then again when the support personnel increased the intensity of the current instead of shutting off the machine. Following an investigation and based on the materials before the committee, and concerns about possible professional misconduct under section 53 of the College Bylaws, there was cause to take action against the physical therapist under section 36 of the Act. The Inquiry Committee decided under section 33(6)(c) of the *Health Professions Act* to act under section 36(1)(c) of the Act and request that the physical therapist consent to a reprimand for breach of Practice Standard No. 2 – Electro-physical Agents, and under section 36(1)(d) to undertake to familiarize herself with, and comply with Practice Standard No. 2, with particular attention to the maintenance of the equipment and documentation of the patient assessment.

Incompetence - Exacerbation of Injury

The College received a written complaint against a physical therapist alleging that the physical therapist injured the complainant's knee during her last physical therapy treatment. Since that incident, she cannot walk any distance without having severe pain in her right knee. Following an investigation, the committee determined that there was, on the face of the information before it, no reason for the committee to take action against the physical therapist under the *Health Professions Act* for allegedly breaching the College Bylaws:

1. Section 55(1.6) - Standards of Practice - Responsibilities to the Client - Physical therapists are responsible for recognizing their limitations, continuing to develop their own level of competence, and confirming clinical diagnosis and management in those areas of practice in which they have been educated; and
2. Section 55(1.9) - Standards of Practice - Responsibilities to the Client - Physical therapists must not treat clients when the diagnosis or clinical condition indicates that the commencement or continuation of physiotherapy is contra-indicated or unnecessary.

The file was closed.

Professional Misconduct & Incompetence

The College received a written complaint against a physical therapist alleging that the physical therapist behaved in an unprofessional and unethical manner. The complainant states that the physical therapist overrode a physician's order to ambulate her mother post-operatively following a fractured femur.

Following an investigation, the committee determined that there was, on the face of the information before it, no reason for the committee to take action against the physical therapist under the *Health Professions Act* for allegedly breaching the College Bylaws:

1. Section 53(1)(f) - Professional Misconduct - contravening a standard of practice, clinical practice statement of the profession, or the code of ethics;
2. Section 56(1)(a)(ii) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by completing a physical examination relevant to the presenting symptoms, including measurable and observable physical findings;
3. Section 56(1)(a)(iii) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by establishing a physical therapy diagnosis; and
4. Section 56(1)(a)(iv) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by formulating a treatment plan. Use, where available, evidence-based practice information to guide the development of the plan, taking into consideration client preferences, resource constraints and individual client factors (e.g. age, previous health history) that may alter expected outcomes.

The file was closed.

Professional Misconduct & Exacerbation of Injury

The College received a written complaint against a physical therapist alleging that the treatment that the complainant received from the physical therapist increased her hip pain.

Following an investigation, and based on the materials before the committee and concerns about possible professional misconduct under section 53 of the College Bylaws there was cause to take action against the physical therapist under section 36 of the Act.

The Inquiry Committee decided under section 33(6)(c) of the *Health Professions Act* to act under section 36(1)(a) of the Act and request that the physical therapist undertake not to repeat the conduct to which the matter relates by complying with the College Bylaws section 56 - Minimal Treatment Standards; Practice Standard No. 2 Electro-physical Agents and Practice Standard No. 1 – Clinical Records.

Professional Misconduct

The Inquiry Committee moved to investigate a physical therapist under section 33(4) of the *Health Professions Act* for potential breach of the College Bylaws section 55(1.4) - Physical therapists must give clients the opportunity to consent or decline treatment or alterations to the treatment regime.

Following an investigation, the committee determined that there was, on the face of the information before it, no reason for the committee to take action against the physical therapist under the *Health Professions Act* for breaching the College Bylaws section 55(1.4) - Standards of Practice - Responsibilities to the Client - Physical therapists must give clients the opportunity to consent or decline treatment or alterations to the treatment regime. The file was closed.

In Memoriam

Hazel Southard

May 7, 2011
Vancouver, B.C.

Ruth Pollock

April 5, 2011
Vancouver, B.C.

PAID ADVERTISEMENT

PHYSIOTHERAPIST

Sunrise Resources for Early Childhood Development is currently looking for a full time (37.5 hrs/week) Physiotherapist. Sunrise Resources is located in Campbell River; a scenic Oceanside community on Vancouver Island, British Columbia

NATURE OF POSITION: The Physiotherapist is primarily responsible to provide home and community based physiotherapy services for infants and children with special needs ages birth to school entry. The therapist is responsible for the overall management of the PT program ensuring quality programs for all children and their families.

The therapist works within an early intervention team in collaboration with others in the community, including families, physicians, child care workers, teachers and therapists.

Delivery of services includes assessment, establishment of treatments, goals and objectives, report writing, intervention, re-evaluation and education of family, other caregivers, teachers, etc.

REQUIREMENTS: Must be registered with the College of Physical Therapists of BC, and have training and experience in pediatrics
 Must have current, clean criminal RCMP record check and BC Solicitor General Check
 Negative TB test result
 First Aid and CPR
 Valid Driver's License

WAGE: As per union wage grid
 Short term mentorship may be available, if needed

APPLY: Michelle Albrecht, Director of Human Resources
 1153 Greenwood Street, Campbell River, BC V9W 3C5
 Phone: 250-286-0391/ Fax: 250-286-3732
 Email: michelle.albrecht@cradacl.bc.ca
 Website: www.cradacl.bc.ca



community therapists

PHYSIOTHERAPISTS WANTED

Community Therapists has a variety of part-time and full-time positions currently available for Physiotherapists.

What are we offering?

- Flexibility & Great Pay
- Professional Service Model
- Ability to make long-term changes
- Skilled Rehab Assistants
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Please visit our website at communitytherapists.com/careers to view available positions or contact Sara Wilk, Administration Manager at 604.681-9293

careers@communitytherapists.com

**Building Skills. Empowering people.
 Established 1989.**

ADVERTISING RATES

The College of Physical Therapist newsletter *Update* is published three times per year (spring, summer and fall).

Contact the College for submission deadlines.

Rates:	\$100	up to 3¼" x 3¼"
	\$150	3¼" x 4½"
	\$200	3¼" x 8½"
	\$400	full page (black and white)

Contact the College for quotes for color ads

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

Registration Program
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: registration@cptbc.org

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