

# UPDATE

## Newsletter of The College of Physical Therapists of B.C.

### MASTER'S ENTRY LEVEL

*From Lesley Bainbridge, M.Ed., BSR(PT), Head, Division of Physical Therapy (UBC). Complementing the article in the July issue of Directions, which dealt with feedback on the Issues Forum at the PABC AGM, this article focuses on the perspective of public protection.*

**T**o put this perspective in context, there is a project currently underway nationally to explore the issue of post-baccalaureate education for physical therapists. Nancy McKay, whom many of you will remember as a Past President of CPA and recipient of this year's Enid Graham Memorial Lecture Award, is a consultant from New Brunswick and is co-ordinating this project. It is funded by the National Physiotherapy Advisory Group (NPAG), which comprises senior representation from CPA (professional association), The Alliance (regulators), CUPAC (the academic program heads), and ACCPAP. The academic accreditation organization). The intent of this project was to produce the discussion document that formed the basis for a consensus building exercise at Congress in Calgary in June.

Focus groups were held across the country and I held one in Vancouver in May. The focus groups were designed to explore the issue of post baccalaureate education from the perspectives of the public, the profession and the individual physical therapist. The focus group comprised representation from PABC, CPTBC, faculty, honorary clinical faculty, clinical practice (including private practice), the current student body, employers, new graduates, and consumers

of rehabilitation services.

The issue of public protection was raised during the focus group. Will the public understand the physical therapy qualifications or will they be confused about whom to access for the care they require? Will the care clients receive be as clinically sound as it is now? What will happen to the service delivery model in relation to physical therapists and physical therapy assistants? Will access to physical therapy services be diminished? Will clients and third party payers assume that a master's degree means that the individual concerned is a clinical expert in a specific area and could this be misleading to the public?

In addition, there is a concern that clinical skills will be minimized in a graduate program, thus affecting patient care. This will not happen. The entry-level competencies for a physical therapist will not change significantly, and at UBC we are committed to retaining a strong clinical focus in the education program.

These and other questions and concerns require careful deliberation. We still don't have all of the answers. Changes to the educational model for physical therapy will occur and the answers to these types of questions will help us to plan for the changes with confidence. We believe that clinical experience is priceless and that employers will value expertise and not just entry level qualifications. We aren't yet sure how to clarify the changing model and its implications on clinical practice for the public and will need your help to address this issue.

The same for third party payers and other health care professionals such as Physicians - all will require information about the changes in physical therapy education and their implications.

Just prior to the CPA Congress in Calgary in June a one-day consensus exercise of educators facilitated by Nancy McKay, was held at which regulators, clinicians, special interest groups (collectively), and accreditors were all represented around the table. The paper highlighted above was used as the foundation for discussions. Although still in draft form, the final consensus reflects that the preferred entry-level qualification for physical therapists to practice physical therapy in Canada is the professional masters degree and that by the year 2010, or sooner, all physical therapy programs in Canada will offer only a professional masters degree at the entry level.

We want this change to be a transparent process and will provide more updates throughout the year. If you have any questions or concerns or would like information about the post-baccalaureate issue, please e-mail at any time at [lesleyb@interchange.ubc.ca](mailto:lesleyb@interchange.ubc.ca).

### **PRIVATE PRACTITIONERS - Have You Been Approached by Out-Of-Province or International Students?**

These are some facts you need to be aware of:

1. The College registers all students i.e., UBC, out-of-province and international and ensures they have submitted to a criminal record check and provided proof of liability insurance (\$3 million per occurrence).
2. It is the responsibility of all practitioners to

ensure that out-of-province students are in fact registered with the College prior to the placement.

3. In order for a student to be registered with the College, the placements must be organized by the Academic Clinical Coordinator at UBC.
4. All academic programs in Canada organize out-of-province requests in the same fashion, although not all provinces require College registration for students.
5. All requests for placements received by any facility or private practice must be forwarded to the Academic Clinical Coordinator at UBC.

#### **Why?**

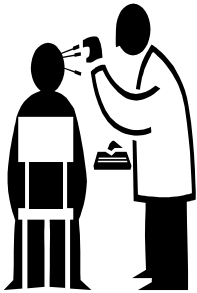
1. To ensure the student is practicing legally in BC, has the required liability insurance and is attending a WCPT recognized University program.
2. To ensure that all students are placed in facilities where they have full time supervision by a physiotherapist with the appropriate skills.
3. To protect the available placements for UBC students first, then for other Canadian students.

UBC students have the right to expect that quality fieldwork opportunities will be available to them first. All placements not used by UBC students are then offered to Canadian and international students.

Are you interested in being involved in clinical fieldwork education? Please contact Pat Lieblich at 604-822-7413 or by email: [lieblich@interchange.ubc.ca](mailto:lieblich@interchange.ubc.ca).



## ACUPUNCTURE UPDATE



Policy 10.1- Acupuncture and Intramuscular Stimulation was published in draft for comment with the Spring 2001 *Update*. No comments were

received. The Sub-committee has determined that this issue is of broad interest to registrants. The Policy will therefore be converted into a Clinical Practice Statement, amended to include content regarding the safe use of needles, and republished for comment.

## CRANIO-SACRAL PROJECT UPDATE

Data collection for a case report conducted over three months of treatment of a volunteer patient is completed. The results are being reviewed in preparation for developing a report.

## MUTUAL RECOGNITION AGREEMENT UPDATE

Nine provinces have signed a Mutual Recognition Agreement to comply with the Agreement on Internal Trade that seeks to remove or reduce interprovincial barriers to the movement of workers, goods and services. Quebec has not yet signed the agreement. **Before the agreement takes effect, the Labour Mobility Coordinators must first approve it for each of the provinces.**

Approximately 15,000 physiotherapists are licensed in one or more jurisdictions in Canada. There are few occupational requirements that act as barriers to mobility

of physiotherapists in Canada. Now, 88% of registered physical therapists are mobile, meaning they meet the requirements of all jurisdictions either directly or through grandparenting.

With the accommodation mechanism in the MRA for beyond entry-level physical therapists, approximately 98% will be mobile. The remaining 1-2% may be required to do an alternative assessment in lieu of the Physiotherapy Competency Examination. The College's Registration and Legislative Committees will be working on changes to the College's Bylaws for the accommodation mechanism.

## CONTINUING COMPETENCE UPDATE

The College and The Alliance co-sponsored a very successful national meeting on continuing competence in Vancouver in June. The Alberta College of Physical Therapists has agreed to take the lead to validate, nationally, beyond entry-level competencies.

As a result of feedback from the presentation at the PABC AGM, further work will be conducted on how the professional portfolio relates to physiotherapists who work in administration and to academics. The idea of including a jurisprudence component to the professional portfolio was well-received, as this would help registrants become more familiar with the *Health Professions Act* and College's Bylaws and professional standards. It is anticipated that there will be a pilot of the professional portfolio in 2002.

**Look for more information about continuing competence and the professional portfolio on the College's web-site [www.cptbc.org](http://www.cptbc.org) in the fall.**

## WCB UPDATE

WCB has advised the College that its Internal Audit section is planning to perform two audits of physiotherapists in 2001 under the PABC/WCB Agreement. The College has reiterated its concern that the audits be financial in nature, i.e., whether services paid for were performed. The College is looking to work with WCB through the PABC/WCB Liaison Committee to develop a protocol for the audits.

## PROPOSED EXTENSION OF PERIOD OF INTERIM REGISTRATION

The College has submitted a request to the Ministry of Health to extend the time for interim registration from 12 to 15 months and asked for this amendment to be processed on an expedited basis. The College recognizes that due to the limited number of sittings of the two parts of the Physiotherapy Competency Examination, and depending on the date of registration with the College, a small number of registrants are unable to complete the Examination within a year. By proposing an increase to 15 months, it would allow all interim registrants more flexibility and time to complete their requirements for full registration. **This amendment is not yet in effect. The College will advise registrants if and when it comes into effect, and the Ministry has cautioned it may take some time.**



## CREDENTIALLING - progress continues

*From The Alliance*

Credentialling is the process used to evaluate the education of non-Canadian-educated physiotherapists - to determine if their education is substantially equivalent to that of Canadian-educated physiotherapists. A review of the statistics for the credentialling applications since the credentialling system was revised to improve processing times shows excellent compliance with published service delivery times. As with all credential assessment programs, service delivery times are based on the date that *all* documentation is at The Alliance office. Delays due to incomplete documentation are unfortunate - but beyond the scope of The Alliance administrative office. The following statistics are calculated from the date all documents are received.

*Applicant Files with precedent assessments = 112 (i.e. March 28 - December 31, 2000)*

The average time to complete an assessment of a complete applicant file with a precedent = 7.5 weeks. 100% of applicant files with a precedent were completed within the published service standard of 12-14 weeks.

*Applicant Files without precedents = 72 (i.e. March 28 - December 31, 2000)*

The average time to complete an applicant file without a precedent = 15.5 weeks. 87.5%, or 67 of the 72 applicant files without a precedent were completed within the published service standard of 22-44 weeks.

More information about credentialling is available on The Alliance's website [www.alliancept.org](http://www.alliancept.org).

**MEMBER ADVISORY**

*Right of reply* – Before the Inquiry Committee makes a decision about a complaint against a registrant, the registrant receives all the information that will be before the Inquiry Committee and has the opportunity to tell the Committee their side of the story.

*Job action* – Advisory Statement Number 10 contains guidelines for essential services during job action.

**INQUIRY COMMITTEE DECISIONS**

980727

**Auxiliary personnel**

A physical therapist complained about another physical therapist’s use of auxiliary personnel. After receiving the explanation of the physical therapist, the Committee was satisfied that he appeared to be facilitating his kinesiologist obtaining experience discussing treatments with others and gathering information. In the Committee’s view, the Respondent did not appear to be delegating responsibility to the kinesiologist to initiate, plan or modify treatment contrary to Clinical Practice Statement No. 3 - Transfer of Function. The Committee took no further action under section 33(6)(a) of the *Health Professions Act*.

000224 A

**Competence - exacerbation of injury**

A patient alleged that a physical therapist provided him with inappropriate treatment for a neck injury sustained while wrestling, which aggravated his condition and increased his pain. Upon investigation, on the materials before it, the Committee found that the conduct of the physical therapist was satisfactory and took no further action under section 33(6)(a) of the Act.

000614 A

**Professional misconduct and competence**

A colleague in a multi-disciplinary practice alleged that a physical therapist had poached one of his patients and assaulted him one and a half years ago. Upon investigation, the Committee found no evidence to support the allegations and decided to take no further action under section 33(6)(a) of the Act. The Complainant appealed to the Board under section 34(2). The Board found that the complaint raised public interest concerns and there was evidence on the materials before the Inquiry Committee to support the allegations. In addition, the Board had serious concerns that the Committee did not exercise jurisdiction to act on evidence of a high volume of patients, which raised questions about the Respondent’s ability to assess and treat appropriately and on evidence of another assault. Under section 34(3)(b) of the Act, the Board directed the Inquiry Committee to act under section 36. The physical therapist has consented to a reprimand, and consented and undertaken to write letters of apology, limit her practice to no more than four patients per hour for two months, cooperate with an independent review and assessment of her practice at her own expense by two physiotherapists appointed by the College, and consented to enter further undertakings and consents to address any issues of concern arising out of the independent review and assessment.



000717 A

**Professional misconduct**

A patient complained that a physical therapist had been emotionally abusive and violated professional boundaries during treatment. Upon investigation, the Committee was satisfied there was some evidence in support of the allegations. Under section 36 (1)(d), the Committee requested the physical therapist to consent to meet with a member of the Inquiry Committee to discuss appropriate communication and behaviour with patients and professional boundaries.

000803 B

**Competence - exacerbation of injury**

An elderly patient complained that a physical therapist's treatment caused him pain and further injury. During the investigation, the College was advised that the Complainant had died and his widow did not wish the College to proceed with its investigation. The Committee acts in the public interest and therefore retained jurisdiction. However, without the possibility of being able to collect further evidence, the Committee discontinued its investigation of the substantive complaint. The Committee also reviewed the physical therapist's clinical records. As a result, the Committee requested that the Respondent enter into undertaking under section 36(1)(d) of the Act to undergo a chart audit, at his own expense, until the Committee is satisfied that his charting meets the College's standards.

000823 A

**Professional misconduct**

A patient alleged her physical therapist used inappropriate language with her during treatment. The physical therapist admitted feeling frustrated and to using unprofessional language with this patient. Under section 36(1)(d) the Committee requested that the therapist undertake to apologize in writing to the Complainant and to refrain from using unprofessional language

in the future.

000831 A

**Competence -exacerbation of injury**

A patient complained that her physical therapist had caused her harm during treatment, which she said resulted in the need for medication, lost work time, and expenses. Upon investigation, the Committee found on the materials before it that while the assessment and treatment had aggravated the Complainant's condition, the physical therapist had engaged in a thorough initial assessment and appropriate follow up after treatment. The Committee found that communication appeared to have broken down between the physical therapist and the complainant. The Committee found that the evidence did not substantiate the allegations and took no further action under section 33(6) (a) of the Act.

001016 A

**Competence -exacerbation of injury**

A complainant alleged that a manipulation by a physical therapist caused her harm. After investigation, the Committee was not satisfied on the materials before it that the treatment had caused the symptoms the patient described. The Respondent's charting did not adequately reflect the treatment he provided. As a result, the Committee decided under section 36(1)(c) to request that the Respondent consent to a reprimand for failure to meet the College's clinical practice standards for charting. It also requested the Respondent, under section 36 (1)(d), to undertake to provide a standard spinal assessment tool to prove his assessment technique to the satisfaction of the Committee.

001016 B

**Competence -exacerbation of injury**

A patient alleged that a physical therapist did not discharge his responsibilities appropriately in connection with a

consultation he provided about the treatment the patient received from another physical therapist. On the materials before it the Committee was satisfied that the Respondent had discharged his responsibilities appropriately. It was also satisfied that a breakdown in communication between the Complainant and the Respondent was a function of the therapist being out of the country rather than an unwillingness to address her concerns. The Committee took no further action under section 33(6)(a).

001020

**Sexual misconduct – boundaries**

A patient complained that a physical therapist did not adequately explain his treatment to her, which she characterized as a “total invasion of her personal self”. After review of the Investigator’s report and the physical therapist’s response, the Committee was satisfied that the Respondent had conducted himself appropriately during assessment and treatment and had maintained professional boundaries with the Complainant. The Committee took no further action under section 33(6)(a) of the Act.

001024

**Competence -exacerbation of injury**

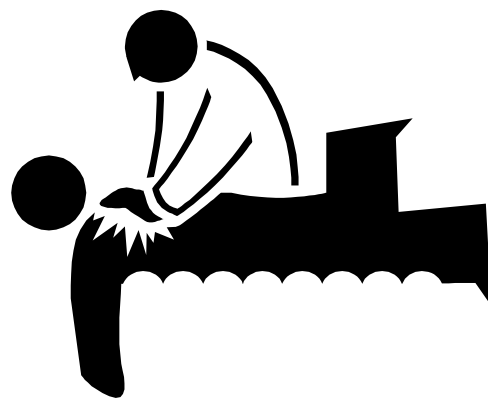
A patient complained that a physical therapist hurt her when treating her hand. Upon investigation, the Committee was satisfied that the physical therapist had failed to provide her with an adequate explanation of the treatment and what the Complainant could expect during and following treatment. The Committee was also satisfied that the Complainant withdrew consent by removing her arm during treatment and expressing pain on several occasions. The Committee also had concerns arising out of the investigation about the Respondent’s billing. The Committee requested under section 36 (1)(c) that the respondent consent to a reprimand for professional misconduct and under section 36(1)(d) that the Respondent

undertake to comply with the standards for clinical record keeping, consent to inspections of his clinical records at his own expense until the records meet the College’s standards, and consent to the Inquiry Committee contacting MSP and requesting it to conduct a billing audit of the Respondent’s practice.

001213 A

**Competence**

A patient complained that a physiotherapy assistant burned her arm. Upon investigation, the Committee was satisfied on the materials before it that the physical therapist had failed to conduct an adequate initial assessment with respect to ascertaining and recording in the Complainant’s chart that she was an insulin dependent diabetic. The Committee was also satisfied that no skin tests were performed on the Complainant before the hot pack was applied. The Committee decided to request under section 36(1)(c) that the Respondent consent to a reprimand for failing to comply with the minimal treatment standards of the profession. It also requested under section 36 (1)(d) the Respondent to undertake to write a paper to the satisfaction of the Committee on the effects of and contraindications to heat on the skin.



001229

**Professional misconduct**

The Committee received a service verification report from MSP, which raised quality of care concerns, specifically around the use of acupuncture needles and the sale of a knee brace. The Committee decided under section 33(4) of the Act to investigate on its own motion. The physical therapist attended a without prejudice meeting with the Committee Chair and Registrar to discuss the concerns. The Committee was satisfied that the physical therapist had taken the necessary steps to improve his practice, including developing a tracking system for acupuncture needles and as such took no further action under section 33(6)(a).

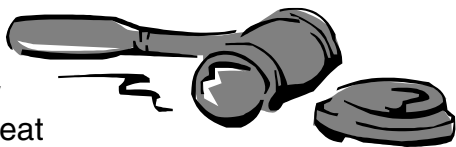
010103

**Competence**

A patient at a work conditioning program complained that her treatments were variously too short and too long and were formulaic. On the materials before it, the Committee found no evidence that the physical therapist had contravened the Act, Regulation or Bylaws and took no further action under section 33(6)(a). This matter is under appeal to the Board. The complainant appealed to the Board however, the Board refused the appeal.

## **DISCIPLINE COMMITTEE DECISION**

A panel of the Discipline Committee found Ms. Carolyn Eng failed to adequately assess and treat patients and failed to adequately record assessments made and treatment provided. The panel found Ms. Eng to be guilty of professional misconduct under section 53(1) of the College's Bylaws. By way of penalty, the panel ordered that Ms.



Eng must not apply for reinstatement as a physical therapist until she demonstrates to the College's Registration Committee that she has passed all the entry qualifications for the practice of physiotherapy as defined by the College. It also ordered that she must obtain the prior approval of the Registration Committee with regard to any practice setting in which she proposes to practice.

## **WELCOME NEW BOARD MEMBER**

Ivo Stantchev has joined the College's Board. Ivo works at the UBC site of Vancouver General Hospital and graduated from UBC in 1997.

## **FAREWELL TO DEPARTED BOARD MEMBER**

The College bids farewell to Public Representative Doug Dorward, who resigned due to work constraints. We wish him well.

## **FAREWELL TO INQUIRY COMMITTEE CHAIR**

The College extends its warmest wishes to Dawn Taplay, who resigned as Inquiry Committee Chair after many years of service.





**CPTBC COMMITTEE CHAIRS**

**Acupuncture Credentialling**

**Sub-committee** - Marlene Holder (Chair); David Moffitt; Marianne Schroeder; Shannon Sproule

**Discipline** - Bruce Clark (Chair);

Jane Calland; Mary Charlton; Jan Halliday (Public Rep); Jim McGregor; Grant McLean; Gillian Parker; Ann Parsons; Barbara Picton; Dr. Richard Primeau (Public Rep.)

**Finance** - Nancy Cho (Chair); Ivo Stantchev; Susan M. Adams (Registrar)

**Inquiry** - vacant (Chair); vacant

(Public Rep.); H. Victor Brittain; Rob Hofmann (Vice-Chair); Frances Hollington; Jerry Justesen Jr.; Cheryl Thompson

**Legislative** - Tonya Zibin (Chair);

Marilyn Atkins; Annick de Gooyer; Margaret Warcup

**Management** - Annick de Gooyer (Chair);

Marilyn Atkins; Ivo Stantchev; Jessie Sohal (Public Rep.)

**Patient Relations** - Klari Varallyai (Chair);

Nancy Cho; Marguerite Millar; Jessie Sohal (Public Rep.)

**Quality Assurance** - Anne Voute (Chair);

Greg Cassap; Nicole Chan (Vice-Chair); Marlene Holder; Kathy Petts; Mardy Scales (Public Rep.)

**Registration** - Denise Walters (Chair);

Marilyn Atkins (Vice-Chair); Patricia Lieblich; Dorothy Leung; Jessie Sohal (Public Rep.)

**Transfer of Function Sub-committee** -

Kathy Petts (Chair); Liz Aubert; Nancy Cho; Teresa Francis; Judit Spence; Dianne Wade

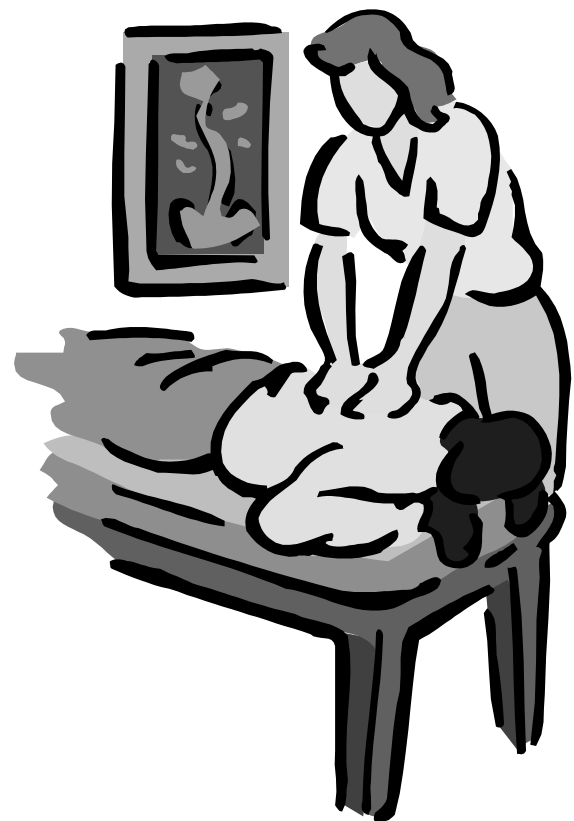
**REPRESENTATIVES**

Alliance - Marilyn Atkins

ICBC Liaison - Annick de Gooyer

Patterns of Practice - Greg Cassap

WCB - Robert Hofmann



**Physiotherapist (Sole Charge)**  
Regular part-time

Located in South Burnaby and committed to providing a high level of care to our 128 extended care residents who call St. Michael's Centre their home, we are currently seeking a part-time physiotherapist to join our multidisciplinary team. Reporting to the Director of Therapies and working with occupational therapists and other members of the Care Team (including nurses and recreation staff), you will be responsible for the delivery of services to individual residents as well as maintaining established programs such as our walking and weight-training programs.

This .5 FTE position is available immediately. The hours of work can be negotiated but will fall between 0830 hrs and 1700 hrs Monday - Friday. Wage rate for this position is \$23.57 - \$29.40 per hour (old rates). Applicants are required to have current Canadian and provincial registration to work as a physiotherapist, a keen desire to work with an elderly population, excellent communication skills, and demonstrated adaptability to work as part of a multi-disciplinary team.

Please submit your resume by mail, fax or email to:

**(Ms) Theo Madeley**  
**Director of Human Resources**  
St. Michael's Centre  
7451 Sussex Avenue  
Burnaby, BC, V5J 5C2  
Fax: (604) 434-6469/ email:  
tmadeley@stmichaels.bc.ca

We thank all applicants in advance for their interest; however, only those selected for an interview will be contacted.

**Physiotherapists**  
**Temporary Full-time & Casual**  
**Opportunities**

Saint Mary's Hospital is a medium size acute care hospital located on the Fraser River in the beautiful community of New Westminster. This vibrant, fully accredited hospital with an admirable 115 year history, prides itself as a values-driven organization committed to its mission and vision. The hospital has established itself as a centre of excellence in a number of program areas including, but not limited to Acute Geriatrics, Respiratory Diabetes and Orthopedic Reconstruction and is a referral centre for these specialties. We are currently inviting applications for the position of temporary full-time (until approximately February 2002) and casual physiotherapists.

The successful candidates will be graduates of a Canadian Physiotherapy Program or have successfully completed the National Physiotherapy Examination; must be licensed by the College of Physical Therapists of BC and eligible for membership with the CPA.

Salary and benefits are in accordance with the Paramedical Professional Bargaining Association Collective Agreement. candidates may submit a detailed resume, in confidence, to:

Human Resources Advisor  
Saint Mary's Hospital  
220 Royal Avenue  
New Westminster, B.C. V3L 1H6  
Phone: (604) 527-3322  
Fax: (604) 527-3316  
e-mail: deborah\_smallley@sfhr.hnet.bc.ca  
website: www.saintmaryshospital.org