

# Update CPTBC

Spring 2005 • Volume 6 Issue 1

## REGISTRAR'S REPORT

This year the College's Annual General Meeting will be held in Victoria on Saturday, May 28, 2005 during the Canadian Physiotherapy Association Congress. The Physiotherapy Association of BC (PABC) and the College (CPTBC) have planned their Annual General Meetings for 6 pm and 7 pm respectively. Following the AGMs, PABC and the College will be co-hosting a presentation and reception. Enclosed in this newsletter is our invitation to join us for the **Beth Maloney Memorial Lectureship** – named in remembrance of Beth Maloney, the Registrar of the College of Physical Therapists from 1993 to 1999.

In the fall of 2004 the College was approached by one of the British Columbia Rehabilitation Assistant Programs with a request to submit an article for the College's newsletter.

Many of the calls received by the College's Practice Advisor relate to the delegation of tasks to Rehabilitation Assistants and the amount of supervision required by the physical therapist. Because of registrants' enquiries, the College agreed to accept an article for the newsletter in the belief that these articles would help inform physical therapists about the level of training provided in these programs. The College then invited all the Programs to submit an article on their program. This issue of **Update** features the Okanagan University College Rehabilitation Assistant Program.

In 2004 the College Board approved the budget to update our information technology system including the College's website and adding the option of on-line registration renewals and credit card payment for its registrants. This is scheduled for completion by the next renewal cycle.

We look forward to seeing you at the Annual General Meeting and reception.

## ANNUAL GENERAL MEETING NOTICE

The 2005 Annual General Meeting of the College takes place at **7 p.m.** on **Saturday, May 28, 2005**

in the Lecture Theatre,  
**Victoria Trade and Convention Centre,  
Fairmont Empress Hotel, Victoria,  
B.C.**

Registration starts at 5:30 p.m., prior to the PABC AGM taking place at 6 p.m.

Your 2004 Annual Report will be mailed to you in May.

The Quorum for an Annual General Meeting is 50 registered Physical Therapists.

The College requests that you RSVP to the College office by **April 28, 2005** if you are planning on attending the AGM.

Proxies do not count towards Quorum. Registration Form included with this issue.

## ELECTIONS NOTICE

This year the College will be holding elections for Board vacancies.

The voting will take place by **MAIL BALLOT** so please take the time to vote.

Enclosed in this issue are brief candidate biographies, your voting form and instructions on the voting process.

**Only full registrants may vote.**

**Return envelopes must be postmarked no later than April 28, 2005.**

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## COMINGS AND GOINGS

**The College welcomes a new Board member and the School of Rehabilitation Sciences (Physical Therapy Division) representatives.**

John Zimmer was appointed to the Board by the Minister of Health Services effective November 19, 2004.

John holds a Bachelor of Arts with Honours and an LLB from the University of Saskatchewan. After graduation John worked in Saskatoon for fifteen years before moving to Cranbrook, BC in 1995. John has been a member of the Bar in Saskatchewan since 1980 and of British Columbia since 1993.

John has served as both Board member and Chair of Providence Health in Moose Jaw and was on the Board of the Cranbrook Regional Hospital Board in 1999. He has held numerous positions with the Canadian Bar Association, the Saskatchewan and the British Columbia branches of the Canadian Bar Association.

He is an active member of his community serving on the Rotary Club of Cranbrook and is a Partner with Miles, Darou Zimmer & Sheard Law Firm in Cranbrook.

**Sara Falkner** joined the Board on November 19, 2004 as the student representative from the Physical Therapy Program at UBC, School of Rehabilitation Sciences.

Sara is currently in the first year of the Masters of Physical Therapy program. Before coming to BC Sara obtained a Bachelor of Kinesiology from McMaster University. She enjoys the outdoors and all that British Columbia has to offer; namely skiing, hiking and ultimate frisbee. As a member of the Board Sara wants to learn about the process of physiotherapy regulation in British Columbia and act as a liaison between Board members and students.

## APPOINTMENTS

The following Board members were appointed to College Committees:

- **Wren Montgomery**, Board Public Representative, to the Quality Assurance Committee September 18, 2004.
- **John Zimmer**, Board Public Representative to the Inquiry Committee November 20, 2004.

- **Irene Ruel**, Registrant to the Nomination Committee November 20, 2004

The College Board welcomes **Neil Pearson**, Registrant, to the Continuing Competency Sub-Committee effective November 20, 2004.

## NOTICES

**DISABILITY TAX CREDIT** – The Canadian Physiotherapy Association (CPA) has notified its members that Canada's Physiotherapists have now joined the list of health professionals who can certify eligibility for the Disability Tax Credit (DTC). For further information please see the CPA website at [www.physiotherapy.ca](http://www.physiotherapy.ca).

The ***ESSENTIALS COMPETENCIES PROFILE for PHYSIOTHERAPISTS IN CANADA***, May 2004 edition, was approved by the Canadian Regulators in late 2004. The College is waiting for approval from the Alliance and the Canadian Physiotherapy Association to post this document on our website.

## MEMBER ADVISORY

**PIPA** - Registrants are reminded that it is their responsibility to keep a log, or make a notation in a client's chart, whenever the physical therapist sends a copy of a chart to another organization.

**SCANNING RECORDS** - The College has had inquiries from registrants regarding electronic scanning of health records and destruction of original records. The College's legal counsel has advised that this practice should be stopped until further notice, unless the required retention period is over. According to the Electronic Transactions Act the requirement is to keep original records on file in order to be able to confirm records are accurate and unchanged. If a health record is scanned there is no way to ensure a record has not been altered.

## WARNING FROM HEALTH CANADA ULTRASOUND GEL STORAGE

Health Canada has posted a warning on its website indicating that there is a risk of serious infection from ultrasound gel. A recent incident prompted Health Canada to review current practice for storage and use of ultrasound gel. The College encourages registrants to review the full report at:

[www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/ultrasoundgel\\_e.html](http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/ultrasoundgel_e.html)

Below are some of Health Canada's recommendations from the report:

- Single use containers are recommended for non-sterile gels.
- If reusable containers are used, they must be emptied, washed in hot soapy water or hospital- grade disinfectant, rinsed thoroughly and dried prior to refilling. Bottles should not be "topped up". Cracked reusable bottles should be discarded.
- Ensure the bulk gel container has not passed the expiration date.
- Bottles should be filled using a dispensing device on the large bulk container, not by inserting the tip of the refillable bottle into the bulk container to aspirate the contents.
- When opening a new gel bottle or a newly refilled bottle, date the bottle and discard unused gel after one month.
- Tips of containers or dispensing nozzles must not come in direct contact with a patient, staff, instrumentation or the environment. Gel should be dispensed into a medicine cup or on a clean disposable cloth and then to the patient's skin.
- If a medicine cup or a disposable cloth is not used, wipe the dispensing nozzle clean with an alcohol swab and wipe the outside of the container with a disinfectant between patients.
- If a gel is being used on a patient who is in droplet or contact isolation, use a single-use gel container, or leave the reusable container in the room if repeat procedures are necessary and discard the gel when isolation of the patient is discontinued.
- For infrequent procedures, use small or single-use containers.

### Warming of Gel:

- Warmed gel should only be used when required.
- Bottles should be removed from the warmer as soon as possible and dried immediately.
- Gel warmers must be cleaned weekly with low-level hospital-approved disinfectant, and immediately if the warmer becomes soiled.

### Storage of Ultrasound and Medical Gels

- Products must be stored in areas that are dry and protected from potential sources of contamination such as dust, moisture, insects, rodents, etc.
- If evidence of contamination is present or package integrity has been breached, the product must be discarded.
- Products should be rotated when restocking takes place.

### BASIC ACUPRESSURE: Clinical Applications June 4 – 7 in Vancouver Canada at UBC

Contact for Basic Acupressure Classes – [annebraund@rogers.com](mailto:annebraund@rogers.com)

This course was developed by **Aminah Raheem**, (founder of **Process Acupressure**), and will present simple but powerful ways to support the body's own balancing and healing processes. Acupressure formulas will be taught which directly address common issues such as: back/neck pain, headaches, stress and tension patterns. They can be used alone or with another modality such as physiotherapy or massage therapy.

#### Students will learn:

- > 36 basic acupoints arranged sequentially
- > the **Interface Method of Touch** to access the energy of the meridians
- > the Basic Acupressure protocol for whole body balancing
- > over 30 additional formulas applicable to specific clinical conditions
- > **Chakra Tai Chi** for balancing, centering the body, mind, and spirit

**Cost:** \$595(US) – **Only \$ 495 (US) if you register 30 days+ ahead**

**To register contact:** UPLEDGER INSTITUTE @ 1-800-233-5880

## PATIENT RELATIONS CORNER

### Where's My Line?

If this phrase rings a bell with you it is because it is the title of a booklet that is sent to you by the College when you first register. One of the goals of the College's Patient Relations Committee is to ensure that when you practice as a physical therapist you are sensitive to, or become more aware of personal boundaries be it with a patient/client, a good friend, or a stranger.

This booklet provides you with information about defining professional and personal boundaries with your patients/clients. In a health-care relationship you as a health care provider bring:

- 1) competence – knowledge and skills as a physical therapist
- 2) objectivity – decisions you make about your clients' care are put first
- 3) humility – acknowledge your limits both in professional scope of practice and personal skills and you would consult or refer-on when unsure of what's in the best interest of your client.

As a professional, you evoke 'implicit trust'. Clients approach you in the hope you will know how to help them and make health decisions in their best interests. There exists a 'power imbalance' in a professional/client relationship and it is often intensified when a client is in a vulnerable state e.g. being cared for. If the topic of patient relations is new to you then you should review your "Where's My Line" booklet, which was sent to you in your Reference Guide when you first registered with the College.

## CONTINUING COMPETENCY PROGRAM UPDATE

As you are aware the professional portfolio is currently 'on hold' due to delays in passing provincial legislation which will protect the privacy of continuing competency documents and outline Colleges' requirements for Quality Assurance Programs. Once the required legislation is passed you will be notified and updated on what the Continuing Competency requirements will be.

In October, registrants were asked to voluntarily complete a draft audit form developed by the Continuing Competency Sub-committee. The audit form was designed to promote reflective practice and to identify trends related to practice standards. The audit form was easier to complete if you had already completed your portfolio. Compared to auditing the entire portfolio, using the audit form would require significantly less of the College's resources. In addition, the literature supports the use of portfolios for continuing competence programs, however, there is little information on how to audit the qualitative content. The plan is to use the audit form with a random sample of registrants annually, and then select from that group a small percentage to send in their portfolio as well. The Sub-committee feels this will serve two purposes, to promote compliance for completing the portfolio and to assure the public that there is a reasonable audit process in place to ensure registrants are meeting the program requirements.

### Continuing Competency Audit Form Review

The Continuing Competency Sub-committee would like to thank the 115 registrants who took the time to return the audit forms to the College with their feedback. Sub-committee members reviewed the audit forms and a number of trends were identified. There was consistency in the answers to the question of what impacts a physical therapist's ability to provide quality care. Time and again responses to this question included funding issues (decreased staffing, increased workload, poor morale), having to do more non-patient care duties and a lack of mentorship due to management restructuring. The section on learning goals and the regulatory review were generally well completed, with some registrants listing very clear goals with specific steps taken to achieve the goal they listed. In several cases goals were very broad or vague, were left completely blank, or did not list specific steps to be taken to achieve the goal. This may be in part because people were intending to comment on the audit form itself and put less focus on the answer content.

From the audit feedback, it was apparent that the Continuing Competency Program is viewed as an independent initiative of the College. In fact, mandatory continuing competency programs are legislated by the Health Professions Act. Marla Nayer, from the College of Physical Therapists of Ontario, likens continuing competency programs to evidence-based practice approaches. Marla notes that it is no longer enough to say



that you do a type of treatment because it works, you need evidence. She argues that the same is true with continuing competency- it's no longer enough to say you are staying current, you need evidence to support this claim.

The Continuing Competency Sub-committee meets again on Saturday April 2nd with the intention of reviewing all components of the program to ensure that the program will be able to move forward once the appropriate legislation is passed.

### Registrant Feedback

Comments from registrants were appreciated and obviously many people put a lot of time into providing feedback about the proposed program and audit- both positive and negative, and also suggested solutions. Below are some of the comments made about the portfolio and the audit form:

"This takes time away from my clinical time. I am aware of areas that need improving and further education and do my best to further my knowledge whenever an opportunity arises. Personally this is just more paperwork."

"What the portfolio process did do was to make me focus my ideas and put them down in writing. It made me realize that I have a much more holistic view of health care and where I want my career to go."

"I think the Practice Standards section was a good review (I do all these things- but it was helpful to see it again)."

"I do think the portfolio is a good idea and a good time to reflect on what you're doing. For me the goal would be to make it more than a once a year event."

"The College would do more to assist PT's in maintaining competency by making educational opportunities available to those outside big centres. Travel costs plus registration costs are prohibitive to most- especially part-time therapists."

"Thanks for all the hard work to bring our standards of care to the forefront though the Continuing Competency program. I have found the annual goal-setting very helpful to keep me focused on what I have identified as important."

"It is great to do a regulatory review and to reflect on one's professional goals."

"It takes a long time to fill out but does make you think about how you practice."

"A LOT OF WORK!! Who has this kind of time?? I am a professional and know whether I am doing a good job, by feedback received from associates and peers much more so than by the tedious competency process you have established."

"A most interesting exercise. On graduating (1954) I was advised that I was just beginning to learn, 50 years later it is still true."

"I wasn't good at reviewing standards until the professional portfolio was developed."

"Makes me think about how I can improve my practice."

"I definitely want to be policed by the college as opposed to an outside agency, I believe we need to be accountable in a very transparent way."

"I like the audit form. It makes you think and evaluate and reflect on your own practice. It helps you to see whether you have actually achieved your goals or not."

"If the purpose is to assist me in continuing competence- I find it a little condescending. As a professional, I constantly set goals for my clients. I don't need help from a worksheet to do the same for me."

"I do believe that the audit form is a much better way of monitoring registrants' compliance, rather than us sending in our large, cumbersome portfolios. The questions in the form are concise and to the point and are able to gather all the relevant and important information needed to make sure we are maintaining high professional competency."

"This must be on-line so that each year the previous year can be saved and changes made on the old document for the current year- this is too much writing."

*Note: an on-line version of the portfolio is in the planning stages.*

"Completing learning goals leads to improved confidence as PT and mentor. CPTBC always a great resource for maintaining competence."

## FREQUENTLY ASKED QUESTIONS

### Can a physical therapist teach a client how to use an interferential current machine for home use?

The use of interferential current is a reserved act. Instructions in the use of the unit cannot be delegated, however, the physical therapist can teach a client how to apply the pads and turn on the machine. The physical therapist must document that the client has been advised not to change any settings or how the current is applied. The essence here is that the client is only learning how to apply the pads and how to turn on the machine, along with learning when to have further communication with the physical therapist.

There is always the risk of a problem arising. The physical therapist must make a decision regarding the probability of risk and possible level of harm with this particular client. The therapist must be confident that the client will follow the instructions and communicate with the therapist if treatment effects change. If a physical therapist can have a client in a clinic on IFC while also seeing three other clients, the probability of risk and possible level of harm for this client is probably no different from the client using a unit at home, provided that both clients are given the same education.

### Will a physical therapist be penalized in any way by calling the College to ask questions about ethical issues?

Heck no, that's what we live for! Protecting the public is best proactively. The Practice Advisor is not linked into the complaints process.

### The current definition of physical therapy in the Physical Therapists Regulation says "treatment of a human body", does this mean ergonomic recommendations are not within our scope of practice?

Consulting work is definitely within a physical therapists scope of practice and is supported in College Bylaw 56 section 5 which states "When acting on a consulting or advisory basis the physical therapist may provide educational information relating to general issues. For example: back care and body mechanics, posture, physical activity, transfers and lifting, ergonomics and injury prevention".

### I read the information on dual practice in the last Update and am wondering if I can introduce myself as a physical therapist when I am working as a yoga instructor?

The intent of the information on dual practice is to avoid public confusion about who is providing what service. For example, if you are instructing a yoga class it is perfectly acceptable to indicate that you are a physical therapist by training as well as a yoga instructor. However, you must be clear that the class you are offering is a yoga class and not physical therapy, and be sure that the client's receipt indicates that clients paid for a yoga class, and not physical therapy. Remember, it should be absolutely clear to the public who is providing the service, and what type of service they are receiving. In the above scenario that means making it clear that you are acting as a yoga instructor providing a yoga class.

### As the owner of a clinic that is incorporated and holds the mandatory College permit, how am I affected by the new B.C. Business Corporation Act?

The *B.C. Business Corporation Act* became law on March 29, 2004. Companies incorporated before March 29, 2004 have to complete a transition process by March 28, 2006. Speak to your lawyer to ensure that your company is compliant with the *Act* by the transition deadline. At present the *Act* has not resulted in any changes to your College permit or the annual renewal process. When the *Health Professions Act* amendments are proclaimed, the College will review the amendments and, if there are any changes to our Bylaws with respect to corporation permits, the College will advise all registrants.

## COMMITTEE REPORTS

### Real Time Ultra-Sound Imaging Task Force Final Report

Copies of the final report on REAL TIME ULTRASOUND IMAGING (RTISU) prepared by the CPTBC Ad Hoc Committee can be obtained by contacting Arlene Gloria at the College office: Tel: 604-730-9193 or by email at [arlene\\_gloria@cptbc.org](mailto:arlene_gloria@cptbc.org)

Many thanks to the Ad Hoc Committee members Jackie Whitaker, Diane Lee, Tyla Schlender and Linda-Joy Lee-Kane for participating in this project. The Committee was supported by the College Practice Advisor, Neil Pearson.

## PABC/CPTBC JOINT INITIATIVES COMMITTEE

In September of 2004 the Boards of PABC and CPTBC met to discuss how our two organizations could work together on occasions when we have common goals. To this end a committee was struck, the Joint Initiatives Committee, with representatives from PABC and CPTBC to work on shared projects. One of the common goals for our organizations is promoting continuing competency and high practice standards in physical therapy. Both organizations support the efforts of physical therapists towards continued improvement through the use of evidence-based practice, clinical guidelines, outcome measures, and patient feedback. The idea is that by working together on specific projects such as this, we can dovetail our efforts to best meet our goals. Some areas where we can collaborate to promote high practice standards include supporting post-graduate certification programs and offering jointly planned professional development courses. Together we will review the organizations' strategic plans for the year and work together where we find overlap.

You can look forward to an update from the committee at the Annual General Meeting of each organization, to be held on May 28th, 2005 in Victoria. In the spirit of promoting excellence in practice, PABC and CPTBC will be co-hosting the 1st Beth Maloney Memorial Lectureship following our Annual General Meetings. The speaker will be a Paralympic athlete for whom physical therapy has been an important part of her sporting career.

There is much excitement from the Joint Initiative Committee and we are confident that together we can do great things towards promoting excellence in physical therapy practice.

## PRIVATE PRACTITIONERS: HAVE YOU BEEN APPROACHED BY OUT-OF-PROVINCE OR INTERNATIONAL STUDENTS?

### Facts to be aware of:

1. **All requests** for placements received by any facility or private practice must first be forwarded to the Academic Coordinator of Clinical Education at UBC. (contact information below)
2. **All students must then register with the College:** Once the placement is approved the Academic Coordinator will provide the student with a College student application package which must be completed, forwarded to the College and approved by the College before the clinical placement may begin. Without College registration, the student is practicing illegally.
3. All academic programs in Canada organize out-of-province requests in the same fashion, although not all provinces require College registration for students.
4. 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.

### Why?

1. To **protect the available placements for UBC** students first and then students from other Canadian Universities. **UBC students** have the right to expect that quality fieldwork opportunities will be available to them first. Some international programs require their students to do 14 weeks of clinical placement. That means that the facility will not be taking another student for the whole year. That is a disadvantage to our students. Some facilities only want to offer to supervise international students and again this is a disadvantage to UBC students.

All placements not used by UBC students are then offered to students from other Canadian programs and then to international students.

2. To **ensure the student is practicing legally in BC**, has the required liability insurance and is attending a WCPT-recognized University program.
3. To ensure that all students are placed in facilities where they have full time supervision by a physiotherapist with the appropriate skills.

Are you interested in being involved in Clinical Fieldwork Education? Please contact the Academic Clinical Coordinator at UBC: Pat Lieblich at 604-822-7413 or by email: lieblich@interchange.ubc.ca.

## REGISTRATION REPORT

### Confidentiality Reminder:

- do not list your home address and phone number as your business listing with the College unless you wish this information released to the public as-
- your registration number, registration status and business listings are released to the public on request and, you should know that-
- when the College upgrades it's Information Technology services this year, your registration number, registration status and business listings will be published on the website so -
- to change your personal and business contact information, use the form located on the back of your newsletter and on our website: [www.cptbc.org](http://www.cptbc.org) or email: [info@cptbc.org](mailto:info@cptbc.org)

### Renewals Report 2005

The '**Hardest Working Physical Therapist Award**' this year goes to the registrant who claimed to have worked **30,000 clinical hours!** Honourable mentions: 14,976 and 10,000 clinical hours worked respectively!

With registrants working this hard it's no wonder the most common error in completing the renewal form was in filling out the cheque!

### Top 7 errors in completing the renewal process

1. Cheque Error
2. Malpractice Insurance not indicated
3. Practice Hours Incomplete/Incorrect
4. Declaration Unsigned
5. Proof of Insurance Not Attached
6. Employment Information Incomplete
7. Forgot to renew at all!

Registration renewal applications for 2005 were mailed to BC's 2800 registered physical therapists in late October, 2004. **Many thanks to the 1200 registrants who sent in their renewals before Christmas!** This enabled staff to process these renewals and mail their 2005 registration cards before the Christmas season.

We were fortunate again this year to hire Mr. Daniel Wood as our amazingly efficient data entry personnel. Daniel's speed and accuracy enabled us to stay current with incoming renewals which in turn enabled us to issue registration cards more quickly and meet our regulatory deadlines.

Each year the College aims to make the renewal process more efficient. The renewal form and instruction guide were revised again this year and your FAQs updated and listed on the College's website. In addition, the College office remained open during the renewal period, except for the statutory holidays, to better answer your renewal questions.

### Cancellations of registration

Renewals with a late fee were permitted to January 31, 2005 when registrants who had not yet renewed had their registration cancelled effective February 1, 2005, 12:01a.m.

All registrants who are cancelled for non-payment of dues have their names submitted to the Registration Committee and published in the Spring edition of the Update. Those registrants with full registration may not work until their application for reinstatement is approved by the College.

### Good, Better, Best!

Number of Registrants cancelled for non-payment by year

2005	20
2004	25
2003	81

### CANCELLATIONS OF REGISTRATION FOR NON-PAYMENT OF DUES: 2005

#### Full Registrants:

04436 Charles Couillard	01488 Mehru Tavararia
04967 Sarah Oosman	04271 Marlene Thompson

#### Inactive Registrants:

01962 Sally Abraham	01191 Servatius Mes
03545 Joan Bevington	02854 Jo-Anne Noonan
02961 Beth Bruce	00519 Elaine Reimer
00987 Ann Davies	03346 Nadia Robinson
04434 Monica Eickmeier	00461 Mairead Stott
04889 Katherine Foster	01484 Franca Varelas
04948 Michele Fowler	03565 Jane Watt
00906 Pamela Irwin	04990 Diana Zinter

### REINSTATEMENTS after Cancellation for non-payment of dues:

01191 Servatius Mes	Inactive effective: Feb 11/05
00461 Mairead Stott	Inactive effective: Feb 8/05

The College continues to welcome suggestions on improving the renewal process. Please address your suggestions and queries to the Registration Coordinator, Joan Morton - email: [joan\\_morton@cptbc.org](mailto:joan_morton@cptbc.org)

### Malpractice Insurance – Did you know?!

**For full registration:** you must have malpractice insurance coverage in effect in the minimum amount of \$3 million per occurrence. If at any time during the year you no longer have malpractice insurance, you must notify the College immediately so your registration status may be changed to inactive registration.

### If your employer pays for your malpractice insurance:

- **you are only covered while working exclusively for the employer.** Once you leave the employ of a hospital or government agency, you are **no longer covered for malpractice insurance** and must



- **notify the College immediately**, by mail, email or fax with your name and College registration number, and **either** provide the College with your new employer information and proof that they will cover your malpractice insurance **or**
- request your registration status be changed from full to inactive, effective the first day you are no longer working, **unless** you have previously provided the College with proof you have personal malpractice insurance coverage in the minimum amount of \$3 million per occurrence.
- **you may not work for any other employer** without first obtaining personal malpractice insurance and providing proof of the minimum amount required by the College, \$3 million per occurrence. Your malpractice insurance must be in effect from the date you begin work to the end of the calendar year. If you renew during the year, please send a hard copy of the new insurance certificate to the College, Attn: Registration Coordinator.

*If you obtain personal malpractice insurance during the year:*

- notify the College immediately and provide us with hard copy proof from the insurer. The College will advise the Medical Services Plan (MSP) so that you will be approved for a practitioner number if you wish to bill to MSP.

## INQUIRY SUMMARIES

### Professional Misconduct and exacerbation of injury

The complainant attended physiotherapy for jaw and head pain and facial numbness. She told the physical therapist that she had had previous difficulty with her thoracic spine but stated that this problem was not to be part of the current consultation. During the course of the examination the complainant alleges that the therapist twisted her upper torso and manipulated her neck. She asked the therapist to stop the manipulation as it made her uncomfortable. She also stated that she had not consented to this treatment. The complainant alleges that she is now suffering from renewed thoracic pain as a result of the manipulations. The Inquiry Committee decided to act under Section 36(1)(c) of the *Health Professions Act* and request that the physical therapist consent to a reprimand for not clearly communicating with his client regarding his assessment and treatment plan, for not obtaining a signed consent for treatment and for not including a signed consent form in the client's chart.

### Incompetence

The complainant attended physiotherapy for treatment of a fractured fibula following cast removal. She was treated with electrotherapy and exercises using a balance board. The complainant states that after the first treatment she was left unsupervised. On the day of her final treatment she received a heavy jolt of electricity that caused her to cry. The complainant alleges that the therapist told her to "stop

crying and to forget about the incident." She left the clinic without going to the gym and states that she was not asked how she was doing following the incident. The Inquiry Committee decided to act under sections 36(1)(c) and 36(1)(d) the *Health Professions Act* and request that the registrant consent to a reprimand and to an undertaking to comply with the College's Clinical Practice Statements (CPS), in particular CPS No. 1 – Clinical Records; to ensure that a copy of the College manual is available, at all times, in the clinic, to consent to a chart review by an investigator in twelve months and to seek consent from the clinic owner to an inspection of the maintenance records for the electrical units within the next twelve months. The therapist also consented to reimburse the College for all reasonable costs that may be incurred related to a clinical chart review.

### Professional Misconduct

The complainant states that he stopped attending his physiotherapy treatments after approximately six months because he noticed that the communication between himself and his therapist was becoming strained. The complainant, however, continued attending the gym in the clinic. A few months later the head of the massage section of the clinic asked the complainant to not return to the clinic because he made the physical therapist feel uncomfortable. The complainant states that the physical therapist made a police report saying that the complainant was stalking her. The complainant believes that this situation could have been avoided if there had been better communication between the parties. The complainant requested that the clinic reimburse his gym fee. The Inquiry Committee decided under section 33(6)(a) of the *Health Professions Act* to take no further action in this matter.

### Professional Misconduct

The complainants allege that the physical therapist who provided contract services to their clinic defrauded the clinic of approximately \$400.00 by depositing business cheques into his own account instead of the clinic account and furthermore he did not submit the clinic's portion of those cheques to the clinic. The normal operating procedure for the clinic is to deposit all payments received from clients and insurers into the business account. The associate physiotherapists are then paid semi-monthly by the clinic according to the terms of their Professional Services Contract. After the physical therapist ceased to work at the clinic it came to the attention of the clinic owners that four cheques from a third party payor had not been received by the clinic. Upon follow-up it was found that the cheques had been issued and deposited into an account other than the clinic's account. The clinic owners wrote the respondent requesting reimbursement of funds owing and eventually received the monies owing them. The Inquiry Committee decided under section 33(6)(a) of the *Health Professions Act* to take no further action in this matter. The Board denied the appeal.

### Professional Misconduct

The respondents wrote letters to the editor of a local newspaper questioning the actions of a facility who had terminated the employment of certain physical therapists. The complainants variously alleged that these letters were unprofessional and unethical and had led to a perception in the community that the remaining physical therapists lack the skills to perform their jobs. The Committee considered that while it does have jurisdiction over the alleged conduct, the evidence before it did not, on its face, violate the College's Code of Ethics and therefore would not amount to professional misconduct. The Inquiry Committee decided under section 33(6)(a) of the *Health Professions Act* to take no further action in this matter. The Board denied the appeal.

### Professional Misconduct

The physical therapist purchased a condominium from his client at what was alleged to be below market value by the client's son-in-law. At the time of the event the patient was on a detoxification program involving heavy medication and had been diagnosed with early dementia. The complainant alleged that the therapist had preyed on the client while she was in a weakened state. In reviewing the evidence before it, the Committee is satisfied the selling price was not outside the range of market value and that the respondent did not use his position of trust for financial gain. The Inquiry Committee decided under section 33(6)(a) of the *Health Professions Act* to take no further action in this matter.

## Okanagan University College Rehabilitation Assistant Certificate

### Evolving into a Two Year Diploma

These have been exciting times at Okanagan University College (OUC) in Kelowna, B.C. Recently our proposal to replace the Rehabilitation Assistant certificate with a new, expanded 2-year diploma was approved by the Ministry and was adopted by what will be our new employer, the new Okanagan College. To reflect the changes and national trends, the name of the program has been changed from Rehabilitation Assistant to Therapist Assistant. As with most programs changing to the two-year model, our program evolved in response to the new competencies set forth by the Canadian Physiotherapy Association and the Canadian Alliance of Physiotherapy Regulators. In addition to the need to expand our curriculum to meet the competencies, we were also increasingly aware of the fact that employers were expressing the need for our graduates to work in areas in which they had previously not been employed, such as pediatrics, acute care and mental health. Employers and therapists were also requesting increased competency in areas such as writing skills, accountability and clinical judgement. To meet these needs, additional training and

curricular changes beyond the capacity of a 10-month certificate were required.

The Rehabilitation Assistant Certificate at Okanagan University College began in 1990 and was the first official program of its kind in Canada. In 2001, the 10-month program moved from the Kelowna Campus to the new North campus of OUC. From the beginning, the program was developed to train assistants to work in three areas of rehabilitation: physical therapy, occupational therapy and recreational therapy and to prepare the graduate to be well rounded in all three disciplines so that he/she could work in a variety of rehabilitation settings. Even today, nearly fifteen years since the program began, our graduates remain highly sought after for their multi-disciplinary abilities.

The new two-year diploma program, beginning in September 2005, will include the following clinical components related to physical therapy: Human Anatomy and Physiology, Psychology, Communications and Groups, Disease and Disability, Physical Therapy I, II and III, Client Care, Functional Neurology, Gross Anatomy and Kinesiology, Psychiatry and Mental Health and Therapeutic Modalities.

Students will also be required to complete eight (8) weeks of clinical placement between first and second year plus eight (8) weeks of clinical placements after second year. Many of the first year courses will now be taught within the respective Arts and Sciences department with the second year courses allowing more time to teach in the aforementioned specialty areas. Also, work is currently underway to develop degree completion laddering opportunities.

Rehabilitation certificate holders are also welcome to return to complete the diploma. They will be required to complete the second year of courses, the university transfer courses (U/T), and only one four (4) week clinical placement.

We are very excited to be able to offer the program in the new expanded two-year format and we are confident that the new Okanagan College Therapist Assistant graduates will be as sought after for employment as ever and will likely find work in new and emerging specialty areas.

Submitted by: Brett Wade, RPT,  
Instructor  
Rehabilitation Assistant Program  
Okanagan University College  
[www.ouc.bc.ca](http://www.ouc.bc.ca)

**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.



WORKERS' COMPENSATION BOARD OF BC

An addendum to the Physiotherapy Memorandum of Agreement has been signed by the PABC and the WCB.

This addendum involves changes to the terms and conditions of the Agreement and extends the term from January 1, 2005 to December 31, 2005

For more information please visit the WCB website:  
[www.worksafebc.com](http://www.worksafebc.com)

### Health Care Services

Tel: 604-232-7787  
Toll Free: 1-866-244-6404

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Email: [info@cptbc.org](mailto:info@cptbc.org)

## ADVERTISING RATES AND DEADLINES

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

**Deadlines:** January 15, May 15 & August 15

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

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