

UPDATE

Newsletter of the College of Physical Therapists of B.C.

MESSAGE FROM THE CHAIR

I am pleased to have taken on the role of Chair of the Board for the coming year. We have some terrific new Board Members whose skills, enthusiasm and interests are a strong complement to our existing Board Members. The Board is excited about working with our new Registrar, Brenda Hudson, as we and the staff at the College focus on:

- implementing on-line registration with web-based features that will allow registrants to update their information, as well as offer payment method choices;
- finalizing the College By-law updates for legislative approval after the *Health Profession's Act* is passed;
- working with other provinces and the Alliance on understanding the role of support workers and, through a BC Task Force, developing a B.C. perspective that will assist the College in exploring options for regulating or registering support workers under our new By-laws;
- ensuring the proposed fee increase is reasonable and necessary to meet the College's financial needs over the next five years; and the
- ongoing development of the Continuing Competency Program, the By-laws to support it, and the plans to evaluate the process further while awaiting the *Health Profession's Act* amendments.

I look forward to a productive and interesting year ahead as the College continues to protect the public interest by working to improve our effectiveness as a regulatory organization.

Melissa Holland
Chair and Public Representative

MESSAGE FROM THE REGISTRAR

At the time of writing I have just completed six weeks in my new role as Registrar. The time has gone by quickly as I become familiar with the Board and Committees, staff, volunteers and the systems in the office.

I was fortunate to attend the 1st Forum on *International Perspectives in Physiotherapy Regulation* which was held in Toronto on early May in conjunction with the Canadian Alliance of Physiotherapy Regulators annual meetings. Discussions on continuing competence, exclusive scopes of practice, mutual recognition agreements, mobility of physical therapists, telehealth, specialization, primary health care, managed health care (third party payor) and support personnel and their effect on physical therapy as a self-regulated profession, dominated the agendas.

I also recently represented the B.C. regulatory perspective at the National Physiotherapy Advisory Groups (NPAG) consensus building exercise on visioning physical therapy in the year 2015. The work of this group is not yet complete but will be shared with you once done.

The future for physical therapy is exciting but needs input from our members to help shape that future. Consider volunteering your services on one of the College's committees. It's educational, fun and rewarding!

I wish to thank **Marilyn Atkins** for supporting the College in its transition from one Registrar to another and also for agreeing to stay on for another few weeks after my arrival to assist me in my orientation.

It's been wonderful hearing from many of you regarding my appointment to this position. Thank you for your confidence and support.

Brenda Hudson
Registrar

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ANNUAL GENERAL MEETING REPORT

The Annual General Meeting was held on Friday, April 2, 2004 at the Delta Vancouver Airport Hotel in Richmond, BC. Thank you to the 83 members who attended and the 32 members who sent in proxies.

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

- the Board Chair, Annick de Gooyer, welcomed the Canadian Physiotherapy Association CEO, Pamela Fralick to the meeting.
- Dr. Candice Schacter gave a thought-provoking presentation on *Sensitive Practice*.
- the business meeting was short with the Chair's report,

committee reports and the 2003 audited financial statements received and placed on file.

- Victor Brittain, Irene Ruel and Anne Scott (see biographies below) were acclaimed as Directors to the College's Board, each for a two-year term.
- Brenda Hudson was introduced as the new Registrar of the College effective May 3, 2004.
- A reception, enjoyed by all, followed the meeting.

RECOGNITION

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

Frances Hollington

Inquiry Committee 1995-2004

Anne Voute

Quality Assurance Committee 1995-2003

Continuing Competency Sub-Committee 2001-2003

Klari Varallyai

Patient Relations Committee 1997-2003

Lenora English

Quality Assurance Committee 1997-2003

Mary Charlton

Discipline Committee 1998-2004

Annick de Gooyer

Board of Director, Member and Chair 2000-2004

Cheryl Thompson

Board of Director, Member and Vice-Chair 2000-2004

Ivo Stantchev

Board of Directors 2001-2003

Finance Committee 2001-2004

Jonathan Clay

Quality Assurance Committee 2002-2004

Brenda Hudson

Board of Directors 2002-2004

Registration Committee 2002-2004

Nominations Committee, Member and Chair 2003-2004

Patricia Lieblich

Patient Relations Committee 2003-2004

The Chair recognized **Marilyn Atkins** for her willingness to step into the Acting Registrar position during the search for a new Registrar.

Many thanks to the office staff, **Arlene Gloria**, and **Anna Gloria** for organizing the evening.

COLLEGE BOARD – 2004-2005

- Victor Brittain** - Elected Member
- Greg Cassap** - Elected Member
- Terry Fedorkiw** – Elected Member
- Melissa Holland** - Appointed Public Representative Member and Chair
- Margaret Harris**- Elected Member
- Wren Montgomery** - Appointed Public Representative
- Irene Ruel** - Elected Member and Board Vice-Chair
- Anne Scott** - Elected Member
- Mark Virgin** - Appointed Public Representative

BIOGRAPHIES - NEW BOARD MEMBERS

Victor Brittain

Victor graduated from the University of Ulster, Northern Ireland in 1990 with a Bachelor of Science (Honours) in Physiotherapy. In the summer of 1990 he moved to Vancouver and started working at the Vancouver General Hospital where, as a staff physical therapist, he worked on the surgical, orthopedic, neurological, intensive care, psychiatric assessment and rehabilitation units. In 1997, Victor became the Clinical Practice Leader for the Acute Surgical Team responsible for the coordination and delivery of physical therapy services on the surgical units. Victor has been actively involved in teaching and mentoring staff and students and has represented physiotherapy on numerous education-related committees at the Vancouver General Hospital.

Victor feels strongly that continued education is necessary for all physical therapists and has recently been appointed by the University of British Columbia, School of Rehabilitation Sciences, as a Clinical Instructor.

With a long-standing interest in the activities of the College, Victor joined the Inquiry Committee in 2000 and has acted as the Vice-Chair since 2002.

Victor was elected to the Board at the Annual General Meeting on April 2, 2004.

Margaret Harris

Marg completed her Physiotherapy training at King's College, London University (1963-1966). After graduation she worked in a wide variety of physiotherapy environments in England, Bermuda, Ontario and finally B.C. Most recently she owned a private physiotherapy clinic in Prince Rupert from 1984-2002 where she also initiated the School District PT/OT program and the Early Intervention PT program, taught the Sports Aid and Sports Taping courses in the community and the High School, was involved in ergonomic work with the local fish plants, pulp mill and school district as well as a

long-term injury prevention program with the local swim club.

Having moved to the Comox Valley in 2003, Marg is currently working in both private and public sectors with the Prince Rupert School District, Terrace Child Development Centre (Queen Charlotte Islands outreach service), Comox Valley Child Development Association, and Campbell River Physiotherapy Clinic. Her areas of special interest include Paediatrics, Sports Medicine and Ergonomics.

Marg was President of the Northwest B.C. District of CPA from 1986-88 and 1994-1996 and PABC Director-at-Large (Private Practice) 1996-98 and from 2000 -2004 was a member of the PABC Editorial Committee.

Marg was appointed to the Board, effective November 15, 2003.

Wren Montgomery

Wren Montgomery brings to the Board experience in strategy development, research and analysis in both the for-profit and government sectors. Her background is diverse and includes working in the financial industry at BMO Nesbitt Burns, in the government sector at the BC Progress Board, and currently as a partner and consultant at Era Strategy Consultants, a locally based strategic research and analysis firm.

Wren holds an MBA from UBC's Sauder School of Business as well as an Honours Bachelor of Arts in Economics and Political Science from McGill University. She also volunteers her time with the Canadian Cancer Society as well as her two alumni associations, and with a variety of other local groups. Her spare time is spent enjoying the many outdoor activities BC has to offer including skiing, mountain biking and hiking. Wren was appointed as a public representative to the Board on May 19, 2004 and looks forward to actively contributing her skills and experience as the Board moves forward.

Irene Ruel

Irene, who received her Bachelor of Science in Rehabilitation Medicine from UBC in 1977, is presently providing geriatric care on a part-time basis in Kelowna. Her work experiences have included a variety of acute care settings, private practice locums and geriatric services in Vancouver and the Okanagan.

Prior to starting a family and moving to the Interior in 1990, Irene was actively involved with the precursor to the College, the Association of Physiotherapists and Massage Practitioners. With volunteer commitments in the past decade divided between her children's activities, ski patrolling and a variety of school district organizations and committees, Irene once again has the time and energy to contribute to the College.

Irene was elected to the Board at the Annual General Meeting on April 2, 2004.

Anne Scott

Anne has been a physiotherapist for some thirty years. After graduation from UBC, she started her career at VGH and over the years has worked at Holy Family, Lions Gate and Children's Hospitals.

From 1987 to 1989 she worked at Camperdown Children's Hospital in Sydney, Australia. On her return to Canada in 1989, she was employed at George Pearson Centre and at the GF Strong Centre. Currently, Anne runs her own practice with a special interest in clients with neurological disorders and in developing aquatic therapy programs.

Anne currently sees challenging physical therapy issues arising in both the public and private sections and feels strongly about protecting both our members and the public. Anne is an experienced Board member, currently sitting on the Cheshire Homes Board of Directors.

Anne was elected to the CPTBC Board at the Annual General Meeting on April 2, 2004.

IMPROVING PATIENT RELATIONS – Report from the pre-AGM Course

On April 1 and 2, the College, in collaboration with the new PABC and UBC education partnership co-hosted the pre-AGM professional development course, "*Improving Patient Relations*". Fifty health care professionals participated in the one and a half day workshop. Feedback from the course participants was positive.

"We all feel we excel in patient relations". "I think my communication skills and my relationship with patients are excellent and I would prefer to spend money on upgrading clinical skills," said one participant before the course. Yet one of the busiest committees of the College Board, the Inquiry Committee, is because of patient complaints.

Although the Inquiry Committee reports in the College newsletter note that, upon investigation, there is often insufficient evidence of professional misconduct or incompetence, improved physical therapist-patient communication could prevent the loss of valuable time and costs in ensuring due process. For this reason the College encouraged attendance at this course.

The "*Improving Patient Relations*" course included several presenters each focusing on an aspect of patient relations relevant to physical therapists.

Candace Schachter, PhD PT, is on the faculty of the University of Saskatchewan and a researcher in client-centered care called "sensitive practice."

To assist in communicating with and motivating patients of varied cultural, experiential and socio-economic backgrounds, she introduced us to sociometry and psychodrama. Dr. Schachter also raised the issue of time; identifying lack of time as the greatest cause of a

physical therapist's stress and the need for the physical therapist's time as the greatest patient demand. Yet the problem, it was decided, had to be solved individually - "there is no one magic solution." Questions about boundaries led to the suggestion that respecting boundaries is a two-way street and physical therapists have a right to expect patients to also respect boundaries.

Schachter's "Handbook on Sensitive Practice for Health Professionals: Lessons from Female Survivors of Childhood Sexual Abuse," is available through the Health Canada website. **Type <http://www.hc-sc.gc.ca>, this is Health Canada's site. Type 'Sensitive Practice' in the Search box, and click 'Go'. This will give you a list, including 'Handbook on Sensitive Practice for Health Professionals'**. It can be printed on-line for free.

Kerry Baisley, M.SW, presented on "Patient Consent: A Review of Legislation and Process" and brought insight to the term, "legal consent." The manager of assessment, investigations and health care decisions for the B.C. Trustees Office, he has a background as a social worker in extended care at UBC Hospital.

Mr. Baisley offered updated tips on the legalities of providing treatment to patients. For example, a signed original Power Of Attorney is immediately effective.

Two relevant reports - the McLean Report regarding Power of Attorney and Representation Agreements and the PGT Report of Adult Guardianship are available from the Government of B.C. website under Legislation and Policy.

Andrea Jacques, owner of "Kyosei Consulting International" presented on "The Art of Conversation."

In her presentation she explained how asking the patient strategic questions can enhance communication, inspire action and overcome barriers to recovery. Ms. Jacques encouraged program participants to "Love the questions, live the answers" and to "Keep both eyes on the journey". By acknowledging feelings and considering obstacles, she said, a physical therapist can strengthen confidence for better assessments and treatment.

Anthony Tobin, LLB, is one of the College's legal advisors. Mr. Tobin spoke on understanding legislative and legal boundaries. (References to his presentation are at gp.gov.bc.ca - Statutes Health Care Act 1996 Ch. 181.)

Among the points Mr. Tobin raised are that patients have a right to a provider of their choice; that "Infant Consent" refers to children up to 19 years of age; that a privacy officer should be appointed in every facility; that patients have a right to a copy of their medical records and that patients have a right to privacy.

We were reminded of the need to be mindful of not disclosing confidential information in front of others especially when working in an open area such as a gym. If your work area does not provide a totally private area for assessing clients then this should be stated in your patient information/admission forms.

CRANIOSACRAL STUDY

The collection of data for a case study of one patient has been completed and a report has been compiled. If you contributed to the study and wish a copy of the report please email the College: anna_gloria@cptbc.org to request a copy. Mailing costs will be covered. Thank you for your contribution.

5th Interdisciplinary World Congress

*“Low Back and Pelvic Pain –
Effective Diagnosis and Treatment”*

Melbourne, Australia

November 10 - 13, 2004

Contact:

Dr. Andry Vleeming, Program Chairman
www.worldcongresslbp.com
info@worldcongresslbp.com

COMINGS AND GOINGS

Margaret Harris has replaced **Ivo Stantchev** on the **Board of Directors** and on the **Finance Committee**;

Marilyn Atkins has joined the **Nominations Committee**;

Irene Ruel has joined the **Legislative Committee**;

Melissa Holland and **Anne Scott** have joined the **Registration Committee**, **Anne** replaces **Brenda Hudson**;

Anne Voute has left the **Quality Assurance Committee** and the **Continuing Competency Sub-Committee**;

Mary Charlton has retired from the **Discipline Committee**;

Frances Hollington has retired from the **Inquiry Committee**;

Peter Goyert and **Wren Montgomery** have joined the **Quality Assurance Committee**;

Melissa Holland, **Greg. Cassap**, **Karen Bonter** and **Jonathan Clay** have left the **Quality Assurance Committee**;

Mark Virgin and **Pat Lieblich** have left the **Patient Relations Committee**.

CALL FOR VOLUNTEERS

With all these comings and goings the College is seeking new volunteers for several of its Committees. The Discipline, Legislative, Nominations, Patient Relations and Registration Committees are currently recruiting. If you have an interest in joining a dynamic team of volunteers and have an interest in, or want to learn more about, the regulation of physical therapy, please contact the office at 604-730-9193 or info@cptbc.org for further information about these opportunities.

INCORPORATION REPORT

A physical therapist may incorporate her or his practice as a health profession corporation under Part 4 of the *Health Professions Act* and Part 7 of the College's Bylaws.

A health profession corporation may not carry on business unless it holds a valid permit from the College of Physical Therapists of BC. A health profession corporation that holds a valid permit may not carry on any activities, other than the provision of physiotherapy services or services that are directly associated with the provision of those services that would, for purposes of the *Income Tax Act* (Canada), give rise to income from business.

In order to obtain a permit, you must:

1. **Contact the College to obtain the complete “Guide to Incorporation”.**
2. **Obtain approval from the College for your corporate name.** Write the College a letter indicating the proposed name of the corporation and *provide a signature line in the letter for the Registrar to approve the intended name.* The College will fax or mail back the approval to you. See section 62(2) of the Bylaws and Policy 9.2 for guidelines about naming the corporation.
A name for a health profession corporation must consist of an individual's given name (first name, middle name(s), last name, alone or in combination), or if more than one individual, their given names, followed by the words “physiotherapist corporation,” “physiotherapist corp.,” “physical therapist corporation”, or “physical therapist corp.”
3. **Reserve your corporate name:** Apply to the Registrar of Companies to reserve your proposed name. Although this is not mandatory it is strongly recommended, as it will avoid disputes as to entitlement to an intended name.

4. Register your corporation: Apply to the Registrar of Companies to register your corporation under the *Company Act*. You may wish to obtain legal or accounting advice about how to structure your corporation. College staff are not qualified to offer legal advice about tax matters or how to structure your corporation.

5. Apply for a Corporation Permit: Once your corporation has been registered under the Company Act, you may apply for a permit. The application and instructions are included in the "Guide to Incorporation" package you obtained from the College.

Annual renewal of corporation permits occurs on a quarterly basis. The College sends each corporation a renewal permit, which must be completed and returned to the College with the renewal fee of \$50.

CONTINUING COMPETENCY PROGRAM UPDATE

The Continuing Competence Committee is continuing development of the College's Continuing Competency Program (CCP). The program itself will not be in force until after the amendments to the Health Professions Act (HPA) are proclaimed some time in 2005. If there are further government delays, it is possible that the CCP requirements may be delayed until 2006. However, in the interim, the Committee is continuing to develop and refine the CCP. The intentions of the proposed changes are to make the CCP more relevant and meaningful to registrants, and to improve ease and minimize the cost of reporting by registrants. These changes will also increase the ease and minimize the cost of administering the CCP.

The proposed changes are supported by two regulations:

1. Physical therapists are responsible for continuing to develop their own level of competence. (CPTBC Bylaw 55.1.6)
2. The College has the duty to establish and maintain a continuing competence program to promote high practice standards amongst registrants. (HPA 16.2.e)

As can be understood from these regulations, it is the responsibility of registrants to ensure their own

competence. The College's responsibility is to develop a program, which will promote high practice standards.

In order to promote high practice standards, the College would require all registrants to complete the Professional Portfolio each year and accrue 1200 practice hours each five years. The Professional Portfolio would assist registrants in enhancing their level of competency however it would not be used as the primary tool for monitoring registrants' compliance with the CCP. The College would monitor compliance with the CCP requirements using an Audit Form and a requirement that registrants verify, each year on their registration renewal form, that they have completed the CCP requirements.

The Audit Form would be a two or three page questionnaire. Registrants would answer questions related to their practice hours, their learning needs and plans, their understanding and compliance with College regulations, and their practice goals. The intention of the questions and short answers on the Audit Form would be to promote reflective professional practice and reflective learning.

Each year, the College would audit up to 20% of registrants. Those randomly chosen would be informed of this in late June, and then the Audit Form would be mailed to them in September. A percentage of the chosen registrants would also be required to submit their professional portfolio. Registrants would be required to complete and return the Audit Form by October 15th.

This process would place the responsibility for maintaining competence in the hands of the registrant. The College's role would be to promote high practice standards, not to attempt to test or measure registrants' competence.

PROPOSED

CONTINUING COMPETENCY PROGRAM

The *Continuing Competency Program* measures and promotes competency through three requirements. Each year, on your registration renewal form, you must verify that you have completed the CCP requirements.

1. Practice Hours

Registrant's Requirements

- Record the number of practice hours in the preceding year on the registration renewal form, and in the Professional Portfolio.
- Registrants must have accrued 1200 practice hours in the previous five-year period.

2. The Professional Portfolio. This is a *self-evaluation* tool, which:

- supports efforts to maintain and enhance competency in physical therapists, and inspires life-long learning.
- provides a template with which physical therapists can identify learning needs and practice goals, and review their success in meeting their needs and goals.
- documents a physical therapist's efforts towards maintaining competency and enhancing practice-related knowledge, skills and attitudes.

Registrant's Requirements

- Complete the Professional Portfolio each year. This includes developing and implementing a learning plan, evaluating the impact of this learning plan on your practice, completing the regulatory review and implementing a plan related to your practice goals.
- Submit the completed Professional Portfolio **only when requested** by the College. An audited registrant may be required to submit their professional portfolio. (Refer to 3. *The Continuing Competency Audit Form*, below)

3. The Continuing Competency Audit Form. This is a tool to monitor registrants' compliance with the Continuing Competency Program. It intends to promote reflective professional practice and reflective

learning within individual registrants, and assist in identifying practice trends and learning needs for all registrants. Each year, the CPTBC will randomly audit up to 20% of registrants who will provide information related to their practice hours, their learning needs and plans, and their regulatory review and practice goals. A percentage of the chosen registrants will also be required to submit their professional portfolio.

Registrant's Requirement

- Complete and submit the Continuing Competency Program Audit Form, when requested by the College.

Please contact Neil Pearson, Practice Advisor, at neil_pearson@cptbc.org, or 604-730-9193, if you have feedback or comments.

MEMBER ADVISORY

Privacy Legislation

Many physical therapists are affected by the new *Personal Information Protection Act* (PIPA), which came into effect on January 1, 2004. For over 10 years public bodies, including the College of Physical Therapists, have been subject to the requirements of the *Freedom of Information and Protection of Privacy Act* (FOIPOP). The *Personal Information Protection Act* will govern privacy issues in the private sector. Physical therapists working in private practice or private business will be accountable for meeting the requirements PIPA.

This legislation will govern the collection, use and disclosure of an individual's personal information by private sector organizations. This will not only affect information collected about patients or clients but will also apply to information collected about employees. The core principle is that the collection, use and disclosure of personal information must not take place without the consent of the person who is the subject of the information unless (a) the collection, use or disclosures is authorized without consent specifically by the *Act*, or (b) the *Act* deems the collection, use of disclosure to be consented to.

Physical therapists are already expected to obtain consent for the provision of services and release of information, unless mandated by law; so this should not present a significant change in current practice. Our Code of Ethics

states that *Physical therapists must respect all client information as confidential. Such information shall not be communicated to any person without the consent of the client or surrogate except where required by law.*

Protecting privacy is a broader issue than respecting confidentiality. Individuals have the right to know the purpose of the information being collected and the potential use and distribution of information as part of the process of providing consent. Information collected about employees, including benefits packages will be subject to PIPA.

The College and PABC have developed the following documents to help registrants comply with PIPA. They will be available to be downloaded from www.cptbc.org and www.bcphysio.org in the near future.

1. Patient brochure
2. Patient Poster
3. Physiotherapy Flyer
4. Privacy Toolkit
 - a) Form requesting access to personal information
 - b) Form to request correction of personal information
 - c) Guide to ensuring the security of patient records
 - d) Guide to ensuring the accuracy of patient records
 - e) 10 steps to help clinics comply with privacy legislation
 - f) 10 principles for physiotherapists protecting patient information
 - g) Notice to patients re: PIPA
 - h) Confidentiality agreement between physiotherapy clinic and service provider
 - i) Confidentiality agreement for physiotherapy clinic employees

The College strongly advises the use of consent forms and advises registrants to review or develop such forms. If you are working in the private sector and, therefore, covered by the PIPA, you are encouraged to become familiar with this legislation and the requirements for addressing it in your practice. For more detailed information about how to meet the requirements of this legislation, you may check the website of the Corporate Privacy & Information Branch located online at: www.mser.gov.bc.ca/foi_pop.

PRACTICE ADVISOR FREQUENTLY ASKED QUESTIONS

Rehabilitation Assistants

1. **Beyond Clinical Practice Statement #3B, is there another resource to help me work with rehabilitation assistants?**

Yes. You can call or email the **Practice Advisor*** with specific questions. Also, the College is developing new materials on these issues. By September, 2004, the Practice Advisor will be available to meet with groups of physical therapists in BC to discuss issues related to rehabilitation assistants, as well as other practice issues. ***Contact reminder: Neil Pearson, Practice Advisor - email: neil_pearson@cptbc.org or tel: 604.730-9193.**

2. **What should you do if your employer asks you to leave patient care instructions for a rehabilitation assistant who is coming in on the weekend when you are not there?**

The first thing to do is familiarize yourself with Clinical Practice Statement #3B, and especially 'The Physical Therapist's responsibilities'. One of the key points to consider is whether you can determine if the rehabilitation assistant can reasonably and competently carry out the function that is being transferred. Have you worked with this assistant before? Have you evaluated her/his knowledge and skills with a similar patient? In other words, do you know if the rehabilitation assistant is competent in the task you are delegating?

If a situation like this arises, you should also consider that CPS #3B states that it is the physical therapist's responsibility, under all circumstances, to correctly identify and introduce the rehabilitation assistant to the client. Are you able to do this?

So what would you do if you were faced with this question from a non-physical therapist supervisor? A physical therapist must use his/her clinical judgment in relation to each specific situation, and a physical therapist must follow the practice standards as set out in CPS #3B.

3. **Can a rehabilitation assistant work without a rehabilitation professional such as a PT?**

Yes. Rehabilitation Assistants are trained to work under the supervision of physical therapists and/or occupational therapists. Some are also trained to work with Speech-Language Pathologists. However, there is no legislation that prohibits them from working on their own. Just as kinesiologists are not regulated health professions, neither are rehabilitation assistants. The CPTBC and other regulatory boards across Canada are considering whether rehabilitation assistants could be regulated if they were brought into the physical therapy colleges.

4. What do you do if you are asked to make treatment recommendations in a situation in which you question whether your recommendations will be carried out by someone qualified or competent?

The responsibility of the physical therapist is to make treatment recommendations based on assessment findings. The recommendations may include the qualifications or competencies required to complete the treatment. The physical therapist making the treatment recommendations is not responsible for the competence of the person who carries out the treatment, unless there has been a transfer of function from the physical therapist. Physical therapists do not delegate or transfer function to other regulated health professions.

E-Stim

1. What is e-stim treatment to augment wound care?

E-stim is not one modality. It includes HVPC, LVPC, NMES, TENS, and MENS. When used to augment wound care, very specific protocols are followed. Registrants are required to have knowledge and skills with these protocols, prior to using e-stim to augment wound care.

There is strong research evidence that HVPC can significantly decrease wound-healing time, and cut costs of wound care by 50%.

2. Is it within a physical therapist’s scope of practice to use e-stim to augment wound care?

Yes. As with all treatments physical therapists perform, the CPTBC requires registrants using E-stim to augment wound care to have the knowledge and skills necessary to safely and effectively prescribe and apply this treatment. If a physical therapist is not up to date with use of these modalities to augment wound care, it is the physical therapist’s responsibility to attain the knowledge and skill required. One option is to enroll in courses given on this topic.

3. Are physical therapists able to delegate E-stim treatment to augment wound healing?

The CPTBC requires any registrant delegating E-stim treatment to augment wound care to follow the requirements set out in Clinical Practice Statement #3. CPS #3 states that it is the “responsibility of the Physical Therapist to determine that the individual to whom the function is transferred can reasonably and competently carry out the function”. These same criteria apply when delegating to family members

INQUIRY SUMMARIES

040119 – Professional Misconduct

A physical therapist alleged that her supervisor had inadequately supervised support workers. The Committee was satisfied that there had not been a breach of standards and took no further action. The Board refused the appeal.

031110 – Professional Misconduct

The Inquiry Committee investigated a registrant who was using the term “specializing in” in her advertising in contravention of the advertising standards. The physical therapist committed to change her advertising and not to repeat the conduct in question. The Committee was satisfied with her response and took no further action.

031113 – Professional Misconduct

A patient alleged that a physical therapist had left her on a modality and she had to remove herself and find the therapist who was involved in non-physical therapy activities in the clinic. The Committee found that there was no evidence that the physical therapist had breached the minimal treatment standard. The Committee directed the registrant to review and adhere to Clinical Practice Statement 1- Clinical Records.

030325 – Incompetence

A patient’s wife alleged that a physical therapist dropped her husband, who was hospitalized. As a result of the fall, the patient broke his elbow, four ribs and his lung collapsed. The investigation indicated that the fall was a result of an unfortunate accident, not incompetence. Proper protocol was followed and the physical therapist did not aggravate the situation.

030912 – Professional Misconduct

The Complainant, who worked with the physical therapist in a multi-disciplinary practice, alleged that the physical therapist had assaulted him. The Committee decided to take no further action in this case as it was unlikely to meet the high standard of proof required in a discipline hearing of clear, cogent and convincing evidence. The Board refused the appeal.

040304 – Professional Misconduct

A physical therapist assessed the Complainant for a new wheelchair. The patient alleged that he was slow in sending the application to MHR and did not properly

disclose all the information about the assessment to the patient. The Respondent allowed his professional opinion to be swayed by MHR, which led to a biased and incorrect assessment. The Respondent carelessly lost a videotape, key evidence in his appeal. The Committee decided to take no further action.

030616 – Professional Misconduct and Exacerbation of Injury

A physical therapist was providing work conditioning for a work related motor vehicle injury. The client took issue with the discharge report which stated that he was able to return to work without limitations and which he alleged was inaccurate and misleading. WCB terminated the client's benefits. The Complainant was unable to return to work until a later date, and then only on modified duties. The Committee was satisfied that the physical therapist had complied with the minimal treatment standard and took no further action.

030721 – Competence

A registrant was teaching a patient crutch walking on stairs when the patient fell down the stairs causing her incision to open. The Committee found that there was no evidence that the physical therapist had breached the minimal treatment standard and took no further action.

040319 – Professional Misconduct

A patient alleged that she had fallen while being assessed by a physical therapist and that the fall was not recorded. The investigation found that the fall was well recorded in the physical therapist's clinical records and reports. The Committee found that there was no evidence that the physical therapist had breached the minimal treatment standard or Clinical Practice Statement 1- clinical records and took no further action.

031021 – Professional Misconduct and Incompetence

The Complainant injured her shoulder, neck and back in an MVA. ICBC required her to complete a functional evaluation. She alleged that the Respondent gave her no choice but to complete functional tasks beyond her ability, which caused her extreme pain and bruising which delayed her recovery by six months. She further alleged that the Respondent derives most of her work from ICBC and is therefore biased. The Committee found that there was no evidence that the physical therapist had breached the minimal treatment standard or code of ethics and took no further action.

031024 – Professional Misconduct

The respondent treated the complainant for injuries sustained in a motor vehicle accident in 1994. She was treated until Oct 2, 1996. In October 1995 ICBC discontinued paying for the treatments. The patient alleged that she was not informed until 10 months later when she was told not to worry because the clinic and her solicitor had reached an agreement for the payment of the bill from any settlement proceeds that may be received. She alleged that the physical therapist had consulted with third parties without her consent, withheld information from her and did not provide her with the option of continuing treatment. Eleven months after the settlement, she was informed that the physical therapist was unable to collect the debt from her lawyer and she was billed for the full outstanding amount. She alleged that she has never received a detailed billing; bills were not sent in a timely fashion; the invoices were inconsistent and received sporadically. The conduct of the Respondent has resulted in an unproven debt being registered against her credit rating. The Committee decided under section 33(6)(a) of the *Health Professions Act* to take no further action in this matter.

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ADVERTISING RATES AND DEADLINES

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

Deadlines: January 15, May 15 & August 15

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

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MAIL THE APPLICABLE COUPON TO:**

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Fax: (604) 730-9273
Email: info@cptbc.org



MOVING OR CHANGING JOBS?

Name: _____

Full: _____ Inactive: _____ Interim: _____

Effective date of change: _____

New Home Address

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New Business Address

Name: _____

Address: _____

Phone/Fax: _____

Email: _____

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 Co-ordinator 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 a physical therapist 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 Co-ordinator if you have any questions.