



**CPTBC**

College of Physical Therapists  
of British Columbia

# Update

COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA

Summer 2017 Newsletter

## What's Inside:

Welcome Dianne Millette - CPTBC's New Registrar .....	1
A Message From the Board Chair ...	2
Board of Directors: 2017-2018 .....	2
A Message From the Registrar .....	3-4
Reminder: Criminal Record Check.....	3
Recognition Awards .....	5-6
Incoming Board Members.....	5-6
Changes to College Bylaws .....	7
Registration and Liability Insurance.....	8
Planning Ahead for Registration Renewal .....	8
Legal Aspects of Charting .....	9-10
Do You Own A Health Profession Corporation? .....	9
CPTBC's Commitment to the Declaration of Cultural Safety and Humility.....	11
Notice: International Student Placements .....	11
Quality Assurance Committee .....	12
Frequently Asked Questions.....	13-16
Inquiry Summaries.....	17-18



## WELCOME DIANNE MILLETTE – CPTBC’S NEW REGISTRAR!

The College welcomed CPTBC’s new Registrar, Dianne Millette, on May 15, 2017. We are all looking forward to the journey ahead!

Dianne brings a strong background in physical therapy and health care regulatory affairs. As a well-established, effective and tested leader in the regulatory world, Dianne comes to us with over 25 years of experience. Dianne was previously the Registrar and Chief Executive Officer for Physiotherapy Alberta – College + Association, and has served on the Board and as the Chair of the Canadian Alliance of Physiotherapy Regulators. Dianne also did some work related to quality and competence with the Federation of State Boards of Physical Therapists in the United States.

Dianne was educated as a physical therapist and holds a Master of Health Science, Health Administration degree from the University of Toronto. She started her career as a public practice physiotherapist before branching out into the regulatory world. Dianne has been involved extensively with quality development and practice programs for the profession throughout various initiatives.

*Welcome, Dianne!*

## A MESSAGE FROM THE BOARD CHAIR

As we gratefully welcome the long-awaited summer, and conduct our usual business, the College welcomes new faces to the Board and office. Returning as Board Chair for 2017-2018, I have the privilege to serve the College of Physical Therapists of British Columbia for another year. As physical therapists, we are fortunate to be self-regulating, and the College helps us to uphold the public’s faith in our profession.

Thank you to all the physical therapists who attended the College’s AGM in April. We had the pleasure of welcoming both new and familiar faces to the Board. [Jennifer Agnew](#) and [Phil Sweeney](#) began their first terms, and [Maureen Duggan](#) began her second term. Dianne Millette was present and officially took on the position of Registrar on May 15, 2017. Three Board directors, who all served the maximum term of six years, concluded their terms following the AGM. Victor Brittain, Susanne Watson and Wendy Carter all contributed a great deal to the profession during their tenure and deserve our utmost gratitude for their many years of service. Lastly on the AGM agenda, Brenda Hudson said a final farewell to the registrants of the College, and received a standing ovation for her dedication and years of service to the profession over the past 13 years.

Moving into the summer months, the College has some new developments. After a long process, the new College Bylaws have been posted for

review. Registrants were sent an email from the College outlining the changes and encouraging review and comments. Additionally, a national project to harmonize physical therapy practice standards across the country is in its final stages for integration into practice in BC. You will be hearing more from the College regarding these core standards of practice later this year. This project helps to unify physical therapists across the country and supports consistency throughout our profession.

Lastly, I want to thank all of our registrants for your continued dedication to the profession and efforts to uphold and maintain the public’s trust. A special thanks to those of you who are actively involved with the College on its many committees. I must recognize the College staff members for their exceptional work in keeping the operational components of the organization on track and moving forward. We are very grateful to have such a strong and talented team supporting us!

I hope you all enjoy your summer!

Sincerest regards,



Heather Leslie

## COLLEGE BOARD OF DIRECTORS: 2017 - 2018

**Carly Aspden**, *Student Representative MPT2*

**Garrett Gabriel**, *Registrant*

**Heather Leslie**, *Registrant and Chair*

**Janice Low**, *Student Representative MPT1*

**Jatinder Sandhar**,  
*Appointed Public Representative*

**Jennifer Agnew**, *Registrant*

**Kim Hall**, *Registrant*

**Maureen Duggan**, *Registrant and Vice-Chair*

**Phil Sweeney**, *Registrant*

**Ranjit Gill**,  
*Appointed Public Representative*



## A MESSAGE FROM THE REGISTRAR

I am now four weeks into the position as your new Registrar and want to say hello to all registrants in British Columbia. I also want to share a bit about my background and what my priorities are for the upcoming months.

The regulatory community is where I have spent most of my career as a physiotherapist. I graduated in 1980 and worked in out-patient orthopedics and plastics until 1988. At that time, I had an opportunity to join the physiotherapy regulatory agency in Ontario as the Associate Registrar. My area of focus was complaints and discipline, or "inquiry" as it is called in British Columbia. I worked for the physiotherapy regulator in Ontario, for the most part, until the late 1990s when I moved to California, followed by New York. During my time in the United States, I became involved in the development of continuing competence assessment models. My family returned to Canada in the early 2000s. I became the Registrar and CEO of Physiotherapy Alberta - College + Association in 2005, and remained in that role until moving permanently to Vancouver in 2017. I have been very fortunate during my career to have been involved in provincial, national and international regulatory

activities. Currently I am a Board member of the Canadian Alliance of Physiotherapy Regulators and the International Network of Physiotherapy Regulators. I have also had the privilege, over the past two years, of being a member of the WCPT International Scientific Committee for the 2017 WCPT conference in Cape Town, South Africa.

My first few weeks at CPTBC have been busy getting to know the staff and the College's operations. I have also met several Ministry of Health staff who work in health regulation here in BC. On June 24th, I met with the Board of Directors for our first official meeting.

I have several interests regarding regulation. One is to use data to make informed regulatory decisions. For example, do we know what the true risks are in practice and are we providing support to registrants or the public to mitigate those risks. If regulation is for public protection, then how do we know we are doing a good job? Regulators are managers of large volumes of data, but it is not always accessed or used in decision making. Are we efficient, responsive and timely? Are we over-regulating; does the regulation we put in place make sense? How do we balance the public interest with the overall cost of regulation? Are the regulatory processes we have in place best practices?

My priorities are ultimately determined by the Board of Directors. I am looking at the strategic plan that is due

for renewal in 2018 to ensure we have, or will deliver on, the priorities. One of those priorities is to be more connected to or 'engaged' with registrants. To me, this translates into relationships and communication. We need to communicate well, often and with messages that are of interest. We also need to meet in person, or virtually in real time, to share information and hear from registrants. Plans are underway for a provincial road show in 2017 or early 2018. A communication strategy is being refined to create more touch points and allow for different media use to share our messages. I am also a strong proponent of partnership and collaboration with the academic community and the professional association. We may have different mandates; however, they are complementary, and we need to leverage our combined capacity to build a great profession to serve the needs of British Columbians.

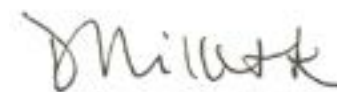
It is a challenge to regulate a profession in a vacuum. In Canada, health regulatory models are based on self-regulation, meaning we govern ourselves. In order to do that well, we need your participation. Over the next month or two, I would encourage every physical therapist in BC to read the draft Bylaws and provide your input. They are posted on the CPTBC website at <http://cptbc.org/wp-content/uploads/2017/05/DRAFT-BYLAWS.pdf> until August 31st. This is important, as they form the

basis for many expectations that registrants must meet, such as registration or renewal requirements. They also include standards of practice and ethical expectations. Without feedback, the inference is that the Bylaws satisfy the profession and the public interest. In addition to that, consider putting your name forward when opportunities for committee or leadership roles are available. Share your expertise.

As we move forward in 2017, I intend to write to you more often to share thoughts or information that we believe you need, or may want, to know. So far, my communication list for the near future includes: the rationale for a fee increase for 2018, changes to the Bylaws and their impacts on you, and plans for the 2018 administration of the Quality Assurance Program.

I am pleased to connect with registrants at any time to share ideas, concerns, constructive criticism or to hear what is working well for you. I can be reached at [dianne\\_millette@cptbc.org](mailto:dianne_millette@cptbc.org)

Best regards,



Dianne Millette



“The College is very pleased to welcome CPTBC’s new Registrar, Dianne Millette.”

### IMPORTANT REMINDER: CRIMINAL RECORD CHECK

All regulated health professionals, including physical therapists, are required to undergo a criminal record check (CRC) every five years in accordance with the [Criminal Records Review Act](#).

If you are required to complete a criminal record check for your 2018 registration renewal, you will receive an email notification in late August with instructions for completing your CRC. **The deadline for completion of your CRC is October 16, 2017.**

The CRC program is online, and you can access the Ministry of Justice portal through the College [website](#).

Non-compliance with the CRC is in contravention of the *Criminal Records Review Act*, and consequently, non-compliant registrants will not be able to renew registration for 2018 and their names will be forwarded to the Inquiry Committee for investigation.



### CONGRATULATIONS!

Nancy Cho, PT and VCH Practice Leader, was presented with an Award of Distinction from the Canadian Alliance of Physiotherapy Regulators (CAPR) at their May Annual General Meeting. Nancy is a long-term supporter and volunteer of CAPR, actively participating in exam development since 1990.

Notably, Nancy has chaired the Written Test Development Group, provided expertise at the Key Validation meetings as well as for the Exam Steering Group, and took on the responsibility of a Chief Examiner for the clinical exam at the Vancouver site for many years.

**Congratulations to Nancy!**





## RECOGNITION AWARDS

Through the work of the Board and its committees, the College contributes to upholding and strengthening the reputation of physical therapy as a highly regarded health profession. These activities cannot be done without the commitment and hard work of the many individuals who volunteer their time to ensure that the requirements as set out in the *Health Professions Act* and the College Bylaws are met.

At the AGM, the College recognized the following individuals for their contributions:

### Board of Directors

**Kate Shaw**, *Student Representative* - September 2014 to September 2016

**Susanne Watson**, *Registrant* - April 2011 to April 2017

**Victor Brittain**, *Registrant* - April 2011 to April 2017; *Board Chair* - April 2011 to April 2013

**Wendy Carter**, *Appointed Public Representative* - November 2010 to December 2016

### Discipline Committee

**Jane Calland**, *Registrant* - September 2011 to September 2016

### Inquiry Committee

**Wendy Carter**, *Appointed Public Representative* - November 2010 to December 2016

### Legislative Committee

**Victor Brittain**, *Registrant and Committee Chair* - January 2015 to January 2017

### Patient Relations Committee

**Helen Ko**, *Registrant* - November 2012 to November 2016

**Lori Hendry**, *Registrant* - September 2010 to September 2016; *Committee Vice-Chair* - November 2012 to September 2016

**Ranjit Gill**, *Appointed Public Representative* - July 2016 to January 2017

### Quality Assurance Committee

**Jason Giesbrecht**, *Registrant* - April 2015 to April 2017

**Victor Brittain**, *Registrant and Committee Chair* - January 2015 to April 2017

### Quality Assurance Program – Board of Examiners

**Dena Gartner**, *Registrant* - November 2013 to September 2016

### Quality Assurance Program – RCA Item Writing Group

**Arlana Taylor**, *Registrant* - July 2016 to September 2016

**Christine Therriault-Finke**, *Registrant* - April 2015 to September 2016

**Sara Buckley**, *Registrant* - September 2012 to June 2016

### Registration Committee

**Ranjit Gill**, *Appointed Public Representative* - July 2016 to January 2017

**Susanne Watson**, *Registrant* - June 2011 to April 2017; *Committee Chair* - November 2013 to April 2017

### Standards of Practice Subcommittee

**Sarah Rowe**, *Registrant* - June 2014 to June 2016

## INCOMING BOARD MEMBERS

**Jennifer Agnew** grew up in Montreal, and obtained her Bachelor of Science degree in Physical Therapy at McGill University. Following graduation, she worked in a variety of health care settings in Toronto before returning to school to study law at the University of Toronto. After obtaining her LL.B, she moved to British Columbia and practised law for five years before returning to the practice of physiotherapy. She has worked in paediatrics at BC Children's Hospital since 1999 and is currently with the Neonatal Follow-up Clinic. Jennifer's legal background provides her with a valuable perspective on the professional regulatory system, and the importance of procedural fairness and good communication. She brings with her a measured and objective approach, and a conscientious dedication to the tasks she takes on, which she hopes to utilize while serving the Board's purposes and those of its members. In her spare time, she enjoys getting together with her friends and family, including two teenage children, and spending time outdoors with her dog.

**Maureen Duggan** graduated from the University of British Columbia in 1980 with a Bachelor of Science in Rehabilitation Medicine and a Masters of Rehabilitation Science in 2010. In 1997, she completed her Manual Therapy Level 3 courses through the Canadian Physiotherapy Association - Orthopaedic Division, and in 1998 became a Certified Hand Therapist through the Hand Therapy Certification Commission. Maureen started her clinical career at Vancouver General Hospital (VGH) in the 'new grad rotation' program. Since then, she has held various positions both as a clinician and as a physiotherapy practice coordinator. In 2012, she was appointed Practice Coordinator for Orthopaedics, Surgery, Burns, Plastics and Trauma. Maureen is currently acting as the Manager of Ambulatory Care for VGH in the Diamond Centre. In addition to her clinical work, she is a Clinical Associate Professor in the UBC Department of Physical Therapy. For the last two years, Maureen has been an active member of the CPTBC Board of

Directors, the last year as Vice-Chair. She is also the Chair of the Board of Examiners and a member of the Nominations Committee. Outside of work, Maureen enjoys recreational cycling, hiking and spending time with family and friends.

**Phil Sweeney** was born and raised in Aotearoa, New Zealand. He went on to study physiotherapy in Dunedin at Otago University, graduating in 2002. After graduation, Phil worked in Australia for three years and in the UK for two years. He moved to Canada in 2008, and has since been working at VGH. In total, he has worked in 15 different hospitals, been licensed under six different registration boards, and worked in three different countries. Phil has spent the last nine years helping to progress physical therapy at VGH. Currently, he is one of seven Physiotherapy Practice Coordinators across Vancouver Coastal Health. He is involved in various projects, from the redesign of services at UBC Hospital to being a subject matter expert for the Clinical

Systems Transformation electronic documentation project. Phil first joined the CPTBC Board of Directors in 2010 and completed three terms, serving the last three years as Chair of the Board. After stepping down for a year, Phil is honoured to return and serve the profession again to provide background knowledge, and help shape the future of physical therapy regulation over the next few years with the College.





## COLLEGE BYLAWS ARE CHANGING – WHAT YOU NEED TO KNOW

On May 25, 2017, the CPTBC Board approved amendments to the current Bylaws. As the amendments are extensive, the College will ultimately repeal and replace our existing Bylaws. A link to the new draft Bylaws is available [here](#).

These proposed amendments are posted on the CPTBC website until August 31, 2017, allowing adequate time for feedback. All comments will be considered by both the College and the Ministry of Health (MoH). You may provide your comments directly to the College at [bylaws@cptbc.org](mailto:bylaws@cptbc.org) and/or to the [MoH](#).

You are encouraged to review the entire document, but there are several changes and important sections in the Bylaws that the Board wishes to bring to your attention:

### Registration Changes:

- **Registration Renewal Changes (section 52):**

There will no longer be a grace period if registration renewal is not complete by the deadline of December 31st. If a registrant does not complete his or her renewal prior to 11:59 p.m. on December 31st of any given year, their registration will be cancelled on January 1st. This means that the registrant whose registration is cancelled will not be able to practice as a physical therapist unless they are reinstated within 60 days or reapply at a later date.

- **Practice Hours (section 52 (1) (e) (ii)):**  
The registration renewal requirement of 1,200 practice hours within the preceding five years will now be enforced. Registrants who do not meet this requirement will be cancelled. If you are concerned about meeting the requirement, please contact CPTBC prior to renewal to discuss your individual situation.

- **Category Change (section 45):**  
The previous Inactive Category has now changed to Non-practising. This new category includes a condition to complete quality assurance requirements, for the years that registrants are non-practising, prior to returning to full registration.

### Fees (Schedule B):

While the Board approved a fee increase from \$425.00 to \$500.00 for full and interim registrations, which was communicated to registrants in November 2016, the Board wishes to communicate the change again to ensure registrants are aware of the increase for renewal in 2018. The rationale for the increase will be relayed in more detail in another communication to come. In summary, the fee increase is required for the operations of the College in all program areas; to keep technology current, including the database; and to account for overall inflation in general operating costs.

### Quality Assurance (Part 5, sections 57-62):

Many registrants are familiar with the requirements for the Quality Assurance Program. If not, sections 57-62 provide the details.

### Standards of Practice and Code of Ethics:

Historically, these foundational documents have been included in CPTBC Bylaws. They are not included in the new Bylaws to allow for more nimble review and updating as practice or professional expectations change. They will still be available to registrants as stand-alone documents.

Please contact Dianne Millette at [dianne\\_millette@cptbc.org](mailto:dianne_millette@cptbc.org) or by phone at (604) 730-9193 with any questions.



## REGISTRATION AND LIABILITY INSURANCE

### Registration Applications

As part of your application process, you will need to provide a copy of your liability (malpractice) insurance document.

### Registration Renewals (New)

As part of your renewal process, you will now be asked to declare that your liability (malpractice) insurance is up to date. You will be asked to provide details of your insurance policy. Declarations will be subject to random audits by the College.

**Please be mindful of the date when your insurance needs to be renewed!**

### Maternity Leave

If you are expecting to be on maternity leave, please note that you still need to have valid malpractice insurance to maintain your full registration status. It is important to note that with insurance that is claims-based, the coverage applies to the date the claim is brought forward. Some insurance companies offer products for maternity leave (a one-year extension), but that type of coverage does not meet what is required for full registration. As policies do vary, you may wish to talk to your insurance provider about your coverage. Depending on your situation, other options may include changing to inactive registration or cancelling your registration. Please explore your options carefully and gather the necessary information to make an informed decision that best suits your individual situation.

## PLANNING AHEAD FOR REGISTRATION RENEWAL

To help registrants with ensuring timely completion for registration renewal, this list of requirements may be helpful. When registration renewal opens in the fall, you need to be prepared to complete the following:

1. Verify and update your online registrant profile.
2. Declare your practice hours.
3. Complete your ASR (or RCA in applicable years).
4. Pay your registration fee.
5. Declare your proof of liability insurance and provide details of your policy coverage.
6. If applicable, complete your Criminal Record Check.

Please ensure that your email address in your [registrant profile](#) is up-to-date to make certain that you receive College notices.

If you have any questions about the current registration renewal or upcoming changes to registration renewal, please e-mail [registration@cptbc.org](mailto:registration@cptbc.org)



## DO YOU OWN A HEALTH PROFESSION CORPORATION?

### Registration Cancellations and Corporations

Registrants who are planning to retire or cancel registration, but have ownership of a physiotherapist health profession corporation, need to contact the College to file the appropriate documents to close their corporation and cancel their permit.

### WorkSafeBC Coverage and Corporations

Recently, a physical therapist contacted the College to ask about requirements for WorkSafeBC coverage for incorporated physical therapists. This call prompted a quick search of the WorkSafeBC website which seems to indicate that owners of incorporated companies are required to register for WorkSafeBC insurance coverage, except in certain circumstances. Please see the WorkSafeBC website for more details: <https://www.worksafebc.com/en/insurance/need-coverage/who-needs-coverage/owners-incorporated-companies>

To determine whether or not you are required to have WorkSafeBC coverage, please contact WorkSafeBC at:

**Phone:** 604.244.6181 (Lower Mainland)

**Toll-free:** 1.888.922.2768 (Canada) or visit: <https://www.worksafebc.com/en/contact-us/departments-and-services/insurance-assessments>



## LEGAL ASPECTS OF CHARTING

*What if my patient tells me not to disclose his/her information to the insurer? Or, what if my patient asks me not to record certain details in the clinical record?*

The College invited Vancouver lawyer Lisa Fong to the Physiotherapy Forum to discuss some of the more challenging questions about charting when a 3rd party payor is involved.

*How should I proceed if a patient revokes consent and tells me not to communicate information to WorkSafeBC or ICBC?*

Lisa pointed out that physical therapists need to refer to the College's Code of Ethics, privacy laws – *Personal Information Protection Act* (PIPA) or *Freedom of Information and Protection of Privacy Act* (FOIPPA) – as well as the *Insurance (Vehicle) Act*. While physical therapists are clear that they must protect the privacy of a patient's information as per the Code of

Ethics and applicable privacy laws, it can become tricky when third-party payors are involved.

Since WorkSafeBC is considered a “public body” subject to FOIPPA, it may only collect personal information from an individual, through a service provider such as a physical therapist, if that individual provides consent. Therefore, physical therapists who provide services to WorkSafeBC should obtain a patient's written authorization before disclosing their personal information to WorkSafeBC. If the patient revokes his or her consent, the physical therapist cannot disclose the personal information to WorkSafeBC. The physical therapist should also comply with any obligations imposed under his or her contractual agreement with WorkSafeBC, including provisions which highlight the applicability of FOIPPA.

If the patient does revoke his or her consent, it is best to advise the patient to connect with WorkSafeBC as this could impact their claim. In many cases, after the discussion with WorkSafeBC, the patient will consent

## LEGAL ASPECTS OF CHARTING (CON'T)

to allow you to send a report, however, if they do not consent, the physical therapist must respect the patient's wishes.

Evidently, it's a slightly different scenario with ICBC based on the *Insurance (Vehicle) Act*, specifically section 28 of the *Act* which sets out an obligation for the physical therapist to disclose, when requested by ICBC, a report of their patient's injuries, diagnosis, treatment, and prognosis, in the form that ICBC prescribes. Given this obligation, it would be considered best practice to make this clear at the outset of the physical therapy assessment to ensure that the patient is aware of this requirement before they proceed with physical therapy.

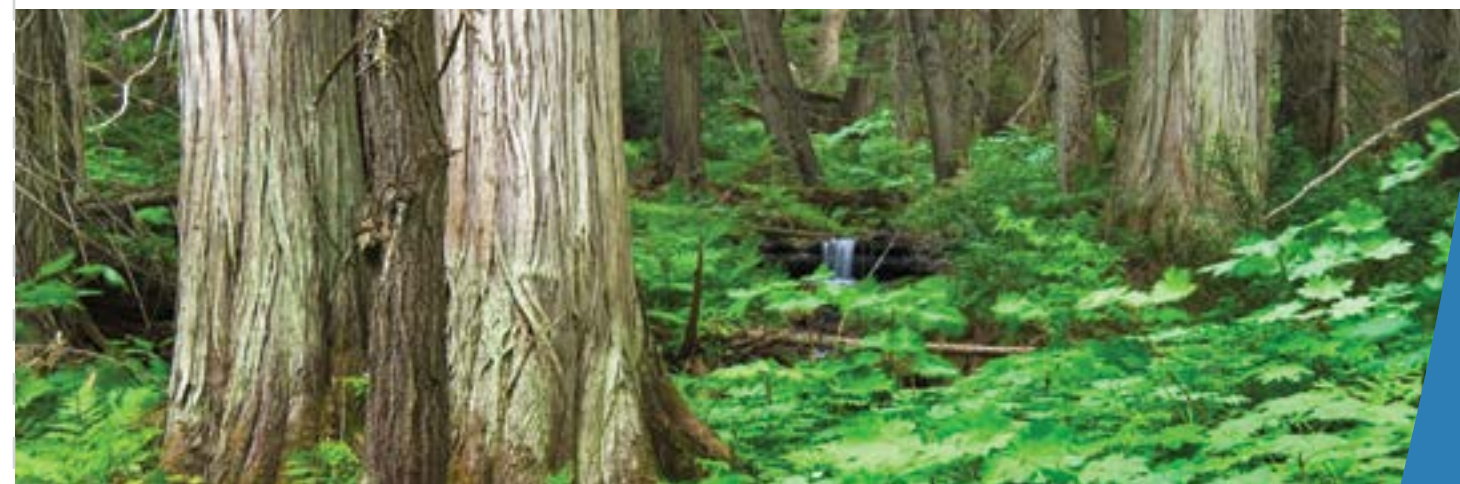
*What should I do if a patient discloses information relevant to the physical therapy assessment and treatment, and then asks me not to include it in the clinical record?*

Lisa pointed out that as physical therapists we are obliged to meet our College Practice Standards which require that we accurately and legibly document in our clinical record information that informs our clinical reasoning in the provision of physical therapy assessment and treatment. This may mean that we feel compelled to include in the clinical record that a WorkSafeBC patient is pregnant, or that an ICBC patient sustained a concussion from a fall at home. This again speaks to the importance of informing patients, at the outset of the relationship, who you are likely to be sharing information with, particularly if a third-party payor is involved. Keep in mind that information unrelated to the provision of physical therapy – for example, the fact that a patient was pulled over for impaired driving last week – should not be recorded in the clinical record or in reports submitted to third-party insurers. If physical therapists are submitting reports to WorkSafeBC under an agreement with them, they

should be aware of the specific duties in their contract regarding the accuracy and completeness of personal information, and should be aware of the type of information they are required to include in their reports.

At the Forum, a physical therapist asked the question, in light of the wording in the *Insurance (Vehicle) Act*, whether the rules about documentation are different for what should be included in the patient's clinical record, as opposed to the 'report' that goes to ICBC. This is an important clarification to make since the physical therapist may feel they must record a patient's pregnancy in the clinical record to ensure that treatment proceeds accordingly; however, the report to the insurer, where the point is to comment on the ICBC injury, could omit this detail. The report submitted to ICBC under section 28 of the *Act* must be in a prescribed format and will be different from the clinical record in terms of the details that must be included.

At the end of the day, the patient has the right to be informed about how his or her personal information will be shared, even if you are obliged to provide reports to an insurer, and patient consent is usually required. Even if you are obliged to report, your therapeutic relationship will suffer if you ignore your patient's concerns or requests for privacy. Good communication with your patient can go a long way in ensuring that the trusting relationship you have carefully built can continue, while still allowing you to meet the reporting requirements set out by law.





## CPTBC'S COMMITMENT TO THE DECLARATION OF CULTURAL SAFETY AND HUMILITY

On March 1, 2017, the College was honoured to be a part of the signing of the [Declaration of Commitment on Cultural Safety and Humility in the Regulation of Health Professionals Serving First Nations and Aboriginal People in British Columbia](#) along with the BC Health Regulators' group.

This commitment reflects the priority that we, as a designated BC health profession regulatory leader, place on cultural safety and humility as quality and safety dimensions that are integral components of

our public protection mandate. We are committed to the regulation of health professionals to promote and advance cultural safety and humility for First Nations and Aboriginal people in British Columbia, and to champion the process required to achieve this vision.

For more information on creating a culture of change for better health services for First Nations and Aboriginal people, click [here](#).

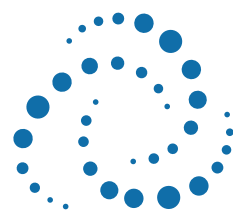


## IMPORTANT NOTICE

### Reminder From UBC Department Of Physical Therapy: International Student Placements

The UBC Department of Physical Therapy wishes to remind all clinics that international student clinical placements must be coordinated through the department in order for students to receive student registration through CPTBC. This process is in place to ensure adequate educational preparation of the student for practice in Canada.

If the UBC Department of Physical Therapy becomes aware of international students practicing that have not been credentialed by the department, we have a professional obligation to report that information to the College. Please refer to our web page: <http://physicaltherapy.med.ubc.ca/students/out-of-province-oop-and-international-student-placement-enquiries/> for more information.



## QUALITY ASSURANCE COMMITTEE

### Focus group participants needed

Are you looking for a way to contribute to the work of the College that has a limited time commitment? Do you have ideas about what the process should be after a registrant has not met the standard on the Registrant Competence Assessment (RCA)?

The Quality Assurance Committee is looking for physical therapists who would like to participate in focus groups regarding the newest components of the Quality Assurance Program: the Assessment of Professional Performance and Registrant Practice Support. These focus groups could take place in person, or virtually, between July and October of this year.

If you would like to participate, please email [gap@cptbc.org](mailto:gap@cptbc.org) and include your name, where you are located in the province, and whether you would prefer an in-person or virtual focus group.

### Call for RCA Item Writers

The College of Physical Therapists of BC is looking for physical therapists to become item writers for the Registrant Competence Assessment (RCA). Item writers are appointed for a three-year term and benefit from an annual honorarium.

### Item writers shall:

- Be physical therapists holding full registration with CPTBC;
- Have good written and verbal communication skills;

- Be able to work independently and in a small group; and
- Have at least five years of recent clinical experience in their chosen practice context.

The commitment annually is two in-person workshops held in Vancouver on Friday evening and Saturday, and two online work sessions (4-6 hours per month) from home to write cases and questions for the Registrant Competence Assessment.

### The College is currently looking for the following specific profiles:

- 1 physical therapist practicing in child and youth (community or rehabilitation facility)
- 1 physical therapist practicing in musculoskeletal (acute, rehab or community)
- 2 physical therapists practicing in cardiorespiratory (community, facility or out-patient/clinic)
- 2 physical therapists practicing in neuromuscular (community, facility or out-patient/clinic)

Interested registrants are invited to send their CVs to Chris Smerdon, Quality Assurance Program Manager, at [chris\\_smerdon@cptbc.org](mailto:chris_smerdon@cptbc.org) by Aug. 16, 2017.





## FREQUENTLY ASKED QUESTIONS

### Q: What information should be included on my physical therapy receipts?

The College doesn't have regulation that speaks specifically to what must be on a physical therapy receipt. In general, a receipt should include the date, the patient's name, the physical therapist's name and title, College registration number, and the service provided – physical therapy. Many 3rd party payors also require the business address of the physical therapist.

**College Bylaw 53, subsections (m) and (n)**, require that physical therapists' receipts not be knowingly false or misleading; indicating that professional misconduct includes:

*m) signing or issuing, in the registrant's professional capacity, a document that the registrant knows contains a false or misleading statement,*

*n) submitting an account or charge for services that the registrant knows is false or misleading,*

Receipts should be transparent, so that the details on a receipt are an accurate reflection of the service provided. Consider including relevant details such as 'physical therapy services in a small group' or 'physical therapy services delivered via telehealth'. These are details that would be of interest to a 3rd party payor.

The idea is that anyone looking at the physical therapy receipt should be clear about what service was provided to the patient.

### Q: Our clinic uses billing software that recommends 'pre-billing' the patients for the day. What are my responsibilities as a physical therapist regarding patient billings submitted by my clinic?

The College Bylaws set out a few key requirements relating to billing for physical therapy services.

**Bylaw 53, Professional Misconduct, section 1(n)** states that professional misconduct includes: "submitting an account or charge for services that the registrant knows is false or misleading,"

**Bylaw 57, Business Practice Standards, section 1(a)** states: "A registrant must not charge fees for services which have not been provided," and in section 5 goes on to state: "the physical therapist shall verify all accounts rendered on a fee-for-service basis for his or her services."

These Bylaws make it clear that the physical therapist must not submit a false charge, or a charge for a service that wasn't provided, and that the physical

therapist themselves is responsible for verifying his or her billings. Physical therapists should be aware of clinic billing practices and be able to review billings submitted in their name, for accuracy.

The practice of 'pre-billing' patients for the day ahead only works if all the patients attend as planned. If a patient cancels or doesn't attend, what process is in place to ensure that their submitted bill is cancelled? The risk with this kind of billing practice is that a physical therapist may inadvertently submit bills for patients who did not receive physical therapy services on a given day. If a complaint were made to the College, the physical therapist could find themselves in breach of College Bylaws listed above, or if a third-party payor does a billing audit, there could be an allegation of billing fraud by the insurer.

While 'pre-billing' patients for the day may seem like a way to save time, if a patient or two does not attend you may end up spending far more time trying to reverse the billing after the fact.

### Q: Can I use the credentials 'DPT' and the title 'Dr.' if I completed a DPT program?

Regarding the credentials 'DPT', it depends on a few criteria. You can use the credentials only if you have graduated from an accredited university. There are different types of DPT programs. Some are entry level, as in the United States that may be accredited by the [Commission on Accreditation in Physical Therapy Education \(CAPTE\)](#), while others are certificate programs that are not accredited. Call the College for guidance if you are unsure about how you may advertise your credentials.

As for the title, 'doctor', it cannot be used by a physical therapist when providing physical therapy to the public. In BC, use of the title 'doctor' is a restricted title. This means that only registrants of Colleges with regulation that permits use of this protected title (i.e., [physicians](#), [chiropractors](#)) can use the term 'doctor' in front of their name when providing health care services. [Physical Therapist Regulation](#), under the *Health Professions Act*, protects the titles of 'physical therapist' and 'physiotherapist', but not 'doctor'.

*continued on next page...*





## FREQUENTLY ASKED QUESTIONS (CON'T)

Q: Where can I get a copy of my registration card and registration receipt?

You can access your registration card and/or receipt through the College website.

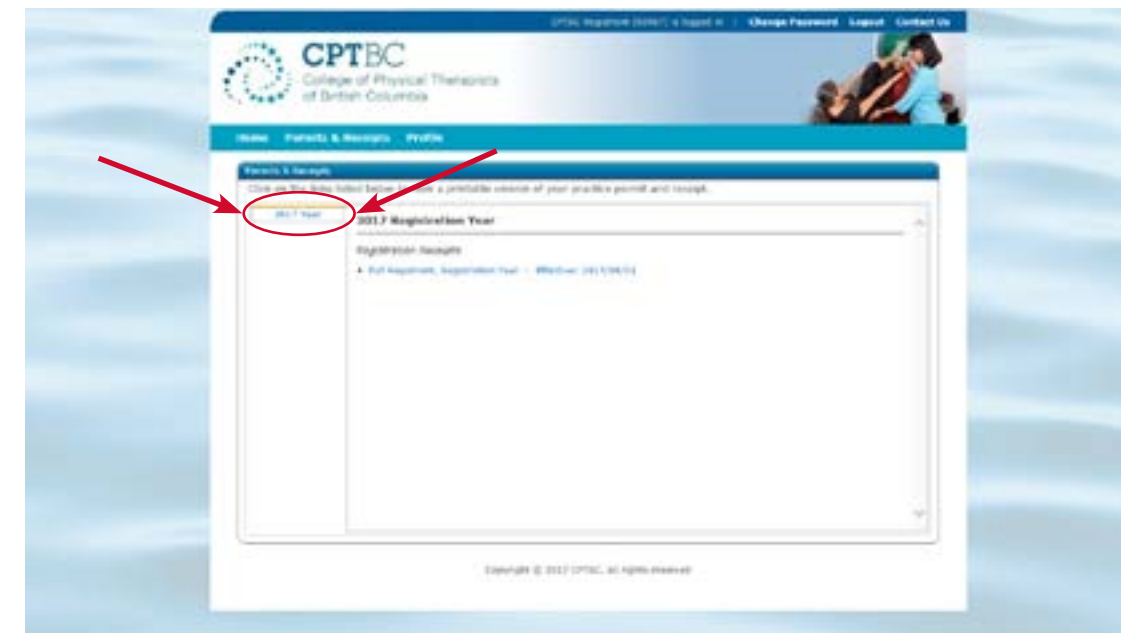
1. Go to <http://cptbc.org/> and click on registrant login. Enter your user ID and password.



2. Select the Permits & Receipts tab near the top of the page.



3. Select the applicable registration year. Depending on when you registered, you may access receipts up to the past three years. Print as needed.



## BIDDING FAREWELL

**Aidan Dennis** has been working at the College for the last three years. As an Administrative Assistant, Aidan has provided valuable support to practically all functions of the College, the most recent being the Quality Assurance Program. Aidan recently completed his Masters degree, which is no small feat. We wish Aidan all the best as he moves forward in his career!

When Administrative Assistant **Jenny Wu** joined the College, she brought lots of positive energy and organizational skills to the office! Jenny provided administrative support to the various corporate functions, as well as the registration process. We will miss Jenny very much and wish her well in her future endeavours.



## INQUIRY SUMMARIES

### Professional Misconduct and Exacerbation of Injury

The College received a written complaint against a physical therapist alleging that the complainant's pain became much worse after attending treatment sessions with the physical therapist.

Despite the Inquiry Committee's multiple attempts to secure the complainant's cooperation in its investigation, the Inquiry Committee was unsuccessful. The file was closed.

### Incompetence

The College received a written complaint against a physical therapist alleging that the physical therapist did not provide professional and competent assessment, diagnosis and treatment. Specifically the physical therapist failed to assess the complainant's right leg which was one of the two main problems that was mentioned, as well as gait.

Following an investigation, the Inquiry Committee determined to act under section 33(6)(a) to take no further action as, on the face of the information before it, there were no grounds for the Committee to justify taking further action on this matter against the physical therapist for breaching College Bylaw section 56(1)(a)(ii) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by completing a physical examination relevant to the presenting symptoms, including measurable and observable physical findings; section 56(1)(a)(iii) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by establishing a physical therapy diagnosis; and section 56(1)(a)(iv) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by formulating a treatment plan. Use, where available, evidence-based practice information to guide the development of the plan, taking into consideration client preferences, resource constraints and individual client factors (e.g. age, previous health history) that may alter expected outcomes. The file was closed.

### Incompetence and Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist did not provide professional and competent assessment, diagnosis and treatment. Specifically the physical therapist failed to assess the complainant's right leg which was one of the two main problems that was mentioned. In addition, the physical therapist did not return the complainant's phone call after a sudden worsening of the complainant's left leg.

Following an investigation the Inquiry Committee determined to act under section 33(6)(a) to take no further action as, on the face of the information before it, there were no grounds for the Committee to justify taking further action on this matter against the physical therapist for breaching College Bylaw section 55(1.1) - Standards of Practice - Responsibilities to the Client - Physical therapists shall consider the well-being of the client as their primary concern by respecting the client's legal rights, dignity, needs, wishes and values; section 56(1)(a)(ii) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by completing a physical examination relevant to the presenting symptoms, including measurable and observable physical findings; section 56(1)(a)(iii) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by establishing a physical therapy diagnosis; and section 56(1)(a)(iv) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by formulating a treatment plan. Use, where available, evidence-based practice information to guide the development of the plan, taking into consideration client preferences, resource constraints and individual client factors (e.g. age, previous health history) that may alter expected outcomes. The file was closed.

### Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist was acting on behalf of the insurance company and not in the best interests and care of the patient. Specifically, the physical therapist did not contact the complainant's physician specialist prior to treatment and the treatment program did not address the main complaints. Further, after terminating the program early as it was unsuccessful, the insurance company read the discharge report as the complainant being able to return to work. The physical therapist's language was allegedly unprofessional.

Following an investigation, the Inquiry Committee determined to act under section 33(6)(a) to take no further action as, on the face of the information before it, the conduct or competence to which the matter relates was satisfactory and was therefore not in breach of section 55(1.1) - Standards of Practice - Responsibilities to the Client - Physical therapists shall consider the well-being of the client as their primary concern by respecting the client's legal rights, dignity, needs, wishes and values; section 56(1)(a)(i) - Standards of Practice - Minimal Treatment Standards - Prior to initiating treatment a

registrant must attempt to obtain relevant medical information concerning the client by taking a history, including all required elements, and contacting the client's physician, with the patient's permission, to obtain further detail, where concurrent disease processes exist and present contraindications or precautions to physiotherapy treatment; and section 56(2)(b)(ii) - Standards of Practice - Minimal Treatment Standards - Once treatment is initiated the registrant must inform the client and/or family about the results of ongoing assessment. The file was closed.

### Professional Misconduct

The Inquiry Committee moved, under section 33(4) of the *Health Professions Act* to investigate a physical therapist for alleged use of modalities without properly understanding their contraindications, specifically with respect to a patient who has active cancer.

Following an investigation, the Inquiry Committee determined to act under section 33(6)(a) to take no further action as, on the face of the information before it, it is the view of the Committee that there are no grounds to justify taking further action, on either an evidentiary or a public protection basis on this matter under the *Health Professions Act* against the physical therapist concerning section 55(1.3) - Standards of Practice - Responsibilities to the Client - Physical therapists must respect the client's rights to be informed about the effects of treatment and inherent risks; section 55(1.9) - Standards of Practice - Responsibilities to the Client - Physical therapists must not treat clients when the diagnosis or clinical condition indicates that the commencement or continuation of physiotherapy is contra-indicated or unnecessary; section 56(1)(a)(i) - Standards of Practice - Minimal Treatment

Standards - Prior to initiating treatment a registrant must attempt to obtain relevant medical information concerning the client by taking a history, including all required elements, and contacting the client's physician, with the patient's permission, to obtain further detail, where concurrent disease processes exist and present contraindications or precautions to physiotherapy treatment; and Clinical Practice Standard #2. Electro-physical Agents. The file was closed.

### Professional Misconduct - Billing

The College received a written complaint against a physical therapist alleging that the physical therapist sent a collection company to harass the complainant for no reason as the complainant was not aware and was not informed that any money was owed.

Following an investigation, the Inquiry Committee determined to act under section 33(6)(a) to take no further action as, on the face of the information before it, it is the view of the Committee that there is no evidence that the physical therapist issued any bill to the Complainant for physical therapist services and therefore was not in breach of section 55(1.1) - Standards of Practice - Responsibilities to the Client - Physical therapists shall consider the well-being of the client as their primary concern by respecting the client's legal rights, dignity, needs, wishes and values and section 57(4) - Standards of Practice - Business Practice Standards - Where the client is assessed a fee for physical therapy services, the client must be notified of the charges in advance. The file was closed.

## ADVERTISING RATES

Sizes	Dimension	Advertising Rate
Full Page	7.75" wide x 9.5" tall	\$800.00
$\frac{2}{3}$ page (vertical format)	5" wide x 9.5" tall	\$600.00
$\frac{1}{2}$ page (horizontal format)	7.75" wide x 4.75" tall	\$400.00
$\frac{1}{3}$ page (vertical format)	2.45" wide x 9.5" tall	\$300.00
$\frac{1}{4}$ page (square format)	5" wide x 4.75" tall	\$200.00



## Who to Contact at the College:

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notify the College.*

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