

Update

COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA
Fall/Winter 2017 Newsletter



CPTBC

College of Physical Therapists
of British Columbia

What's Inside:

Registration Renewal	1-2
Message From the Board Chair	3
Message From the Registrar	4-5
Election 2018 - Call for Nominations	6
Quality Assurance Committee	7
CPTBC Goes Digital	7
Registrant Advisory	8-9
On Professional Practice: Q & A	9
Tele-Rehabilitation Guidelines	10-11
Retired Physiotherapists Group Of BC	11
Survey - Community-Based Activity Programs for Children and Youth with Disabilities	12
Notice of RCA Examination Dates	13
Inquiry Summaries	14



REGISTRATION RENEWAL

New This Year!



- You now have 2 months to renew your registration. Online renewal is open as of **November 1, 2017**.
- Your login is now your 5 digit CPTBC registration number.
- You can now provide your liability insurance information online instead of sending a copy of your certificate.
- There are additional declaration statements.

*Your 2018 registration renewal is due by 11:59 pm on **December 31, 2017!***

Your CPTBC registration must be renewed by January 1, 2018 to avoid a late fee. If you are not registered by January 31, 2018 your registration will be cancelled. Once your registration is cancelled,

- You will not be able to practice physical therapy in BC,
- Medical Services Plan (MSP) will be notified immediately, and
- Your billing number will immediately cease to be valid.
- You must apply to be reinstated and pay a reinstatement fee.

Once your 2018 renewal is complete and posted by the College, you will be able to access and print your 2018 card and income tax receipt. You will find a tab called "Permits and Receipts" in the upper left-hand corner of your registrant's account page. Please note it may take a few days for the renewed registration to be processed.

Email Address

Each registrant must have their own unique email address. One email address must not be shared by more than one registrant.

Registration Applications

Please note that the College will not be processing new applications or applications for change of status from 'inactive' to 'full' between December 15, 2017 and January 3, 2018. Apply early and the College can approve your application effective January 1, 2018.

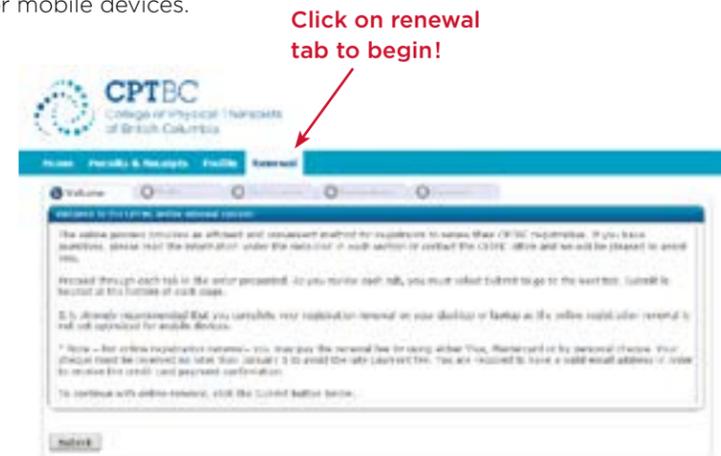
Suggestions for Success

- Clear your browser history.
- Have your login information ready.
- Read the instructions carefully.
- Complete your renewal on a desktop or laptop.
- Complete your renewal when you have dedicated time (approx. 10 - 15 minutes) to avoid the session timing out.
- If you have private liability/malpractice insurance, be ready to provide details.
- If you plan to pay by credit card, have your card ready.
- If you have ongoing difficulties call the College for assistance. As registration renewal is a busy time at the College, we appreciate your patience and will reply to you as soon as possible.

INSTRUCTIONS FOR ONLINE REGISTRATION RENEWAL

It is strongly recommended that you complete your registration renewal on your desktop or laptop as the online registration renewal is not yet optimized for mobile devices.

- Login at www.cptbc.org
- Your login is your **5 digit registrant number**
- If you forget your password, you may click on the "Forgot Your Password" link at the bottom of the screen or the "Request Login Details" button at the top right-hand corner of the screen.
- Select the "Renewal" tab.
- Update your profile.
- If you hold private liability / malpractice insurance, you will be asked to give your policy provider, policy number and policy effective and expiry dates as part of your online renewal. This information is subject to review by the College where you may be asked at a later date to provide a copy of your insurance certificate.
- Your Annual Self Report (ASR) must be completed prior to your renewal.
- If you were notified in September 2017 to complete a criminal record **5-year recheck**, this will also need to be completed prior to your renewal.



Changing Status to Inactive during Online Renewal?

Before changing your status to inactive, please make sure you make the following changes to your employment section:

- Change the **employment status** to NOT WORKING or RETIRED;
- De-select the **primary employment** box; and
- Set an **expiry date** for your employment (future date is allowed);
- Click on the **save** button.

Practice Hours for 2017

Practice hours are defined as hours worked in physical therapy practice.

This includes clinical practice, physical therapy administration, teaching, management, research, and consultation where the knowledge, skills, and abilities of a physical therapist constitute the basis for the job responsibilities. It does not include continuing education, volunteer work, professional association or College activities, vacation leave, sick leave, family leave, leave of absence, education leave or statutory holidays.

Registration Renewal Fees

REGISTRATION FEE	REGISTRATION FEE November 1, 2017 to January 1, 2018	LATE REGISTRATION FEE * January 2, 2018 to January 31, 2018	REINSTATEMENT FEE ** February 1, 2018 to December 31, 2018
Full, Interim, Limited	\$500.00	\$600.00	\$675.00
Inactive	\$100.00	\$120.00	\$135.00

* Fee + 20% as per Bylaws Section 44(6)

** Fee + 35% as per Bylaws Section 44(7)(c)

If you are a Clinic Owner

Please remember to identify yourself as the owner of the clinic in the 'Workplace' section of the database. This will enable the College to contact you more easily in the future if required. If you have questions, contact the College at 604 730 9193 or email registration@cptbc.org

A MESSAGE FROM THE BOARD CHAIR

As the seasons change and we enter the holidays, I want to thank you for taking this time to connect with the College and update yourself on its activities through this newsletter.

At the College, we have been busy with many projects in addition to our usual business. You will likely notice that there are some changes happening with our communications. Our newsletter will soon be coming in a new format, new messaging will be available on our website regarding the Quality Assurance Program, and more comprehensive information will be shared regarding the identity and role of the College. In addition, the regional tour which was approved earlier in 2017, and was inspired by connecting with registrants in Prince George some time ago, is currently underway. Our Registrar, Dianne Millette, College staff and regional Board representatives will be connecting with registrants to answer questions and provide background as to what goes on at the College. These efforts aim to provide registrants an opportunity to connect with the College and give you a voice.

As you may have already seen, our College Bylaws were posted in the summer, and since then we have been busy integrating the feedback received into an updated version of the Bylaws, which we hope will be released in the early new year.

Thanksgiving this year gave me pause for reflection, and it feels appropriate to thank the many people who contribute to the College through its committees and working groups. During the course of the year, their work enables physiotherapists everywhere to enjoy the privileges of a self-regulated profession. While this work often can be overlooked in the greater scheme of practice, it forms the basis of the underlying public trust, which we all greatly benefit from having and upholding. I wanted to especially thank and acknowledge the College staff, who, throughout the summer have been in the middle of our leadership transition and done an excellent job of adapting and contributing to improvements in our internal processes. Change can be a very positive thing, but it also adds challenges. I must also thank Dianne, our new Registrar, for confidently and skillfully taking the reins and spearheading the College activities, along with our strategic initiatives. In the very short time that she has been with us, Dianne has already had an immense impact. Lastly, I want to personally thank physiotherapists across the province who make huge efforts in their daily practice to uphold the public trust. The assurance of safety and ethical conduct is an essential foundation for quality and trust in the field of physiotherapy. I certainly do not take this for granted, and indeed, it is everyone on the frontlines who collectively build this public impression for our profession. Keeping that in mind, I want to thank those physical therapists who diligently reflect on their practice, and take the time to consider what this profession truly means to them.

Yours truly,

Heather Leslie

A MESSAGE FROM THE REGISTRAR

Perspectives On Engagement

For those of you who follow the Physio Moves Canada initiative, you might have read Dave Walton's blog entitled 'Physiotherapy in Canada May Have an Engagement Problem'? (<http://www.physiomovescanada.com/blog/2017/8/2/physiotherapy-in-canada-may-have-an-engagement-problem>) Dave's blog post caused me to think about that question. Examples that he used, based upon his observations crossing the country interviewing physical therapists about the future of the profession, include limited awareness of issues such as significant funding changes, lack of participation in advocacy efforts and limited participation in Physio Moves Canada focus groups, especially in larger urban areas. Vancouver is an example of the latter where only two physical therapists attended the focus group in one of the highest per capita areas of the province. While these examples do not confirm an engagement problem, they should give us reason to pause and consider the impact on the profession.

More recently, Dave reported on feedback he received while visiting physical therapists in northern British Columbia. The focus of that blog asks the question of whether we are disadvantaging our mid-or late-career physical therapists (<http://www.physiomovescanada.com/blog/2017/9/23/bd5nvbo5mlz4gmntpy56h0ho5h2v80>). He has certainly heard about the Registrant Competence Exam. Physical therapists indicated that they would rather retire than complete the assessment. This seems a bit out of step from the intention of the Quality Assurance Program that includes the RCA. Does this perspective suggest not only a concern about disadvantaging our mid- or late-career physical therapists, but also the College having an engagement problem created by fear or misunderstanding about a program?

I am not a fan of the word 'engagement'. I believe that it is overused and not universally defined. However, we use this word as much as any other organization, so I will get over my dislike for the term. My message to registrants in BC is that by engagement we do not expect every one of you to run for the Board or our committees, nor do we want our registrants to be "cheque book members" who pay the fee and ignore all else. I would define better engagement as evidence that registrants have a good awareness of the College activities, provide feedback when requested and provide constructive comments in a respectful way. We will do the same when contemplating issues of public interest that impact our profession, communicating them to you in a meaningful manner and using your feedback in a way that demonstrates thoughtfulness and respect.

Beyond Dave's reflections on his tour across Canada, we have some recent examples of challenges with engagement. Draft Bylaws were posted for three months, offering an opportunity for registrants to provide input to the College, as well as the Ministry of Health (MOH). The MOH received two comments. We received twenty or so. The comments received were very helpful as we refine our Bylaws, yet we can't help but notice that the response rate was very low. Our notice of the upcoming regional tour caused some registrants to send messages that were not respectful of the staff or the interest of the Board in connecting in a different way with registrants. We all have some work to do.

continued on next page...

2018 BOARD MEETINGS

January 27
June 23
September 15
November 24

SAVE THE DATE!

CPTBC MEETING &
PHYSIOTHERAPY FORUM

Saturday March 3, 2018
Westin Bayshore Hotel
1601 Bayshore Drive
Vancouver, BC



A MESSAGE FROM THE REGISTRAR (CON'T)

Going forward, some of our engagement thoughts are sharing information more frequently via an email newsletter that is current, relevant and highlights key happenings. We are using a different email distribution system and noticing more click-through rates on some of our more recent materials. I hope to see this trend continue as we focus increasingly on the discussion of topical professional issues through this informal, but informative channel. We would like to get a baseline of what registrants think with respect to different aspects of the College so that we can be more responsive to issues that matter to you, as well as measure changes in perspective over time. This may be about communication or other regulatory processes. We are refining registration processes so that it will be easier for registrants to meet obligations such as providing evidence of liability insurance during registration renewal, criminal record checks and payments. We are working on the language in our documents as well so that they are more understandable and not as regulatory or legalistic in tone.

If there is a meaning for me regarding engagement, it is about connecting with registrants at the right time about the right issues, to inform more effectively. We understand that your reality is not thinking about the regulator unless you need to. Yet there will be moments when we need you to connect, so that we may do a better job of regulating our profession in the public interest, and you may need us to support your practice. Only together can we all protect the privilege of self-regulation.

As always, I welcome feedback, comments or questions, and can be reached at dianne_millette@cptbc.org

Best regards,

Dianne Millette

ELECTION 2018

CALL FOR NOMINATIONS

Make a difference! Run for Election!

The call for nominations has been officially made. There are three elected Board positions available in 2018 for a two-year term. Is this *your* year to run for election and contribute to the public interest? Or perhaps the year to nominate a colleague who would make a great Board member? Board recruitment is critical to the success of the CPTBC, yet it can be very challenging. There has not been an election for several years. We hope that 2018 will be *the* year to have an election with registrants making the choice to become Board members to move CPTBC forward.

Building a great Board is more than simply filling a seat. It is about finding physical therapists with the skills and perspectives that align with CPTBC's objectives. It is about building a Board that has a blend of expertise, diverse viewpoints and spheres of influence. It is about finding individuals who have the interests of the public first and foremost.

A position on the Board does take time, commitment and an ability to make difficult decisions, but is a fabulous experience and learning opportunity. So think about it; is this *your* year to get more involved?

For more information, please contact dianne_millette@cptbc.org. Nomination forms for Board positions can be obtained from the College office by contacting info@cptbc.org.

DEADLINE FOR BOARD NOMINATIONS

March 23, 2018
12:30 p.m.
Pacific Time



We are also looking for committee members and item writers.



QUALITY ASSURANCE COMMITTEE

The QAC is looking for a registrant from a private practice setting to join them. The Committee meets in person 2-3 times per year and by teleconference as needed.

The Quality Assurance Committee (QAC) is a statutory committee of the College and is responsible for overseeing the Standards of Practice Subcommittee and the Quality Assurance Program (QAP), which includes the Annual Self Report (ASR), the Registrant Competence Assessment (RCA), Assessment of Professional Performance (APP) and Registrant Practice Support (RPS). The RCA Board of Examiners also reports to the QAC.

If you are interested or would like further information, please contact Chris Smerdon, Quality Assurance Program Manager, at chris_smerdon@cptbc.org

Writers Needed for the ASR

The ASR Item Writing Group is currently seeking two writers: one with clinical experience in the cardiovascular context, preferably in a facility or community setting, and one with clinical experience in the neuromuscular context in either a facility, community or clinic setting. Item writers are required to:

- be full registrants in good standing;
- have good written and verbal communication skills;
- be computer literate; and
- be available for 2 afternoons or evenings and 1 Saturday in the spring.

For further information, please contact Chris Smerdon, Quality Assurance Program Manager, at chris_smerdon@cptbc.org

CPTBC GOES DIGITAL - GET SOCIAL WITH US!

CPTBC is going digital. Next month you will find us on Facebook, Twitter and YouTube. We will share links to valuable resources, remind you about upcoming events, and inspire you with stories! Also for 2018, we will be launching a webinar series, so feel free to share any ideas around content you would like to see. You will also see a refresh on our website including a regular poll question and new videos. And, make sure you look for our e-version of *Update* - coming to your email inbox in February, 2018. All part of our commitment to stay connected with you.



REGISTRANT ADVISORY

Administration and Distribution of Naloxone by Physical Therapists.

CPTBC would like to acknowledge the College of Occupational Therapists of British Columbia for allowing the adaptation of their advisory document.

Purpose

This advisory statement clarifies the roles physical therapists may have in administering and/or distributing naloxone. Specifically, it discusses the impact that amendments to the *Health Professions General Regulation* and the unscheduling of emergency-use naloxone have on physical therapists' practice.

Background

In April 2016, British Columbia's provincial health officer declared a public health emergency in response to a significant rise in deaths from opioid-related overdoses¹. In British Columbia, 755 deaths from apparent illicit drug overdoses were reported between January and November 2016, a 70.4% increase from 2015².

Naloxone is a medication that is used to treat overdoses from opioids such as fentanyl, heroin, and morphine. Given the current public health emergency and naloxone's life-saving abilities, several federal and provincial initiatives have been taken to improve its access, including the ability for health professionals such as physical therapists to distribute and administer it.

Physical Therapy Roles Related to Naloxone

Physical therapists work in a variety of practice settings with individuals who are at risk of an opioid-related overdose (e.g., community settings, pain clinics). While the administration of medications remains out of scope for physical therapists, recent regulatory changes specific to emergency-use of naloxone impact the following physical therapy roles:

Distribution of naloxone

In September 2016, emergency-use of naloxone became unscheduled in British Columbia, effectively allowing emergency-use naloxone to be "available anywhere and purchased by anyone" without a prescription³. Given this change, when appropriate, physical therapists may distribute naloxone, typically as a take-home kit, to their clients or their clients' friends and family. This is different than *dispensing* a scheduled medication which remains a restricted activity and out of scope for physical therapists.

Administration of naloxone

In October 2016, an amendment was made to the *Health Professions General Regulation (HPGR)* as follows:

"If a person who is not otherwise authorized to administer naloxone to another person suspects that another person is suffering from an overdose of opioids, the person may assess and treat the other person if treatment is limited to the emergency administration of

- (a) naloxone, by intramuscular injection or intranasally, and
- (b) first aid" (s. 9(2)).

In January 2017, an additional amendment was made, effectively allowing anyone to administer emergency use naloxone regardless of whether or not they are in a hospital setting⁴. This amendment is consistent with recent changes to Health Canada's Prescription Drug List⁵.

Training

According to the BC Centre for Disease Control, best practice dictates that the administration and distribution of emergency-use naloxone be accompanied by providing competency based training, such as that offered by regional health authorities or including content described within *Toward the Heart's* training manual (see section: 'Learn More' below). This includes training by physical therapists to other health care professionals.

While these regulatory changes allow physical therapists to distribute and/or administer naloxone, employers (e.g., health authorities) may limit or more narrowly define a physical therapist's role. Physical therapists are advised to speak with their leadership team and familiarize themselves with related employer policies, procedures, and processes.

Learn More

Physical therapists are accountable for obtaining and maintaining the necessary competencies to perform their roles. Given

continued on next page...



REGISTRANT ADVISORY (CON'T)

the potential risk factors associated with distributing and administering medications such as naloxone, physical therapists are advised to pay specific attention to completing any employer mandated and/or self-directed professional development in this area.

In addition to any employer-provided materials or training offered, the College offers a list of current naloxone-related resources below. As always, physical therapists are invited to contact CPTBC with their practice questions at susan_paul@cptbc.org

Definitions

Dispense includes the preparation and sale of a drug or device referred to in a prescription and taking steps to ensure the pharmaceutical and therapeutic suitability of a drug or device for its intended use and taking steps to ensure its proper use⁶.

Drug means a drug specified in Schedule I, IA, II or IV of the Drug Schedules Regulation.

Resources

BC Centre for Disease Control – Toward the Heart
<http://towardtheheart.com/naloxone/>

College of Pharmacists of BC -
Emergency Use Naloxone in BC
<http://www.bcpharmacists.org/naloxone>

HealthLinkBC – Naloxone: Treating Opioid Overdose
<https://www.healthlinkbc.ca/healthlinkbc-files/naloxone>

Province of BC: Overdose Prevention and Response in BC
<http://www2.gov.bc.ca/gov/content/overdose>

¹ Province of British Columbia, 2016, p. 1

² British Columbia Coroners Service, 2016, p. 1

³ College of Pharmacists of British Columbia, 2016, para. 1

⁴ Province of British Columbia, 2017.

⁵ Health Canada, 2017.

⁶ Pharmacy Operations and Drug Scheduling Act, s. 1

ON PROFESSIONAL PRACTICE

Q: I have posted patient photos on my clinic website or social media platform - is that okay?

A: It is important to remember that photos may be considered personal information if they contain details that could identify an individual. Given that patient photos may include a patient's face, identifiable markings such as tattoos or some other distinct physical feature such as a bony deformity, most photos would be considered personal information and require the patient's consent to be used or posted.

Keep in mind that a patient may consent to a photo being taken and added to their clinical record, or as a reminder of how to complete a home exercise program, but this consent is limited to using the photos for those specific purposes only. If you would like to use those same photos for a different purpose, such as marketing or research, you need to have a clear conversation with your patient about how you would like to use the photos, in a way that respects the patient's choice. You want to ensure that the patient feels able to decline, and understands that the decision will not impact the care they receive. Having the patient provide signed consent for use of a photo for marketing purposes would provide further peace of mind that the patient is aware of how the photo will be used.

Keep in mind the sensitivity around photos of a patient who is partially undressed, and consider whether or not it is appropriate to post, even if the patient provides consent.

Q: Regarding electronic record storage, will I have access to clinical records if I change providers?

A: Practice Standard No. 1 on Clinical Records requires physical therapists to retain clinical records for 16 years from the date of last entry; or if the patient is a minor, until the age of majority plus another 16 years. More and more physical therapists are opting to use electronic records, held by a third party, as a platform for storing clinical records. It is likely that as technology evolves, better electronic storage solutions might become available, prompting you to consider changing providers. It's important to clarify with the provider how you, or a patient, would get access to a clinical record that falls within that retention period if you were to change providers at some point in the future. In addition, considerations for any associated costs for storage for the required retention period, or costs for you or a patient to access a clinical record, are relevant and important. Ideally, the conversation should happen at the outset so that you have all of the information to make an informed decision.

TELE-REHABILITATION GUIDELINES

Introduction

Ninety-five percent of the Canadian landmass is serviced by only 8% of registered physiotherapists¹. This creates vast areas where patients have difficulty accessing care due to distance, bad weather or the absence of physiotherapy services.

Tele-rehabilitation² technologies and applications are expanding rapidly, and have the ability to improve patient access to care and otherwise increase efficiencies when used with the right patient at the right time. In some cases, such as when travel is difficult or there is no provider nearby, the use of the technology is preferable to a traditional (in-person) encounter.

In some regions of Canada, a physiotherapist may initiate therapy in one location, but the patient may require follow-up in another. In such cases, it may be preferable to have the original physiotherapist continue to provide care, rather than transfer the patient to a new provider. The physiotherapist would need to be registered in the jurisdiction that the patient is located.

The following guidelines were developed to support tele-rehabilitation.

General Expectations

1. The expectations as defined in the Standards of Practice and Code of Ethics apply regardless of whether services are provided via tele-rehabilitation or through in-person patient interactions.
2. Physiotherapists must use professional judgement to determine if tele-rehabilitation is an appropriate modality to deliver services to the patient. This evaluation should be made on a case-by-case basis with selections based on patient condition and preference, available technology, risks and benefits.
3. Ensure that tele-rehabilitation does not expose the patient to greater risk than other possible service delivery methods. This can include risks to the privacy of the patient's health information or safety depending on the physical environment.
4. Ensure competence in using the technology. The physiotherapist must understand the system's capabilities and limitations and have technology support available if needed. The physiotherapist is responsible for assuring the technological proficiency of those involved in the patient's care. The physiotherapist must also ensure that the patient has suitable access to and competence with the technology.

5. Inform the patient of the process to follow if they have a concern or complaint about their physiotherapy care. If the matter cannot be addressed directly, the patient has the option to raise their concerns with the regulator in either province or territory.

Consent Issues

1. In delivering tele-rehabilitation services, the physiotherapist must verify the identity of the client, the provider and any support personnel involved. Document the verification policy and processes used.
2. The physiotherapist should augment routine informed consent processes as required to support tele-rehabilitation.
 - a. Patients should be made aware of any limitations that tele-rehabilitation service present as compared to an in-person encounter for that patient's situation, such as the inability to perform hands-on examination, assessment and treatment.
 - b. Consent should be obtained for videotaping, recording or storing information and data from the tele-rehabilitation session; for the transmission of information via tele-rehabilitation technologies; and for the participation of other health care providers or the patient's family in the provision of care.

Privacy Requirements

1. The physiotherapist must ensure compliance with all privacy and security requirements, both during tele-rehabilitation sessions and when in contact with the patient through other electronic means, such as arranging appointments via email. Document privacy and security measures. Consider topics such as authentication and encryption technology, secure transmission systems and storage mechanisms.
2. Written policies and procedures should be maintained at the same standard as in-person encounters for documentation, maintenance, and transmission of the records of the encounter using tele-rehabilitation technologies.

continued on next page...

TELE-REHABILITATION GUIDELINES (CON'T)

3. The physiotherapist should ensure that there are guidelines in place to ensure that patient records cannot be accessed by unauthorized users, tampered with or destroyed, and are protected at both the originating and remote sites.
4. The physiotherapist must take the necessary action to ensure the security of all devices used in tele-rehabilitation and when storing information related to tele-rehabilitation services.
5. The physiotherapist must be aware of any employer policies for privacy and security for the use of tele-rehabilitation as a treatment modality.

Safety Considerations

1. The physiotherapist must have a safety protocol in place in the event of an emergency or adverse event.
2. There must be an alternative method of contacting the patient and the patient should be provided with an alternate way of contacting the physiotherapist. For example, in the case of internet failure, the physiotherapist must be able to telephone the patient.
3. The physiotherapist must ensure access to appropriate technical support for trouble shooting in the event of difficulty with the technology. It is also recommended that all technologies are trialled prior to patient appointments to ensure good functioning of the system.

¹ Strengthening Rural Canada: Fewer and Older: Demographic and Population Challenges Across Rural Canada, A Pan-Canadian Report; CIHI Physiotherapist Data Tables 2015.

² Tele-rehabilitation refers to the provision of physiotherapy services which involves communication with a patient who is remotely located from the primary physiotherapist providing service. It can include mediums such as videoconferencing, email, apps, web-based communication, wearable technology.

RETIRED PHYSIOTHERAPISTS GROUP OF BC

For the last four years, a group of retired and 'soon-to-be' retired physiotherapists have met in Vancouver in the spring, for lunch, an afternoon of fun and to rekindle "old" friendships with past colleagues.

The events have been a great success and we are planning a fifth annual Retired Physiotherapist Group (RPG) gathering and lunch for next year. The event will be held at the Royal Vancouver Yacht Club in the spring of 2018.

If you are retired, semi-retired or almost retired and would like to be on the Retired Physiotherapists Group of BC mailing list, please email us at rpg.of.bc@gmail.com. Registration details for the RPG 2018 Lunch will be emailed early in 2018 to those on the RPG mailing list.

SURVEY

Towards Increased Health Care and Professional Engagement in Special Olympics Canada: Potential Roles for Physical Therapists

Project Summary

Children and youth with disabilities often have fewer opportunities to participate in community-based physical activity programs than their peers without disabilities. Health care providers acknowledge the importance of increased physical activity for children with disabilities from both physical fitness and social inclusion perspectives. However, formalized linkages with community physical activity programs and agencies are often lacking. Physical therapists who work with children and youth with disabilities are ideally positioned to promote physical activity programs, including those offered by Special Olympics Canada (SOC). Increased engagement of physical therapists in connecting families to SOC could potentially increase the recruitment and retention of young athletes. This study will provide information on 1) current practices of Canadian

physical therapists related to promoting and connecting families with SOC, and 2) strategies that could be used to increase therapists' knowledge and engagement with SOC.

Registrants are invited to take part in a 10-minute national survey about your current practices and experiences with community-based fitness programs for children with disabilities. If you work with children and youth with disabilities and you are willing to participate in this survey, you can access the link here: <https://redcap.ualberta.ca/surveys/?s=PRXN3HY9LP> If you have any questions, or would like more information, please contact Jessica Shannon at jshannon@ualberta.ca



CPTBC OFFICE HOURS DURING THE HOLIDAY SEASON

CPTBC will maintain regular office hours (8:30 am - 4:30 pm) during the holiday season, with the exception of the following:

The office will be closed on:

- Monday, December 25, 2017
- Tuesday, December 26, 2017
- Monday, January 1, 2018

The office will closed at 12:00 noon on:

- Friday, December 22, 2017
- Friday, December 29, 2017

HAPPY RETIREMENT BRENDA!



**QUALITY ASSURANCE:
Notice of Examination Dates for Registrant Competence Examination**

Registrants who are required to complete the Registrant Competence Assessment in 2018 were sent a reminder by email on September 21. This is another reminder that registrants will choose one session from the options below, and we encourage you to *Save the Date*:

RCA Session Dates in 2018		
Session Date	Session Time	Practice Contexts Available
Thursday, October 11	5:00pm – 8:00pm PST	Adult and Older Adult Cardiorespiratory Adult and Older Adult Neuromuscular Child and Youth
Friday, October 12	9:00am – 12:00pm PST	Adult and Older Adult Musculoskeletal
Saturday, October 13	9:00am – 12:00pm PST	Adult and Older Adult Cardiorespiratory Adult and Older Adult Neuromuscular Child and Youth
Saturday, October 13	2:00pm – 5:00pm PST	Adult and Older Adult Musculoskeletal

For more information, registrants are advised to visit the Quality Assurance Program section of the College website: <http://cptbc.org/quality-assurance-program/>



INQUIRY SUMMARIES

Professional Misconduct

The College received a written complaint against a physical therapist alleging that the physical therapist inappropriately exposed and touched her as well as looked inside her gown.

Potential relevant bylaws considered included: section 53(1)(c) - Professional Misconduct - committing an act of sexual misconduct; 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 55(1.4) - Standards of Practice - Responsibilities to the Client - Physical therapists must give clients the opportunity to consent or decline treatment or alterations to the treatment regime; and section 55(3.2) - Standards of Practice - Responsibilities to the Profession - Physical therapists must conduct themselves in a manner as to merit the respect of society for the profession and its registrants.

Potential relevant clinical practice statements considered included: Practice Standard #4 – Consent to Treatment and Practice Standard #6 – Sexual Misconduct.

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 was insufficient evidence to justify taking further action, on either an evidentiary or a public protection basis, on this matter under the *Health Professions Act*. The file was closed.

inspiring
public
confidence



REMEMBERING

Karen Wojtan
Port Moody, BC
May 2017

Jessie “Nettie” Nobbs
North Vancouver, BC
September 25, 2017

Dianna Mah-Jones
Vancouver, BC
September 29, 2017

ADVERTISING RATES

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

Who to Contact at the College:

Dianne Millette,

Registrar

Corporate Programs
(Legislative, Finance & Board)
Email: dianne_millette@cptbc.org

Alice Yu,

Deputy Registrar

Inquiry Committee
Newsletter
Email: alice_yu@cptbc.org

Susan Paul,

Manager, Professional Practice

Patient Relations Committee
Standards of Practice Subcommittee
Email: susan_paul@cptbc.org

Chris Smerdon,

Manager, Quality Assurance Program

Email: chris_smerdon@cptbc.org

Olga Nestic,

Manager, Registration

Registration Committee
Corporations
Dry Needling
Email: olga_nestic@cptbc.org

Loretta Hands

Administrative Assistant, Registration

Email: loretta_hands@cptbc.org

Elizabeth Hunter

Administrative Assistant, Inquiry

Email: elizabeth_hunter@cptbc.org

Did you know that you can update your contact information online by logging into your profile at <https://cptbc.alinityapp.com/webclient/>

If you are moving, changing your name or registration status, please be sure to notify the College.

**College of Physical Therapists of BC
Suite 1420, 1200 West 73rd Avenue
Vancouver, BC V6P 6G5**

Phone: 604 730 9193

Toll Free (Canada): 1 877 576 6744

Fax: 604 730 9273

Email: info@cptbc.org