



What's In This Issue

Editorial.....	1	Practice Standards Committee	7
President's Report	2	Highlights of the AGM	8
Alliance Report	2	Issues "On the Table" and How They Affect SCPT and it's Registrants	8
Continuing Competency Committee Report.....	3	Registrar's Report.....	9
Support Workers Committee Report.....	4	Updates on Issues from Around the Country	9
Supervised Practice Committee Report.....	5	Canadian Health Information Institute (CIHI) ...	10
Legislation Committee Report.....	6	You Asked Us!.....	11

Editorial

Physical Therapy...a Profession? Physical Therapists...Professionals? SCPT is maintaining the integrity of the profession and the professional

There are a number of concepts that have been identified as being characteristic of a profession in the Nov. 2004 document written by R. Hamilton from CPTO-Professional Accountability for Ontario Physiotherapists. Physical Therapy is considered a profession by the government and other health care disciplines.

There are four concepts that I feel point to the essence of what it means to be a provider of professional services.

1. Fiduciary duty: a sense of duty and responsibility to the individuals served by our profession and toward society. Members of the profession typically must uphold this duty even if doing so is not to their benefit.
2. An ethical code: that defines the expectation that comes from this sense of duty to our clients.
3. A high level of public trust: usually epitomized by government recognition of the official status of the profession.
4. The right to self regulate: through identifying licensing requirements, setting standards of practice and ensuring complaints are investigated. All to ensure safety to the public.

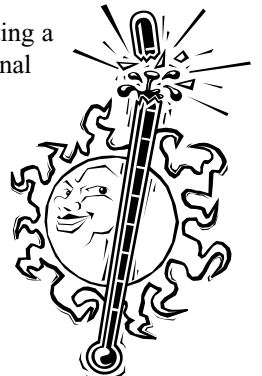
As a professional, one's main concern should be to provide the best possible care to the client, accomplishing the mandate of the College to "Protect the Public". The development of standards by the College protects the public and

thereby results in increased levels of trust and respect for the profession by the public. To provide service at a "professional level" requires maintaining one's competency by staying up to date with standards, skills, new legislation and evidence based practices. In doing so, upholding standards of the profession can protect the professional if complaints occur. Most legislation, regulations and standards are developed to protect the public and, as a result, the integrity of the profession. In turn, the conscientious professional is also protected, as often they will have honored their profession's ethical code and fulfilled their fiduciary duty.

Some of the qualities demonstrated by a professional are: maintaining skills through practice and continuing competency, membership in their association, getting involved with their association or regulatory body on a provincial or national level, mentoring, demonstrating best business practices and collaborating with other health care professionals.

In retrospect, as individuals representing a recognized professional occupation, are we behaving and presenting ourselves as professionals to the public?

*Editorial Submitted
by Allisyn Camche,
President*



Comments? Questions?

Contact:

Sarah Puetz, Communication Chair
Rm G20, 230 Ave. R South
Saskatoon, SK S7M 2Z1

Phone: (306) 931-6661

Fax: (306) 931-7333

Website: www.scpt.org

Email: contactus@scpt.org

Current SCPT Committees

Canadian Alliance Representative:

Lesley Stamatinos

Canadian Alliance Official Marks Committee:

Lesley Stamatinos

Canadian Alliance Continuing Competency Committee:

Melissa Walcer

Canadian Alliance Support Worker Group:

Barb Naviaux

Continuing Competency Committee:

Vacant - *Chair*

Ken Dornstauder

Karen Barber - *CPTe Rep*

Melissa Walcer

Leslie Beck

Allisyn Camche - *Ex Officio*

Cathy Watts - *Coordinator Staff*

Donna Fracchia - *Administrative Staff*

Communications Committee:

Sarah Puetz - *Chair*

Nancy Thompson

Stacey Lovo Grona

Nikkia Brown

Donna Fracchia - *Administrative Staff*

Discipline Committee:

Shane Kachur - *Council Liaison*

Carey Jones

Jacqueline Holzmann

Ian Orosz

John Moore - *Public Rep*

Beverley LeBruno

Daniel Lundell

Linda McConnell

Finance Committee:

Vanina Dal Bello-Haas - *Chair*

Donna Fracchia - *Administrative Staff*

Beverly Wilson

Tamara Greenbank

Legislation Committee:

Allisyn Camche - *Chair*

Richard Bourassa

Ian DeBack

Regan Coulter

Beverly Wilson

John Moore - *Public Rep*

Nominations Committee:

Lisa Evans - *Chair*

Allisyn Camche

Loretta Duerksen

Linda McConnell

Registration Committee:

Deborah Gunther-Hansen - *Chair*

Gail Tennant

Donna Fracchia - *Administrative Staff*

Professional Conduct Committee:

Shannon Sigfusson - *Chair*

June De Jong - *Public Rep*

Caroline Coghill

Sherri Wagenhoffer

Susan Bear

Andrea Schick

Julie Schick

Colleen Wiegers - *Public Rep*

Professional Standards of Practice Committee:

Rhonda Loeppky & Shane Kachur - *Co-Chair*

Ruby Noujok - *Public Rep*

Richard Bourassa

Darcie Sahar

Supervised Practice Hours Committee:

Melissa Walcer - *Chair*

Donna Fracchia - *Administrative Staff*

Tamara Greenbank

Doria Michalishen

Shane Kachur

Support Worker Committee:

Barb Naviaux - *Chair*

Heather Appleby

Ken Dornstauder

Elaine Wirtz

President's Report

The AGM marks the end of my first term as President. The year has not turned out to be as daunting as I had expected due to the high calibre of individuals that surrounded me, not only on council but from the physical therapy community in general. A special thank you to those of you whom over the year have provided me with advice, encouragement, guidance and moral support. You have succeeded in making me feel comfortable and confident in my ability to continue in this position for another term.

Special thanks from all of council to those that have served for the last two years and are moving on to other areas. Richard Bourassa's knowledge and experience was an asset. He is a man of few words, but the quality of his input was priceless. Jan Haffner did an incredible job with the Professional Standards Committee in conjunction with Brenda Dean (Chair). Upon her acceptance to be on council two years ago, she voiced concern as to her already full schedule. Her ability to juggle her work, home and council responsibilities did not go unnoticed and her presence at each meeting was appreciated.

Returning for another term are Barb Naviaux and Rhonda Loeppky. Their continued contributions will allow for an easier transition to a new council. New on council are Nancy Thompson from Biggar and Shane Kachur from Regina. Nancy convoked in 2005 from the U of S and also has a Bachelor of Science in Kinesiology. We appreciate her becoming involved with Council as a new graduate and look forward to the motivation and energy associated with beginning a new career. Shane is presently enrolled in the Master of Science (Kinesiology) program at the U of R. He has been practicing since 1996 and has 4 years experience with the healthcare system in the USA. He is also certified in Spinal Manipulative Therapy. His experience will be an asset to council.

I encourage all of you to read through this issue as there have been changes in the Position statements related to Support workers and also new direction regarding standards and the use of equipment and devices which are continually being placed on the market.

*Respectfully Submitted by
Allisyn Camche, President*

The Alliance Report

In my newly appointed role as the Alliance representative, I had the opportunity to attend the Annual Meeting in Winnipeg. I truly was the "new kid on the block" in this group of professional representatives, registrars, and affiliate agencies. This was a good time to assume the role as representative, as the Alliance is undergoing a new board structure including new policies and procedures. The new Board structure consists of two members from each licensing board; one the appointed College representative, and the other the Registrar. From the twenty member board, the four Executive members, president, vice present, treasurer and member at large were elected. These positions were filled by Paul Castonguay, Brenda Hudson, Jan Robinson, and Alison Baldwin.

A report on the Examination process for 2005 was provided by Alison Cooper. The written component was offered to 849 candidates at 13 sites. The clinical component was offered in June and November at a total of 8 sites with 680 candidates. The process continues to be updated and evaluated and in the 2005 year, it was found to have good inter-rater reliability between examiners. They have also developed a new appeals policy. Allison indicated that Saskatchewan has sufficient examiners for June 2006 exam, but are concerned about ongoing numbers being available for 2007 and 2008.

Tabasom Eftekari presented a report on the Evaluation (Credentialing) program. In 2005, 269 credentialing applications were received and 229

continued on next page

THE ALLIANCE REPORT ... from page 2

completed. 97 applicants were successfully credentialed; 132 were unsuccessful; and 114 eligible for the Prior Learning Assessment and remediation (PLAR) program, 11 pending additional information and 7 applications were rejected. About 3% of applicants are unable to be licensed. In Dec. 2005, Human Resources and Skill Development Canada (HRSDC) provided funding for a “snapshot” of the physiotherapy labour market in Canada with specific attention to internationally educated physiotherapists. The program will draw on data to identify, and where possible implement, targeted initiatives

to improve access to the physiotherapy profession for internationally educated physiotherapists.

The ACCPAC (Accreditation Council for Canadian Physiotherapy Academic Programs) reported that by the end of June 2005, all thirteen education programs had completed either a full or interim accreditation review. The group is currently undertaking a comprehensive review of its priorities as it embarks on strategic plan renewal and visioning for the role of ACCPAC for the future.

At the Information Technology presentation the newly developed

Website and database was shared with the group. The website will include a public area, a secure member area and will have the opportunity for individuals to register on line. There has been a “Frequently Asked Questions” area which includes over 130 questions related to Credentialing and Prior Learning Assessment and Remediation (PLAR). The plan is for the public area to go live on July 3 and can be accessed at www.alliancept.org.

*Respectfully submitted by
Lesley Stamatinos,
Alliance Representative*

Continuing Competency Report

At the SCPT AGM and during the Open Forum on April 29th, 2006, questions arose from SCPT registrants regarding the status of the proposed continuing competency program. The following are excerpts explaining the proposed program taken from the Winter 2004 Communique Continuing Competency Report by Peggy Proctor, Chair of the Continuing Competency Committee.

Since this article was written in 2004, the Continuing Competency Committee in the summer of 2005 conducted a pilot study of the continuing competency portfolio component of the program and investigated issues surrounding continuing competency and privacy concerns in the fall of 2005.

PRACTICE ENHANCEMENT: READY? SET...GO!

SCPT Council received and accepted the report of the Continuing Competency Committee on November 29, 2003. This article presents and highlights the recommendations from that report entitled: *“Launching a Continuing Competency Program for Physical Therapists in Saskatchewan.”*

Background

The SCPT Continuing Competency Committee was formed in June 2002, in response to environmental pressure in the regulatory environment (both within Canada and abroad) to protect the public

by attempting to ensure continued competency of health care providers. SCPT Council asked this new committee to evaluate the various tools available for the measurement of continued competence in physiotherapists, and recommend an assessment process for registered PTs in Saskatchewan.

Environmental Scan

Many continuing competency programs in existence are based on the assumption that most practitioners are competent, and that the program simply provides reporting and monitoring mechanisms to track those activities that are **assumed** to contribute to ongoing competence (ie. practice hours, continuing education credits, etc.).

Three standard mechanisms being utilized in the current environment pertaining to continuing competence of members include: the reporting of practice hours; completion of strategic learning plans; and jurisprudence education and examination.

These make up the three pillars of a suggested continuing competency program for Saskatchewan:

- Practice Hours
- Learning Portfolio
- Jurisprudence Education and Examination

Practice Hours

There is an underlying assumption in the regulatory environment that a

provider is more likely to remain competent while engaged in active practice of their profession. This “use it or lose it” philosophy implies that there is a certain minimal number of hours of practice required to remain competent at one’s profession.

The SCPT policy currently requires 1200 practice hours in the previous 5 year period in order for the member to maintain licensure.

Learning Portfolio (Practice Enhancement Activity Record (PEAR))

Best available evidence in adult learning literature forms the foundation of the ‘Learning Portfolio’ movement in the continuing competency programs of health care professions. The premise is that encouraging adults to reflect on their practice, identify gaps in their knowledge, and ask them to propose preferred strategies to re-mediate those gaps helps to enhance their practice. You then demand accountability in their practice by asking them to provide evidence that learning strategies to re-mediate the gaps were indeed carried out. The cycle then begins again, by asking them once again to reflect on their practice, identify further gaps in their knowledge, suggest strategies to re-mediate the gaps, etc.

The ‘Practice Enhancement Activity Record (PEAR)’ has been designed by

continued on next page

CONTINUING COMPETENCY REPORT ... from page 3

the Continuing Competency Committee as a prototype that we recommend for physiotherapists as the Learning Portfolio component of our program.

The PEAR kit would be made up of a folder or large envelope that would provide a place for members to store evidence of learning activities (course attendance confirmation, certificates obtained, journal club records, etc.), as well as a training needs diary – a diary to be used as a tool to reflect on learning issues arising in daily practice. The kit would also contain a PEAR summary sheet, which would be completed and submitted to the SCPT with license renewal application forms or when requested by SCPT. The summary sheet

would document both the learning needs of the registrant, as well as the activities planned to fulfill those needs.

The practice enhancement activity record prototype was piloted in May 2005.

Jurisprudence Education and Examination

According to Merriam-Webster dictionary, jurisprudence is “a system or body of law.”

The third pillar of a proposed SCPT continuing competence program involves encouraging members to read and understand the rules and regulations governing their profession in Saskatchewan. This would involve some sort of jurisprudence exam administered

to members on some sort of regular basis. The report offers a couple of options in this regard, one a paper and pencil version, a web-based electronic exam. Other suggestions have arisen since this original document was printed.

Conclusion

SCPT Council in 2004 accepted and endorsed the report of the Continuing Competency Committee. Work continues in finalizing what the program will look like.

*Respectfully submitted by
Lesley Stamatinos,
Alliance Representative*

Support Workers Committee Report

SIAST Physical Therapy Assistant Program

As SCPT representative on this committee I attended 2 meetings and 1 teleconference in 2005. Several issues were discussed but the main issue was the lack of OT/PT assistants’ employment opportunities for the graduates. Part of the problem appears to be economics i.e. lack of positions due to finances and the fact that the Health Regions would rather hire PTs and OTs if at all possible. It was also determined that the SAHO Joint Job Evaluation process has negatively impacted on the hiring of formally trained assistants from the SIAST program. Because of the small numbers of graduates getting jobs in their chosen area, the OTA/PTA course has been suspended as of fall 2006. Market trends will be monitored and when there are indications that there are jobs available for the trained OTA/PTAs, the program will be reinstated. The SAHO Job Description has also had a negative affect on the hiring of the SIAST OT/PT Assistants and the SIAST Program Head has sent letters of concern about the content. (See below.)

SCPT has also contacted SAHO about the Job Description, and I have expressed our concerns about several important errors/omissions in the new

job description. I have asked how SCPT could formally have a say on what is written in the job description, and how to go about initiating a dialogue to change it. I was told that only employers and employees can participate in discussions about the Job Description. Therefore, if you, as a registrant of SCPT, have concerns, then you, as an employee or employer, must express those concerns through the respective channels as laid out by SAHO.

SATA

There is a newly formed group called the Saskatchewan Association of Therapist Assistants. They had their first meeting June 2005 and there were 22 of the 35 paid members. At the program advisory meeting for the SIAST OTA/PTA Assistant program, a representative from SATA did express interest in working closely with SCPT.

SAHO Joint Job Evaluation

The Support Worker Committee has received many different concerns about issues surrounding Physical Therapist Support Workers. In this addition you will see the new Position Statement #3 that has been updated to address Physical Therapist Support Workers in Saskatchewan. One of the major concerns was that of supervision. The

Support Worker Committee has tried to address this issue in the new position statement by giving several different ways that these workers can be supervised. Whether the support worker is formally or non-formally trained, supervision should be based on: a) the competency of the individual physiotherapist support worker b) the type of facility or the type of service in which the individual is employed and c) the full time equivalency worked by the PT and the PTA. Please refer to the Position Statement #3, and if you have any questions, please forward them to the Support Worker Committee through the College.

Rationale for Support Worker Position Statements #3 and #4

Position statement #3 and #4 have been amalgamated into the revised position statement #3. There are several reasons to change and update the previous position statement about utilization of physiotherapy assistants. These are:

1. The Canadian Alliance of Physiotherapy regulators and the Canadian Physiotherapy Association has published: COMPETENCY PROFILE: Essential Competencies of Physiotherapy Support Workers in

continued on next page

SUPPORT WORKERS COMMITTEE REPORT ... from page 4

Canada. Because of this publication, the support worker committee decided to change the title of physiotherapist assistants to physiotherapist support workers to reflect the name used in the Competency Profile. In this profile they divide the support workers into two groups.

Group 1: Support workers are formally trained at a secondary level to prepare the graduates for physiotherapy practices in Canada by providing a “broadly ranging curriculum to match the variety of physiotherapy environments and client populations.” The students receive a diploma or certificate from these programs. (Refer to

page 4 of the Competency Profile for more details)

Group 2: Support workers are those who have been on the job trained to perform the specific duties needed in the clinical setting in which they work. Some will have some formal training but may not meet all the aspect of the criteria for the Group 1 support workers. (Refer to page 5 of the Competency Profile for more details on group 2 workers.)

2. We also merged the position statements 1 and 2 into one statement. This was done as all support workers, whether they are formally or non-formally trained, are responsible to the supervising physiotherapist and

need to be supervised by that therapist. It is the physical therapist’s responsibility to delegate to the physical therapist support worker, only the duties the physical therapist feels the support worker firstly, is properly trained to perform and secondly, is competent to perform. All responsibility for the treatment of the patient is ultimately the responsibility of the supervising physical therapist.

Please place the revised Position Statement #3 included in this newsletter mailing in your membership binder and remove Position Statement #4.

*Respectfully Submitted by
Barbara Naviaux, Support Worker
Committee Chair*

Supervised Practice Committee Report

The Survey Said...

The Supervised Practice Committee has continued to evaluate and re-evaluate the process put in place for ensuring that registrants with a restricted license are adequately supervised until they are granted full licensure. A survey was updated and sent out to 65 supervisors and registrants with 27 returned - 13 from Registrants and 14 from supervisors. As of May 05 there were 24 supervised registrants, 22 from the class of 2005, 1 foreign trained, and 1 out of province.

The Registrants responded that they were not hindered in the performance of their duties (13/13); they mostly found the supervision adequate (10/13); and the supervision was beneficial to their knowledge (8/13). Of the registrants only 2/13 felt it was difficult to achieve 20% direct supervision; 1/13 felt 50% supervision difficult and 1/13 felt evaluating every 3 months was difficult.

Of the 14 Supervisors who responded 7/14 felt achieving the 20% supervision was difficult and 6/14 found the 50% supervision difficult; and 4/14 found the clinical performance instrument difficult. Comments ranged from improved interpretation of hours of supervision; improved process to access information; and the challenges of

meeting the supervision requirements. In addition there were many comments about the performance tool. The committee has reviewed the responses but continues to feel that it is a standardized tool; and although students are evaluated using that tool throughout school, the expectation is not that they achieve “entry level” to pass the rotation. The committee feels that using the tool allows the supervisor a comprehensive, evidence based system that they are familiar with and that the standard of “entry level” continues to be a goal even when restricted registrants are working until they successfully complete the PCE. This will be communicated to the next group of registrants. The tool is under redevelopment and the next edition will have a category for “beyond entry level”. The committee’s intention is to access that tool when available and change the requirement to a “beyond entry level” standard.

What is happening in other jurisdictions

The Committee has decided to maintain the process established through last years update and continue to re-evaluate on an ongoing basis. We have learned that other licensing boards, who

did not implement a process for supervised practice for their restricted registrants, are now doing so when the registrant is unsuccessful in completing the PCE. The Committee reviewed several processes that were being put in place by other Licensing Boards, but felt our process built in adequate supervision to protect the public, and would continue until the registrant was successful.

Restricted License Issues

An additional issue that the Supervised Practice committee dealt with this year, was that when a registrant is unsuccessful in another jurisdiction, and applies for a restricted license in Saskatchewan, do they still get an additional 18 month period to pass? Our bylaws allow for 18 months; the Alliance allows 24 months. Council supported a motion that identifies they will be granted a restricted license for the “lesser amount of time” between the 18 months from the SCPT and the remaining time from the Alliance. For example, if an applicant has had a restricted license in another province for 18 months and applies for a restricted license with SCPT, the time the license is issued for would be 6 months as that is the time remaining from the Alliance-

continued on next page

Legislation Committee Report

Incorporation: Maintaining the Integrity of the Profession and Protecting the Public

Saskatchewan College of Physical Therapists were allowed the right to professionally incorporate in 2003 after requesting the SCPT lobby for this right with the government beginning in the 1980s. Physical therapists were granted the right to incorporate because we are a self regulated profession, which ensured the government that we would protect the safety of the public who receive physical therapy services from a professional corporation.

Physical therapists now have the same options as other self regulated professionals. Doctors, chiropractors and dentists can practice either as an individual practitioner or a professional corporation. Only professional corporations and individual practitioners registered with the College, can bill for “professional physical therapy services”. As such, individual registrants who are employees of a business corporation can be held accountable for “billings” sent out by the business corporation for the services provided by the individual registrants in the name of the business corporation. This may have legal and liability implications on the employee as a result of their employer’s actions.

On Jan. 6th, 2006 the College attended a meeting with Mr. Phil Flory, Director of Corporations with Sask Justice, his two legal colleagues and Mr. Dirk Silversides (the SCPT’s lawyer). The purpose of this meeting was to determine what options the college has to ensure its due diligence in protecting

the public by ensuring all physical therapy business corporations that bill for professional services in the name of the business, are registered as professional corporations with the College. As a result of that meeting, Sask. Justice encouraged the College to send a letter to Sask. Health as enforcing this bylaw would require a change to the Physical Therapist Act to once again include a scope of practice as opposed to it being in the bylaws.

To date the College has spent over \$5000 in the past two years attempting to get business owners that are billing for professional services in the name of the business, to comply with The Sask. Corporations Act.

The College would like to publicly thank the professional corporations now registered with the College. By registering as a professional corporation these businesses can be regulated by their governing body ensuring protection of the public. They are conducting themselves in a manner that is to merit the respect of the society for the profession, its members and their employees.

Alpha Physical Rehab. & Health Centre PC Inc.

Alta-Sask Resolution Rehab & Sports Physio Inc.

Anne-Marie Graham Physical Therapy Prof. Corporation
Battlefords Physiotherapy Prof. Corp.
Gilman Physical Therapy Associates P.C. Inc.

Humboldt Physical Therapy Clinic P.C. Inc.

Irwin Physiotherapy Professional Corporation

J. Flaman Physiotherapy Prof. Corp.
Ken Redl & Julie Palmer-Redl PP Prof. Corp.
Li Mah Physical Therapy P.C. Ltd.
LifeMark Saskatchewan Physiotherapy P.C. Corporation
Mackie Physiotherapy P.C. Inc.
Queen City Physiotherapy Prof. Corp.
Regina Sports & Physiotherapy Clinic Prof. Corp.
Richard Bourassa Physical Therapy Professional Corporation
Rybka & Zawislak Physiotherapy Professional Corporation
Smithwick’s Physiotherapy Prof. Corp.
Summit Physiotherapy & Fitness Prof. Corp.
Welsh Physical Therapy Professional Corporation
Weyburn Physical Therapy Services P.C. Inc.

The Limitations Act and Retention of Physiotherapy Records

The Limitations Act received Royal Assent on June 10th, 2004 and was proclaimed in force May 1st, 2005. Changes were made to clarify and modernize the law relating to limitations periods in Saskatchewan. If an individual wishes to sue for malpractice they have the basic limitation period of two years which runs from discovery of the cause of action up to a limitation period of 15 yrs. This will apply to all professionals.

How this affects you

The implication of this change is that medical records will need to be stored

continued on next page

SUPERVISED PRACTICE COMMITTEE REPORT ... from page 4

rather than the 18 months set out in the bylaw. If they had a restricted license for 12 months in another jurisdiction, they would be granted an additional 6 months as that is the lesser amount (the Alliance would allow them 12 months).

Committee Update

I have been happy to have served as the Supervised Practice Chair over the past 3 years. My committee has been

very supportive as we have dealt with some difficult and sometimes unpopular issues, and I would like to thank Melissa Walcer who is continuing on as upcoming Chair. Tamara Greenbank and Doria Michalishen will remain on the committee for the upcoming term.

*Respectfully submitted,
Submitted by Lesley Stamatinos,
Past Supervised Practice Chair*



Practice Standards Committee Report

The Professional Standards of Practice Committee has produced a position statement on “The Use of Instruments/Devices”. This was in response to a question that had been posed to SCPT in regards to a Physical Therapist’s use of an ultrasound bone sonometer as a screening tool for bone mass density (BMD) . It was felt that the family physician would be an integral team member should the screening test demonstrate positive findings. Therefore, investigation into this matter included correspondence with the College of Physicians and Surgeons of Saskatchewan.

Dr. D. Kendel, Registrar, College of Physicians and Surgeons of Saskatchewan, referring as well to the Advisory Committee on Medical Imaging, responded to our inquiry.

Dr. Kendel states in his response, “From a quality perspective, our committee believes:

- This is a medical test.
- The ultrasound bone sonometer is NOT a valid screening tool for BMD.
- The majority of family physicians cannot interpret or report test results.”

Dr. Kendel states that, The Canadian Guidelines for Diagnosis and Management of Osteoporosis issued by the Osteoporosis Society of Canada dictate that the “decision to measure bone mineral density should be based on age related risk, the presence of other risk factors for fracture and consultation

with the patient. BMD should be measured only if it will affect management decisions.”

Although the initial work was in regards to bone density testing equipment, the committee developed this statement to apply to any instrument or device that may be considered as part of physical therapy assessment and/or treatment. Evidence-based treatment requires our profession to demonstrate reliable, reproducible and accurate results, which is in the best interest of the public.

*Respectfully submitted by
Brenda Dean,
Past-Chair, Professional Standards of
Practice Committee*

Please note in addition to the statement printed in this newsletter, please place the new Position Statement #4 included in this newsletter mailing in your membership binder. As a reminder, ALL position statements can now be found on the SCPT website at www.scpt.org. You will need to enter the area using your userID “members” and the password scpt123.

POSITION STATEMENT

4. Use of Instruments/Devices

Preamble

Within the profession, technology is rapidly changing. The implementation of

technology and utilization of new equipment in practice is a professional decision. It is the responsibility of physical therapists to complete his/her own investigations regarding the efficacy, use of the equipment etc.

Position

The College is of the opinion that any instrument/device used to evaluate is within the scope of practice of Physical Therapists when:

- The results from the use of the instrument or equipment are reliable, reproducible and accurate (it is the responsibility of the therapist to review the evidence.)
- The physical therapist has successfully completed training to become familiar with technology and clinical application.
- Use is for evaluation as opposed to diagnosing non physical therapy diagnosis, with referral onto physician or other health professionals as appropriate.
- The public is informed of the limitations of the results and what steps will be taken following the test, and
- Compliance occurs with relevant legislation (i.e. the Physical Therapy Act and regulations, the Radiation Health and Safety Act, etc.)

*Respectfully submitted by Brenda Dean,
Professional Practice Standards Chair*

LEGISLATION COMMITTEE REPORT ... from page 6

longer in case of litigation. Physicians and Chiropractors are keeping records in storage for **15 years** after the file is closed. The Professional Conduct committee has indicated to date all complaints involving physical therapists have occurred within the first two years after the cause. Based on this information the College has recommended that Physical Therapy records be stored for a minimum of 10 years.

You Asked

A question arose at the AGM on the implications this may have on

malpractice insurance? Once you retire should a Therapist maintain there malpractice insurance? Are you covered if litigation occurs post retirement? Individual practitioners need to check with their insurer regarding their own coverage as all policies are different. This question has been directed to the Saskatchewan Physiotherapy Association for further research regarding CPA liability coverage.

*Respectfully Submitted by
Allisyn Camche, Legislation Chair*



Highlights of the AGM

The SCPT AGM occurred in Watrous on April 29, 2006. Some of the highlights of the Annual General Meeting reports included:

- The need for registrants to understand the distinct differences between advocacy and regulatory roles of the profession and to understand that often, what SCPT does in the best interest of protection of the public is also in the best interest of the profession.
- That you can't be considered a profession by government without having a self regulatory body
- SCPT has been asked to sit at the table when future discussions of Canadian Health Care are being discussed. As a result, the SCPT office has been very busy and is dealing with increasing workload as SCPT continues to be a "leader" in health care discussions with government rather than being a "follower".
- The Supervised Practice Committee has taken to heart your suggestions in the survey, and has begun to revise some of the documentation and forms accordingly.
- The Continuing Competency Committee has completed the pilot phase of the continuing competency portfolio.
- While SCPT has implemented many cost saving measures over the past years, research on issues and participation in future government initiatives and projects will require additional financial and human resources.
- Finally, a motion was raised from the floor regarding SCPT support of CPTE.

SCPT Council, over the past 24 months has been approached by CPTE to investigate possible avenues of financial support. The following motion was passed by the membership at the AGM, to direct council to continue with this investigation. The motion is:

- "Whereas SCPT will be requiring evidence of activities related to

continuing competency as a requirement for licensure, I move that Council investigate designation of a portion of the licensing fee toward continuing competency programming. Further that collaboration and financial support of CPTE be included in the investigation and that Council report back to registrants prior to implementation of this requirement."

While this motion is within Saskatchewan Physiotherapy Association's mandate which is "To advance the delivery of physiotherapy services by promoting excellent education, research and clinical practice," it is unclear whether financially supporting CPTE's operating costs is within SCPT's mandate of "Acting in the best interest of the public through public protection". Financial support of CPTE by SCPT may not be within SCPT's legal mandate. As a result of this motion, Council will continue to gather further information to ensure that this motion is within SCPT's mandate.

The following stakeholder groups are being contacted:

- Insurers and underwriters on implications of liability for SCPT

and its Board of Directors and risk management strategies.

- Regulatory boards from other professions regarding their role with continuing education programming in their profession.
- Consultants with expertise in this area.
- Auditors addressing concerns with public accountability if SCPT enters into a financial arrangement where there is no accountability to SCPT on how the money is spent.
- CPTE to provide information on its structure, partnerships, governance and if it has conducted any research into its competitors and rationale for why it may no longer be financially sustainable.
- Physiotherapy employers (such as SAHO) who pay for physical therapists' license fees as this would impact their budget;
- Saskatchewan Health whether this motion is outside the mandate of SCPT Legislation.
- Alliance member regulators.
- Legal counsel whether a financial arrangement of this nature would be considered as perceived as collusion by private for profit organizations offering similar continuing education courses.

Issues "On the Table"

And How They Affect SCPT and its Registrants

AGM Motion

Given that SCPT registrants have directed Council to further investigate the AGM motion beyond the extensive research and professional opinions already gathered by Council over the past two years and presented at the AGM, additional SCPT resources beyond those budgeted in the 2006 fiscal year WILL be required. SCPT will keep registrants informed of its activities on this issue. Please continue to read future articles in the Communique.

CPA Clinical Specialty Program

Canadian physical therapy regulators have approved the concept for the CPA clinical specialization program. Regulators

are now waiting for the specific criteria outlining certification/recertification, maintenance of competency etc. SCPT will be required to address legislation changes re: advertising, use of credentials, scope and the issues surrounding rostering. This will impact human resources and operating cost that in turn is passed on to our registrants.

Emergency Preparedness (Pandemic)

In a pandemic situation all individuals with any healthcare related training/experience will be called upon to assist with patient care. The government is looking at potential legislative changes that would give

continued on next page

Registrar's Report

Welcome our new members!

Protocol	First Name	Last Name	SCPT License No.	License Status	Work Company
Mr.	Myles	Dmyterko	1700	Restricted	Regina General Hospital
Ms.	Melanie	Funk	1687	Restricted	Victoria Hospital
Ms.	Erica	Poole	1702	Restricted	Bourassa & Associates
Mr.	Curtis	Gasmo	1701	Restricted	Bourassa & Associates
Ms.	Dawn	McLean	1699	Restricted	Regina General Hospital
Ms.	Melissa	Homstol	1698	Restricted	Victoria Hospital
Ms.	Michelle	Kadash	1697	Restricted	Erindale Physical Rehab
Ms.	Candice	Lee-Zens	1696	Restricted	CBI Physical Rehab Centre
Ms.	Erinn	Ferguson	1686	Restricted	Parkland Place
Ms.	Melissa	Nimmo	1685	Restricted	Daniels Kimber Physiotherapy
Mr.	Joey	Brassard	1684	Restricted	South Hill Physiotherapy Clinic
Ms.	Janelle	Slater	1683	Restricted	Regina General Hospital
Mr.	Darren	Lonsdale	1682	Practicing	Dynamic Physiotherapy Institute
Ms.	Rata	Hafezi	1681	Restricted	Parkridge Centre
Mr.	Michael	Saretsky	1087	Non Practicing	Shaikh Khalifa Medical Center
Ms.	Kimberley	German	1695	Restricted	STAR Rehab
Ms.	Jodi	Williams	1694	Restricted	Central Ave. Physiotherapy
Mrs.	Robin	Johnson	1693	Restricted	Saskatoon City Hospital
Ms.	Jennifer	Stephen	1692	Restricted	Bourassa & Assoc. Rehab Centre
Mr.	Peter	Kosheluk	1691	Restricted	Daniels Kimber Physiotherapy Clinic
Ms.	Lynne	Brochu	1690	Restricted	Moose Jaw Union Hospital
Ms.	Megan	Nargang	1689	Restricted	Scott Anderson & Assoc. Northgate PT
Ms.	Chelsey	Salloum	1688	Restricted	Summit Physiotherapy & Fitness
Mr.	Grant	Storzuk	1703	Restricted	Summit Physiotherapy & Fitness

ISSUES "ON THE TABLE" ... from page 8

government access to health care professional information for emergency purposes. SCPT may be responsible for rostering physical therapists who are not currently licensed (retired, students, etc.) to allow for immediate contact and mobilization implementing emergency plans. This will impact human resources and SCPT operating cost that in turn is passed on to our registrants.

Enhanced Interdisciplinary Collaboration in Primary Health Care (EICP)

Focus of this group is to create conditions for health care professionals to work together. Paper: *Primary HealthCare a Frame Work that fits*

March 7th, 2006.

Initiatives that are developing in response to this movement are:

- Integrated interdisciplinary education programs
- Review of liability insurance coverage and protection
- Continued enhancement of Electronic health care records

SCPT may be required to consider issues such as advertising, scope of practice/title and complaint investigations. This will impact human resources and operating cost that in turn is passed on to our registrants.

CIHI Project

Read on for more information!!

Updates on Issues from Around the Country

Physical Therapy Support Worker Update

"CPTBC has contracted out a research project to a consulting firm to develop a report outlining the rationale for creating, or not, a class of "non registrants" under Part 9-Delegation, Authorization and supervision of their Health Professions Act. Regulating this group of workers allows the College to assign use of title; set educational and training requirements for this group of workers; define the aspects of practice that can be delegated and gives authority to the College to establish quality assurance, inquiry and discipline provisions of the group of registrants." (Page 7 spring 2006 CPTBC Newsletter).

Health Human Resource on Workforce Planning

SCPT has submitted the name of Rhonda Loeppky for the steering committee. SCPT is working collaboratively with SALSA, and SSOT to send one delegate to represent the rehabilitation professions.

SCPT Website changes

In recent years the College has been taking a continuous review of how we do things to improve communications and maintain costs to our registrants.

SCPT would like to thank the six SCPT registrants in April, who notified the office when they could not find documents on the website. For some unknown reason (our website host is still investigating), certain areas of the SCPT website would mysteriously disappear and then reappear several minutes after exiting one section of the website. The office raised some serious questions to the website provider who has assured us the situation has been resolved so if you do run into problems, please call!

New additions

The most recent changes have occurred on our website. Anything that was in

continued on next page

Canadian Health Information Institute (CIHI)

Since July 2005, SCPT has been in a national workgroup with CIHI on the development of a national physiotherapy database. The SCPT is working hard to ensure that there is no duplication with the Saskatchewan government's provider directory initiative, that members personal information will continue to be private and that questions being asked of registrants can collect useful information for the profession as a whole. The minimum data set for this project has been circulated to vested stakeholders including the University of Saskatchewan and the Saskatchewan Physiotherapy Association.

We Need Your Input

In July 2006, CIHI will be asking SCPT for a firm commitment to the CIHI project.

At the March 11, 2006 Council meeting, Council decided that they would want further input from the registrants prior to making this decision. Some of the key issues that SCPT has been grappling with over the past year include:

- a) Legal implications: legal memorandum of understanding to comply with sending the information
- b) Ethical implications: role of regulatory body in data collection
- c) Staff time implications: extra staff time required for modifying existing database, changing existing forms, adding/deleting fields; maintaining data, transferring data; attending annual

CIHI meetings, reviewing documents for participation in the meetings

- d) IT implications: A programmer will need to be hired to develop an extraction program (est. cost is \$3000-\$5000)
- e) Public Relation implications: What are the consequences if SCPT does not participate?
- f) Hardware changes: the purchase of additional hardware may be needed.
- g) Software changes: web-based database technology is preferred (Estimated cost \$50,000-\$60,000).

The collection of such information is in the best interest of the public AND invaluable to the profession in this province for long term human resource planning. Some examples where the data could benefit the overall profession could be for lobbying the government for additional funding for physiotherapy student placements for clinical education, additional enrollments at the School of Physical Therapy, justification for additional physiotherapy job postings from Regional Health Authorities, etc. The most logical organization for collecting this data is the regulator.

How this will affect you—increasing license fees

The demand for additional health human resources planning information from government will increase exponentially as it is considered a priority by both the Federal and provincial governments. Irregardless of

whether SCPT participates in this CIHI project or not, SCPT will likely be experiencing **increasing operating costs** indirectly as a result of the demand for:

- a) the collection of physiotherapy data from government and vested stakeholder groups
- b) greater public accountability that requires SCPT to "track" information and processes
- c) greater risk management
- d) greater public accountability for fulfilling the SCPT mandate to protect the public through the implementation of quality assurance processes, cooperation with government initiatives (such as pandemic planning).
- e) Access to instant resources to address complex issues that require SCPT action.
- f) Instant access to information by SCPT registrants outside of regular office hours
- g) On-line registration by SCPT registrants

While the existing computer system database has been modified to accommodate the current demands, the existing software is reaching its limitations for how much more it can be expanded to in the future. Within the near future, more manual labour and the implementation of a web based database will be needed to meet the current demand. Of the 10 regulatory physiotherapy provinces in Canada, only Saskatchewan and Newfoundland have not adopted the web-based technology. SCPT has been actively pursuing partnerships and have been seeking funding from the Federal government. While a small amount of funding has been granted, the funding required for a web-based technology database exceeds the College's current five year plan budget.

This is your chance to get involved

Council is looking for registrants who would be willing to participate in a teleconference on August 1st where a decision will be made regarding this issue. **If you have an interest in this project, please contact the College for further information to participate by July 15th.**

UPDATES FROM AROUND THE COUNTRY ... from page 9

your registrant binder, in addition to the newsletter and annual reports, can now be found on the website.

What you need to do

In the future, announcements for changes to policies and position statements will be announced in the newsletter but may not be distributed through the newsletter. In order to keep your binder up-to-date, you will need to download the information from the

website or ask the College to mail you a hard copy of the new policy or position statement.

These steps have been initiated as a cost cutting measure and due to lack of demand by registrants for this type of information. To access the website, it is www.scpt.org. To access the members section, type in "members" and "scpt123".

Submitted by D. Fracchia, Executive Director/Registrar

You Asked Us!

Why have the bylaws and Physical Therapist Act been moved from the public website to the registrant's area of the website?

The bylaws were moved from the public to the member access site for the following reasons:

- a) The public access site should be at a grade 5 reading level as it is designed for public view and should not include information that could be misinterpreted or not understood by a layperson. When we had the Act and bylaws on the public site, they were being misinterpreted by a few lay people as they did not understand what they were reading.
- b) The Act and bylaws that were on the public website in the past had a direct link to the Saskatchewan Gazette 2001 bylaws and 1998 Act. Given that many changes to the bylaws occurred in 2002-2005, the

linkages did not reflect the most current revisions. Furthermore, to place the consolidated bylaws on the website, would have taken valuable webspace, restricting the ability to add other information that we can place on the website.

- c) Changes to the members, councilors and governance sections can be done internally by SCPT office staff while changes to the public site require the skills of an IT programmer. As a result, the bylaws and Act was removed from the public site and placed onto the members' site to achieve cost savings and efficiencies in getting new information to registrants in a timely manner.
- d) The PT Act and bylaws are public

documents and are available for viewing through the Saskatchewan Gazette.

- e) The PT Act and bylaws in the members' area is a consolidated version. As SCPT has made changes over the last three years, this is an easier version for the registrants to read. Its intended use is for the registrants and it is not an official version of the bylaws or Act. While SCPT strives to keep the bylaws as accurate as possible, they cannot be guaranteed as 100% accurate.
- e) There have only been less than 5 requests for the bylaws and Act over the past two years. They have come from lawyers or physiotherapy students, SCPT registrants or Sask Health.

Why doesn't SCPT institute flexible pro-rating of fees to allow for short-term licensure for locums, quarterly licenses?

It is important to remember that practitioners register with the College for the privilege of use of title. While the College records employment information for the public register and other purposes, in general terms it is not registering individuals related to practice setting and amount of time worked. Sometimes it is easier to think of it as a car license—you pay for the “right” to drive any time. If you choose to only drive on weekends,

that is an individual decision not related to the right unless, of course, listed restrictions have been put in place (which is similar as well to College provisions).

It is important to realize that the current SCPT license is already pro-rated, with fees being half price when new applicants register for the second half of the year and SCPT does offer a lesser rate for “temporary licensure” registrants. Pro-rating is not available for renewals, nor

for those who practice in multiple provinces as the individual is receiving the “benefit” of use of the title for the whole year. Health legislation falls under provincial jurisdictions and as such, each province functions under unique legislation. As a result, it is important that those who practice in multiple provinces adhere to the regulations established in that province for members of the public in that province.

CANADIAN ALLIANCE OF PHYSIOTHERAPY REGULATORS CHIEF EXECUTIVE OFFICER TERM POSITION

The Canadian Alliance of Physiotherapy Regulators (The Alliance) is seeking candidates for the position of Chief Executive Officer for an 18 month renewable contract.

Incorporated in 1992, The Alliance is a federation of provincial physiotherapy regulators serving the public interest. Members work together to establish national consistency of physiotherapy regulations and standards of practice. Services include administration of the national entry to practice examination, credentialing programs and member services. The Alliance offices are located in Toronto, Ontario.

The successful candidate will possess senior organization management experience, preferably developed in health care, education, government or the non-profit sector; experience in

leading a governance based organization and a Master's degree or comparable level of advanced education and experience. Education in physiotherapy, knowledge of the profession's trends and issues, and awareness of the regulatory environment are highly preferred. Fluency in English and French are an asset.

Qualified applicants are invited to e-mail a résumé and a letter of application in electronic format to:

Mr. Paul Castonguay, President
The Canadian Alliance of Physiotherapy Regulators
1243 Islington Avenue, Suite 501
Toronto, Ontario, M8X 1Y9
Email: pcastonguay@alliancept.org

Applications must be received in the Alliance office by: June 30, 2006 at 4:00 pm (Eastern)



Change of Address, Name or Workplace

It is your responsibility to notify the College of these changes.

Please indicate changes below:

Name _____

Address _____

City _____ Prov./State _____ Country _____ Postal/Zip Code _____

Home Phone _____ Work Phone _____ Fax _____

E-mail Address _____ Place of Employment _____

New Work Address _____

Effective Change of Date _____ / _____ / _____

It's Easy...Contact us by mail, email (contactus@scpt.org) or fax (306) 931-7333