President’s Message

The period since our fall Momentum, as usual, has been a busy one. The 2017/2018 Incorporation renewals were completed in December and the 2018 practice license renewal period has been moving forward using our new in1touch database. As with any new technology, there have been a few glitches, but overall the process has been a smooth one. Tammy and Lynn have been doing an amazing job overseeing and executing this process and working with members to ease the transition to the new system. Please remember that the renewal period does end February 28 and late fees will be applied as of March 1; all practicing members must have renewed their licenses by the end of March to avoid license suspension.

I am sincerely looking forward to speaking and interacting with the membership at our 2018 AGM at the Travelodge in Regina on April 28th. There is further information regarding the AGM and the nominations forms for upcoming Council positions as well as for President Elect included in this issue. Please take time to review the nominations processes and information and consider putting your name forward for a Council and/or committee position. If you have any questions regarding the nominations process or the commitment required, please contact president@scpt.org, edr@scpt.org or Tasha Descottes (Communications Committee Chair) communications@scpt.org. Please also keep an eye on your inbox as the Annual Report, Regulatory and Administrative Bylaw changes for membership approval will be distributed via email and posted to the website later in March. If you are planning to attend AGM in Regina and need accommodations, please book your rooms prior to mid-March to ensure room availability.

At the January council meeting, the SCPT council approved a Student Representative Role on council; council will welcome two U of S School of Rehabilitation Medicine PT students as per the role description that was agreed upon with the school’s input. There will be a position available for both a 1st year student and a 2nd year student. We look forward to having a new perspective on council and helping to increase the student’s knowledge of self-regulation and its’ importance in our profession.

Please enjoy this issue of Momentum, thank you to the communications committee for their work in putting this together. As always, feel free to provide feedback or questions to myself anytime at president@scpt.org.

Respectfully submitted, Brandy Green
Saskatchewan Physiotherapy Association: Advocating for Access to Physiotherapy among Low Income Residents

Many low-income residents in Saskatchewan have limited access to physiotherapy services based on their inability to pay. A large proportion of Saskatchewan residents are not able to access the services of physiotherapists outside of publically funded sources. Hospital inpatient and outpatient physiotherapy services are included in the Canada Health Act; however, many public health programs are reducing budgets causing reduced or closed services. Based on an access survey conducted by SPA, many of the publicly-funded physiotherapy clinics that see outpatients, limit services to post-surgical and post fracture conditions and do not currently offer services for chronic disease management. Improved access to community-based physiotherapy through policies which enable low-income, but potentially high need residents, will result in reduced disability, increased levels of physical function, decreased demand for supported living and increased employment rates (http://saskphysio.org/physiotherapy/valuing-physiotherapy).

Many people who experience poverty face barriers to preparing for work and maintaining employment including health issues and disabilities arising from neurological, musculoskeletal, and respiratory conditions (CPA Value of PT). In June 2015, a Citizen Consultation Team released the report People Before Systems: Transforming the Experience of Disability, Saskatchewan’s Disability Strategy (https://www.saskatchewan.ca/residents/family-and-social-support/people-with-disabilities/saskatchewan-disability-strategy). One of the recommendations included in the report was to improve access to the supports that people experiencing disability need to live in their community. In order to achieve this recommendation, an action item identified in the report was to begin by addressing areas already shown to have significant gaps, including physical therapy.

Physiotherapists have much to offer Primary Health Care (PHC) inter-professional team models within community-based settings. The inclusion of physiotherapists in these settings would contribute to enhanced and more equitable access to more appropriate care for a variety health conditions which would result in reduced disability, increased physical function, decreased demand for supported living, and increased employment rates (CPA Value of PT ).

Currently the public health care system is implementing a new Connected Care strategy that has the potential to leverage the value that physiotherapists can offer through inclusion on the multidisciplinary teams. With the amalgamation of several health regions into one provincial health authority, we anticipate significant changes and opportunities to advocate for improving access to physiotherapy. The network of private physiotherapy clinics throughout Saskatchewan is growing and provides an opportunity for people to receive physiotherapy without travelling, which is a barrier for low income residents. Based on the changes within the public health system and the expanded network of private clinics, the timing is right for the physiotherapy community to advocate for increased access to physiotherapy services.

Jonathon Kruger, General Manager at the Australian and NZ college of Anesthetists, provided an explanation of advocacy at the Physiotherapy World Congress (www.wcpt.org/node/120010 ) as “a planned process for influencing people, to achieve a specific outcome – most obviously, the process of getting decision-makers to make a policy or practice change. But advocacy might also be about changing individuals’ knowledge, attitudes and behaviours.”
recommendations to physiotherapists

Mr. C, Minister of Health, and Minister of Social Services.

Last year, the SPA met with Mr. Lorne Calvert (former Premier of Saskatchewan, Minister of Health, and Minister of Social Services). Mr. Calvert provided his top 10 recommendations to physiotherapists

1. Addition of physiotherapists on publically funded primary health care teams
2. Funding for people on social assistance to access community-based private physiotherapy services

These are significant changes to health care policies and funding that require the physiotherapy community to work together in order to facilitate change. In addition to the advocacy initiatives that the SPA has been engaged in targeting decision makers and funders at a provincial level, there is much that individual members and physiotherapists can do to help advocate for change.

Last year, the SPA met with Mr. Lorne Calvert (former Premier of Saskatchewan, Minister of Health, and Minister of Social Services). Mr. Calvert provided his top 10 recommendations to physiotherapists (both individually and collectively) on influencing government:

1. Approach the Whole Legislature / Every MLA is a Friend
2. Join a Political Party
3. Make the Information Fit
4. Honesty is the Best Policy
5. Offer Hospitality
6. Offer the Human Face of What you do (i.e. patients and citizens telling their story/sharing experiences)
7. Engage the Public
8. Make Friends with the Media
9. Organize, organize, organize
10. Passion above Polish

As a member of the physiotherapy community, we encourage you to take action to advocate for physiotherapy access. The CPA has many advocacy tools available. Consider meeting with your local MLA (http://www.legassembly.sk.ca/mlas/) to provide an easy to understand explanation of the value our profession can offer people experiencing poverty.

The SPA has numerous resources that can be provided for physiotherapists to share with health stakeholders and government decision makers. Contact the Saskatchewan Physiotherapy Association (http://saskphysio.org/contact-spa) to discuss your advocacy plans and the association can assist with discussing approaches, examples from other provinces, key communication messages and providing support materials and references. Share your advocacy plans and actions with the SPA leaders and your fellow physiotherapy colleagues. Share or like SPA’s advocacy messages on social media (https://www.facebook.com/saskphysio/) if you are in agreement. Organizing and coordinating our efforts will allow for a more effective approach.

Emma Stokes, associate professor in physiotherapy and a fellow of Trinity College, Ireland stated that, “Advocacy is a key issue for physical therapists around the world. The better we do it, the better we serve the communities who need us” (www.wcpt.org/node/120010). Let’s serve the Saskatchewan public by advocating for physiotherapy access for those who need it most.

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SCPT AGM 2018

Date: April 28, 2018
Location: Travelodge Hotel and Conference Centre Regina
4177 Albert Street South, Regina

Important Information for the Membership:

Membership Motions:
- In order to provide an opportunity for general membership input into SCPT processes, Council will continue the process for Membership Motions from the Floor for this year’s AGM. Pre-submission will allow time for Council to consider any motions brought forward and ask for further information and feedback as required. It will also allow for pre-circulation of the motion and other information along with the AGM agenda and annual report to SCPT members.
- Motions from the Floor will be accepted from a current SCPT member who must follow a pre-submission process with a deadline of April 1, 2018. Please refer to the Motions from the Floor Process Document below, as well as the IFD for submission document that must be completed for all submissions.

If you have any questions or concerns, please contact president@scpt.org

Motions from the Floor IFD (https://scpt.in1touch.org/document/3603/Motion_from_the_floor_2017_IFD.pdf)
Our Advertising Bylaws (Section 27 of Regulatory Bylaws) as passed at AGM 2015:

1. No member shall offer to guarantee a cure either verbally or in writing or by advertising or otherwise.
2. No member shall engage in any advertising, promotion, or other marketing activities that: (a) is inaccurate or capable of misleading the public either directly or indirectly through any medium or agent (b) misrepresents facts; (c) compares either directly, indirectly or by innuendo, the member’s services or ability with that of any other practitioner or clinic, or promises or offers more effective service or better results than those available elsewhere; (d) depreciates another member or clinic as to service, ability or fees; (e) creates an unjustified expectation about the results the member can achieve; (f) is made under any false or misleading guise, or takes advantage, either physically, emotionally, or financially of any client, or uses coercion, duress, or harassment; (g) is incompatible with the best interests of the public or members, or tends to harm the standing of the physical therapy profession generally; (h) contains any testimonial or discloses the names of clients; or (i) promotes a specific brand of drug, device, or equipment.

Why does SCPT need advertising bylaws? All licensing bodies regulate advertising in order to uphold the principles of professionalism and protect the public. Our SCPT has been complimented by Government officials for how our advertising bylaws are written. At the heart of this discussion, is a relationship of trust between the profession of Physical Therapy and society. We have special training, an expectation of competence and a code of ethics. Our patients then expect standards of excellence in return for the privileges granted by licensure. Maintaining high professional standards means that SCPT members must protect our respected stature and our reputation for excellence.

If misleading or false advertising occurs in an unregulated environment, trust in our profession can be eroded. Also, we can all relate to the concept of “crass” or “cheesy”, which we do not want our profession to be portrayed as, therefore creating the need for standards.

Professional bodies have a responsibility to create and enforce regulations which allow legitimate business practices of their members. Conversely, ensuring professionalism and preventing misleading or false advertising from occurring outweighs the commercial interests of its members. In other words, the public should be able to be confident that those that hold an SCPT license will do what is in the patient’s best interest over their own financial interest. It should not be a buyer beware scenario.

Why can’t I use comparative statements in advertising? It is clear that consumers have a variety of choices and competition is part of our profession. However, comparative statements, especially derogatory ones, or superlatives are neither fair nor transparent, as they cannot be verified. Many patients do not have the ability to evaluate competing claims as to the quality of care that will be received, or are in a vulnerable situation. Advertising must be truthful so as to not lead patients into situations they don’t expect, or creates unjustified expectations or promises for cures. Unproven claims are not acceptable.

What about advertising statements from patients in order to help them choose my clinic? There is nothing limiting patients from saying what they wish; however they are not entitled to have their view placed as advertisement – this is considered a testimonial. Testimonials are not proven concepts and can be misleading. Testimonials have been proven to be influential and can even bias decision making. (1)

When testimonials are used as a sales tool, they focus on the positive aspects of a clinic without the balance of suboptimal ones, and therefore are incomplete and possibly misleading. When balanced, however, they can be used for prudent decision making.

Also, when a professional uses testimonials as part of advertising, the public may assume that they are endorsing its content, which may give it more credibility than is deserved.

If a clinic has a Facebook page, patients should not be allowed to post comments that are accessible to the public as those could be considered to be testimonials.

Privacy concerns must be heeded With instantaneous communication readily available on many platforms, the potential for violations in privacy is enormous. Names of patients should not be present in advertising, no matter what media, as that would contravene the Health Information Privacy Act (HIPA). Sometimes nicknames or initials,
or circumstances of treatment can also identify a patient.

Conversely, while patients are entitled to post information on their own Facebook page, or Twitter account, this cannot be linked to a website that is accessible to the public for privacy reasons.

**Using Awards in Advertising**

There are various consumer, product and business awards on the Canadian landscape. The legitimacy of using awards in marketing has been called in to question both provincially and nationally.

The use of awards may not be in compliance with advertising bylaws because they may be considered to be comparative in nature, or be akin to testimonials.

Also, depending on the legitimacy of the award, there may be misrepresentation of facts. What process allows the naming award of winners? Is it true 3rd party corroboration?

It is best to carefully consider and research awards prior to participation and it may be advisable to avoid this form of marketing altogether.

**Why would SCPT regulate promotion of a brand?**

There is potential for an exclusive relationship whereby a clinic or PT profis from endorsement of one brand over another. This may compromise choice by the patient and may not be in the best interest of the patient. Legal claims against the pharmaceutical industry have been an example of this.

Mentioning a brand of equipment that is used in a clinic is not the same as promoting it. Also, acknowledging that a company (who sells Physiotherapy related items) has sponsored a course is not considered promotion, for example. Conversely, can a product website promote a clinic? SCPT does not control non-members.

However, if an exclusive relationship has been established in order to purposely circumvent SCPT advertising bylaws, the legitimacy of this form of advertising could be in question.

**Enforcement of bylaws occurs through our complaints process**

The SCPT, or the Professional Conduct Committee does not actively patrol for violations of bylaws; it responds to complaints sent to the SCPT office. However, in the course of an unrelated investigation, the PCC may come across an infringement which requires a duty to take action. More so, as part of the privilege of self-regulation, as well as the stipulations in our code of ethics, there is a responsibility of its members to help with enforcement of its bylaws.

**Advertising is legitimate and necessary**

Having choice and making informed decisions in choosing Physical Therapy services is a relatively important one. The scope of our advertising bylaws does allow reasonable opportunity to make services known. Advertising increases profits, but it also aids in consumer choice, which is positive for our patients. When advertising is done properly it maintains our reputation and professional integrity.


**Written as collaboration with Council members, Legislation committee and PCC committee**

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**Alliance Looking for Examiners**

The CAPR is currently looking for examiners for our Saskatoon site for the June and November clinical exams.

If you know anyone that would be interested or would be a good candidate for becoming an examiner for this site, please let us know.

Any interested candidates are encouraged to visit the website to review the Become an Examiner page and application form.

The Become an Examiner page can be found here: [http://www.alliancept.org/get-involved/become-an-examiner/](http://www.alliancept.org/get-involved/become-an-examiner/)

Now that the SCPT has a new records management system, the process for auditing the requirements for registration including criminal record checks, practice hour declarations, and professional liability insurance will be changing. The membership will be audited randomly each year (10% of the membership each year) asking for proof of declarations made at registration/renewal. Members selected for the criminal record check audit, will be asked to produce a valid criminal record check.

Those members selected for practice hour audits will be asked to submit proof of their practice hours to the Executive Director. The membership is required to maintain logs to verify their unpaid volunteer hours; paid work hours and unpaid education hours. The SCPT has designed logs for each of the categories that will be available on the website.

In the future members will be required to upload proof of their professional liability insurance upon renewal each year prior to being able to renew their license.

SCPT Council Nominations Information

The SCPT has begun its nomination process for the upcoming 2018-2019 year. The position of President Elect and Council Member are available for the upcoming year. Nominators are asked to submit a written statement describing what qualifies the nominee for this position and can be faxed (306-931-7333) or emailed (edr@scpt.org) by March 23, 2018.

http://scpt.in1touch.org/uploaded/web/website/nomination%20form%202018.pdf
Recruiting for Appeals Resource Group

The Canadian Alliance of Physiotherapy Regulators (CAPR) is looking for physiotherapists to participate in their Appeals Resource Group. CAPR is specifically looking for physiotherapists with regulatory experience or knowledge. For further information—please access their website. A Statement of Interest form is available online. Please direct any questions/correspondence or applications to Heather Campbell at heather.campbell@alliancept.org


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