The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The central area is white, providing a clean space for the text.

# The Hows and Whys of Licensure Requirements in Saskatchewan

# Applicable Legislation and Regulations

- ▶ The Saskatchewan College of Physical Therapists (SCPT) is Legislated to provide physical therapy licensure in Saskatchewan through the Physical Therapists Act, 1998 (The Act). The Act outlines the legislative authority delegated to the College by the Minister of Health and defines procedural requirements of bylaw setting, professional conduct investigations and disciplinary committee actions.
- ▶ SCPT Regulatory Bylaws - The Act provides authority for the SCPT to set Regulatory Bylaws that govern membership, licensure and practice of physical therapy in the province. Any amendments to these bylaws must be voted on by membership and approved by the Minister of Health prior to being enacted.

# Applicable Legislation and Regulations

- ▶ SCPT must comply with The Act and The Regulatory Bylaws when assessing applications for licensure, as these are laws similar to all other laws, and therefore it is illegal if SCPT does not comply.
- ▶ These regulations apply to ALL physical therapists who wish to practice in Saskatchewan, regardless of where they have received their physical therapy education.
- ▶ Physical Therapy is regulated provincially in Canada, so should you be interested in working in another Canadian jurisdiction, you would need to contact the College in that jurisdiction for information regarding licensure requirements.

# The Physical Therapists Act, 1998

## ▶ Registration

- ▶ 19(1) The council may register as a member, and issue a licence to, a person who produces evidence establishing to the satisfaction of the council that the person:
  - ▶ (a) has paid the prescribed fees;
  - ▶ (b) has complied with the bylaws with respect to registration as a member;
  - ▶ (c) has successfully completed a physical therapy education program that is recognized by the council; **and**
  - ▶ (d) successfully passed the examinations prescribed or recognized by the council pursuant to the bylaws.
- ▶ (1.1) Notwithstanding subsection (1), the council may register as a member, and issue a licence to, a person who produces evidence establishing to the satisfaction of the council that the person:
  - ▶ (a) has paid the prescribed fees;
  - ▶ (b) has complied with the bylaws with respect to registration as a member; and
  - ▶ (c) is registered as the equivalent of a physical therapist in good standing pursuant to the legislation of another jurisdiction in Canada.
- ▶ (2) The council may register as a member, and issue a **restricted licence** to, a person who:
  - ▶ (a) does not fully meet the requirements of clause (1)(c) or (d);
  - ▶ (b) agrees to practise in accordance with the conditions or restrictions specified on the restricted licence;
  - ▶ (c) has paid the prescribed fees; and
  - ▶ (d) has complied with the bylaws with respect to registration as a member.

# Regulatory Bylaws

## ▶ Definitions:

- ▶ (c) “recognized competency examination” means the physical therapy competency examination administered by the Canadian Alliance of Physiotherapy Regulators or an examination that is recognized by the council as equivalent of that examination;

## ▶ Membership and Licensee Categories

### ▶ Practising membership

- ▶ 4(1) Practising membership is available to an individual **who meets the requirements of subsection 19(1) or (1.1) of the Act** and submits a completed application in the form provided by the college.
- ▶ (2) Where an applicant for membership meets the requirements of subsection 19(1) of the Act and is registered as a physical therapist in another country, the applicant must demonstrate that he or she is a member in good standing and is fluent in English.

# Regulatory Bylaws Cont'd

- ▶ Once a member has been approved for membership according to section 4 of the Regulatory Bylaws, then:
- ▶ Full practising licence
  - ▶ 13(1)A practising member who submits a completed application in the form provided by the college is eligible to obtain a full practising licence, if the member:
    - ▶ (a) has completed 1200 practice hours of physical therapy practice anywhere in the world within the five-year period immediately preceding the date of the licence application;
    - ▶ (b) has successfully completed a recognized educational program within the four-year period immediately preceding the date of the licence application; or
    - ▶ (c) has successfully completed a recognized competency examination within the four-year period immediately preceding the date of the licence application.

# Regulatory Bylaws Cont'd

- ▶ Restricted practising membership
  - ▶ 5(1) Restricted practising membership in the college is available to an individual who:
    - ▶ (a) meets the requirements of clauses 19(1)(a), (b), and (c) of the Act;
    - ▶ (b) has successfully completed the written component of a recognized competency examination;  
and
    - ▶ (c) submits a completed application in the form provided by the college
- ▶ If a member meets the requirements for membership, then they can apply for a Restricted Practising License

# Regulatory Bylaws Cont'd

- ▶ Restricted practising licence
- ▶ 14(1) A restricted practising member who submits a completed application in the form provided by the college is eligible to obtain a restricted practicing license
- ▶ (2) A restricted practising licence is valid for a maximum of 24 months, during which time the member must successfully complete the oral/practical component of a recognized competency examination and obtain a full practising licence.
- ▶ (3) A member who holds a restricted practising licence may only practise:
  - ▶ (a) under the direction of a member with a full practising licence who is approved by the council;
  - ▶ (b) in a physical therapy facility or facilities approved by the council; and
  - ▶ (c) in accordance with a supervision agreement and a supervision plan approved by council, which plan is developed for the member by the member's supervisor and includes provisions for monitoring the member's practice, for personal intervention, and for any other matters that the member's supervisor or council considers necessary.

# Impact of Delay of PCE

- ▶ Due to the delay of the PCE Clinical Component, there has been concerns raised Nationally by exam candidates
- ▶ Many of these candidates have suggested that the Physical Therapy Regulators across Canada consider other means of competency assessment
- ▶ However, given that SCPT can only provide licensure for Physical Therapy practice as outlined in The Act and the Regulatory Bylaws, the following would need to happen to allow us to consider other paths of competency assessment:
  - ▶ Resolution by Council to approve an alternate Competency Assessment - deemed equivalent to the PCE process
  - ▶ Amendments to the Regulatory Bylaws to allow for this alternate option to be implemented for licensure
  - ▶ Discussion with the other PT Regulators across Canada, as due to the Canadian Free Trade Agreement all jurisdictions must license an individual who has been previously licensed in another jurisdiction - hence the importance of National Standards of licensure

# Changing of Licensure Requirements

- ▶ If the SCPT wanted to change the requirements for licensure they would need a resolution by Council to change the “recognized competency examination”
- ▶ As stated in the definitions of the Regulatory Bylaws - any exam that the Council approved would have to be deemed equivalent to the Canadian Alliance of Physiotherapy Regulators’ PCE process. Given that the PCE has a clinical component, in order to ensure equivalency, any “new” exam process would also have to have a clinical component of some sort.
- ▶ We have discussed the potential for an alternative exam option with the Ministry of Health and they have stated that they always prefer Colleges to comply with National Standards - which would be the PCE - so SCPT would need to provide good reasoning to venture away from a National Standard.

# Changing of Licensure Requirements

- ▶ The competency assessment would need to be unbiased and thus provided through a third party evaluation system. The assessment would also need to be equitable/fair and accessible to both Canadian educated applicants and internationally educated applicants.
- ▶ Thorough consideration and consultation with stakeholders would need to be undertaken to ensure that our licensure requirements were not prohibitive to compliance of other Canadian jurisdictions with the Canadian Free Trade Agreement

# Changing of Licensure Requirements

- ▶ Should SCPT be able to develop an alternative competency assessment that met the outlined requirements, SCPT would also need Regulatory Bylaw amendments in order to change the licensure requirements, as currently our Regulatory Bylaws include “Restricted Membership” and “Restricted License” categories as outlined earlier - these sections limit our ability to provide full licensure to anyone who has not completed the requirements laid out in section 19(1) of The Act and state that anyone who has only completed the written component of the competency assessment must be licensed under the Restricted category.

# To change the bylaws (as outlined in The Act):

- ▶ 13(1) The council, with the approval of not less than two-thirds of the members of the council, may make bylaws for any purpose set out in section 14.
- ▶ (2) A bylaw made by the council pursuant to subsection (1) has effect only until the next annual or special meeting of the college and, unless confirmed or varied by the members in accordance with subsection (3), ceases to have any effect after that time.
- ▶ (3) With the approval of a two-thirds majority of those members who vote at an annual or special meeting, the college may:
  - ▶ (a) make bylaws for any purpose set out in section 14; and
  - ▶ (b) confirm, vary or revoke any bylaw made by the council pursuant to subsection (1).
- ▶ (8) No **regulatory bylaw made by the council or the college** comes into force until it is:
  - ▶ (a) approved by the minister pursuant to section 15; and
  - ▶ (b) published in the Gazette.

# The Act Cont'd

- ▶ (2) Subject to this Act, regulatory bylaws may be made pursuant to section 13 for the following purposes:
  - ▶ (a) prescribing the qualifications, standards and tests of competency for:
    - ▶ (i) the registration of persons or any category of persons as members;
    - ▶ (ii) the issuing of licences;
  - ▶ (b) prescribing:
    - ▶ (i) the procedures governing registration of persons or any category of persons as members;
    - ▶ (ii) the procedures governing the issuing of licences;
    - ▶ (iii) the terms and conditions of licences;
  - ▶ (c) setting standards of professional conduct, competency and proficiency of members;
  - ▶ (g) establishing categories of membership in the college and prescribing the rights and privileges of each category;

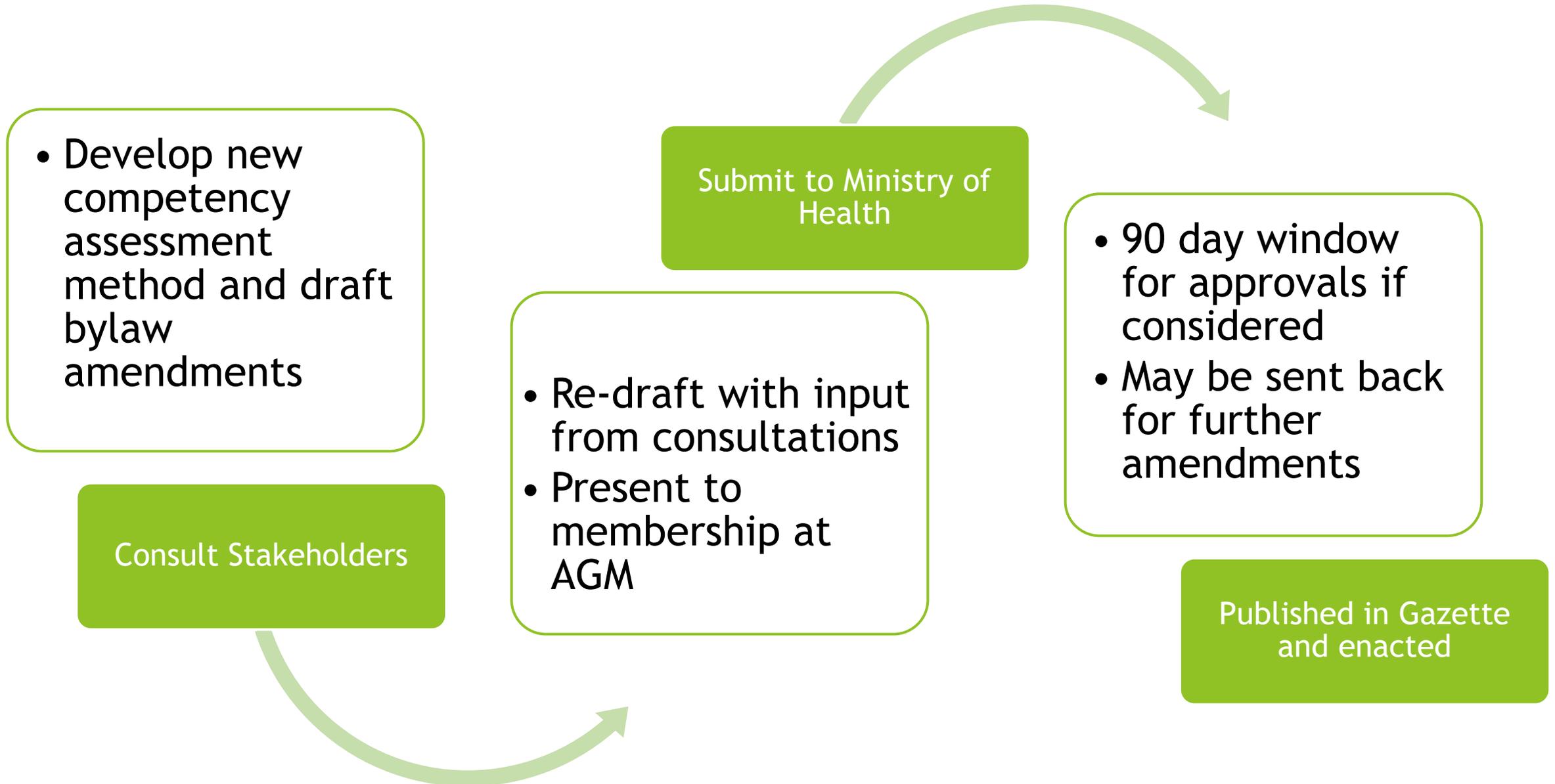
# Changing Bylaws

- ▶ So, in order to change the Regulatory Bylaws, SCPT would need to:
  - ▶ Develop “new”, unbiased competency assessment path/procedure
  - ▶ Draft the proposed amendments to the bylaws
  - ▶ Circulate to membership and to stakeholders (including other healthcare regulators in Saskatchewan as well as other PT regulators in Canada) for consultation and feedback
  - ▶ Present proposed amendments to membership at an AGM and have them vote in favor of the amendments
  - ▶ Submit the bylaw amendments to the Ministry of Health for Ministry approval
    - ▶ in order to gain Ministry approval we would need to provide sufficient evidence to support necessity of the change as well as evidence to support the new process for competency assessment being “equivalent” to the national standard of the PCE
    - ▶ We would also need to submit the consultation documents, indicating the opinions of the other Regulators

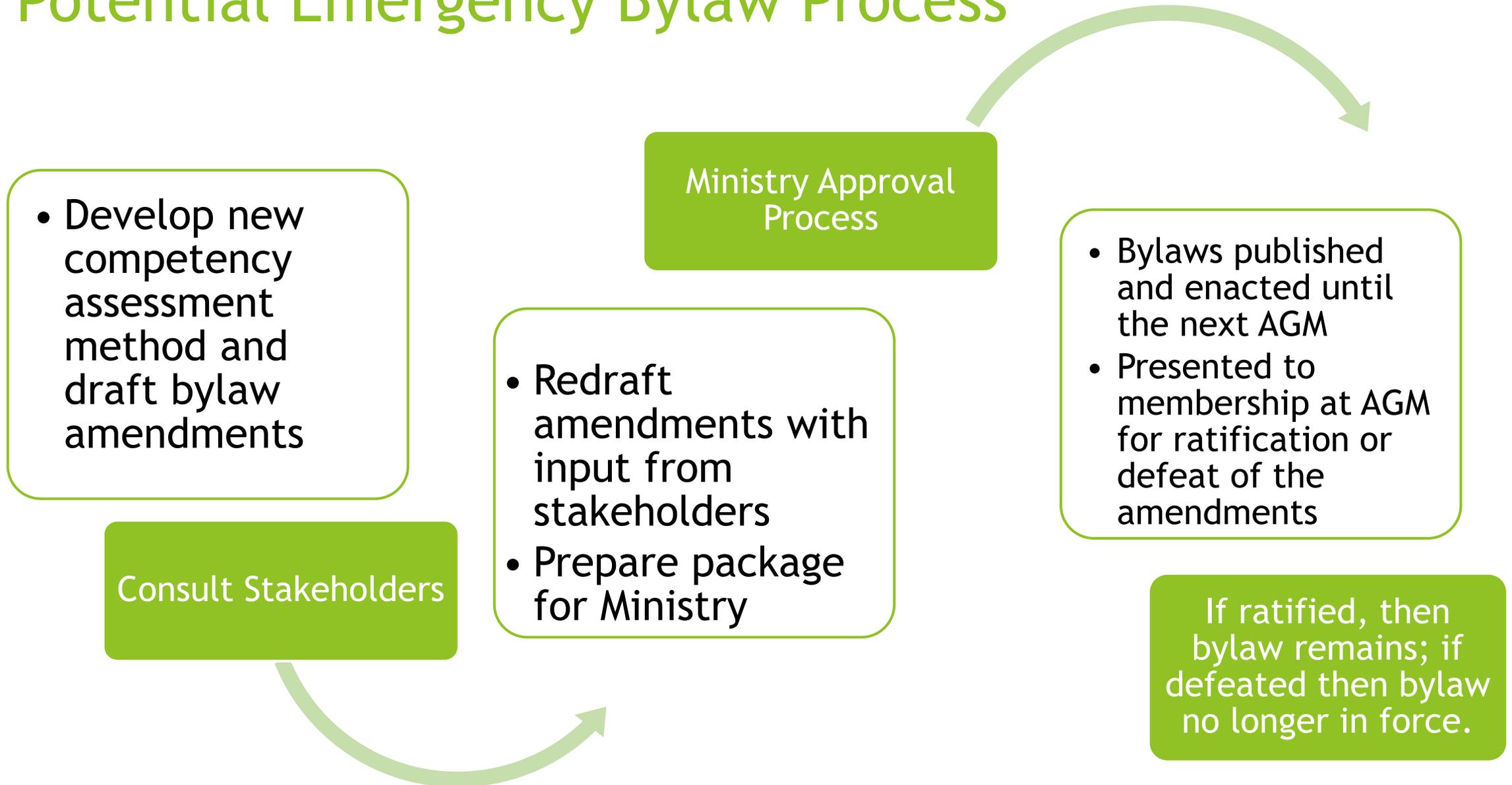
# Changing Bylaws

- ▶ As you can see, this would not be a “quick” process, should we decide to take these steps. Typically, bylaw amendments take approximately 1 year to develop, consult upon, pass through membership and then pass through the Ministry.
- ▶ We have had discussions with the Ministry of Health regarding the potential to submit emergency/pandemic-related bylaw amendments for Ministry approval prior to membership approval - which would allow for an expedited process. If approved by the Minister of Health these bylaws could be enacted until the membership votes at the following AGM to either ratify or vote down the amendments. This would lessen the timeframe to approximately 1-2 months for development/ consultation and then 90 days within the Ministry (4-5 months total).

# Typical Bylaw amendment flow chart



# Potential Emergency Bylaw Process



# Steps SCPT has taken to address concerns so far:

- ▶ Performed an environmental scan of licensing requirements for physical therapy in various countries with similar levels of education as Canada.
- ▶ Investigated the process that Quebec uses – they have a process they use for Quebec educated physical therapists that was developed with the Regulatory Body and University Programs in conjunction and allowed for the Regulatory Body to “accredit” the procedure. They use the PCE process for licensure for any applicants trained outside of those 5 University programs.
- ▶ Sought legal advice as to the requirement of using the CAPR Clinical component of the PCE, and what our options are within The Act and Bylaws (as provided for you today).
- ▶ Presented an amendment to the Restricted License Regulatory Bylaw to allow for extension to the timeline under extenuating circumstances – this was approved by membership at AGM in September and has been submitted to the Ministry of Health for consideration
- ▶ Discussion with the Ministry of Health regarding options of expediting the above mentioned amendment. We also had discussions with the Ministry of Health with respect to alternate competency assessment paths – also as discussed earlier in the session today.

# Steps SCPT has taken to address concerns so far:

- ▶ Updated and Expanded the Terms of Reference for the PCE working group to include investigation of viable alternatives to the CAPR PCE Clinical exam and providing their suggestions to Council as part of their final report. Thank-you to the U of S students that have provided information from a class project, we have passed that information along to the PCE working group.
- ▶ Discussion with the other PT Regulators across Canada as to how they are approaching the concerns and impact on Canadian Free Trade Agreement components of licensure should SCPT move away from the national standard.
- ▶ Notified CAPR that we require a firm date of when the clinical exams will be restarting, with a clear and well formulated plan of how they intend this to occur, indicating that if exams cannot be offered starting in March as proposed SCPT will be looking at alternate options for competency assessment.

# Update on Clinical Component from CAPR

- ▶ CAPR has developed an advisory committee to lead the clinical exam pandemic proofing project.
- ▶ This advisory group, collaborating with CAPR staff and Canadian physiotherapy regulators, will advise the CAPR Board in the areas of innovation and virtual assessment. The committee began meeting on October 8, 2020, and consists of:
  - Chris Boodram—Regulatory Affairs Officer, Yukon; CAPR Board member.
  - Brandy Green, BScKin, MScPT, CAFCI—Executive Director and Registrar, Saskatchewan; practising community physiotherapist; CAPR Board member.
  - Allison Grieg, BHK, BSc (PT), PhD—Associate Head of MPT Program, University of British Columbia; President of the Board, Physiotherapy Education Accreditation Canada; lead of UBC’s Internationally Educated Physiotherapist Program, with an academic focus that includes the development of virtual patient cases and a web-based, simulated learning model.
  - Mark Hall, PhD—Associate Chair, Faculty of Rehabilitation—Physical Therapy, University of Alberta, with an academic focus that includes clinical education and simulation.
  - Bernadette Martin, BScPT, MA, Communications and Technology—Associate Dean, Faculty of Rehabilitation—Physical Therapy, University of Alberta, with an academic focus that includes distributed learning and the integration of internationally-educated physiotherapists.
  - A recently licensed physiotherapist, and graduate of the University of Toronto’s Ontario Internationally Educated Physical Therapy Bridging Program, currently practicing in the greater Toronto area.
- ▶ The work of the Advisory Committee will be supplemented by physiotherapist subject-matter experts and broader physiotherapy community consultations.

# Update on Clinical Component from CAPR

- ▶ The CAPR Board of Directors has approved the Clinical Component Innovation Roadmap, a summary of which is below:
  - ▶ CAPR will embrace new innovations to deliver a viable Clinical Component in 2021. The Clinical Component CAPR delivers in 2021 will be:
    - a “virtual” exam (i.e., experienced by candidates in a digital environment);
    - a “touchless” exam (i.e., candidates will not be in the same room as standardized clients);
    - delivered with greater annual frequency than ever before to address the backlog created by the cancellation of 2020 exams in addition to typical demand;
    - recorded to safeguard fairness and validity.
  - ▶ Guiding Principles
    - leverage existing exam content and structure, wherever possible, and adhere to the existing PCE blueprint;
    - assess a broad spectrum of entry-to-practice competencies and clinical reasoning skills;
    - be deliberately “pandemic-proof” by assuming widespread facility closures, physical distancing requirements and restrictions on travel across provincial boundaries.

# Update on Clinical Component from CAPR

## ▶ Accelerating CAPR's Innovation Agenda

▶ CAPR's innovation agenda began in earnest in 2019 and prior to the arrival of Covid-19, the CAPR Board of Directors approved innovations to the Clinical Component that would be implemented in the next 2-3 years. The necessity to innovate the Clinical Component immediately allows CAPR to fast track many of these proposals, including:

- removing all written elements of the Clinical Component (i.e., eliminating the written portion of all 5+5-minute couplet stations);
- eliminating the “Number of Stations” criterion (i.e., candidates will no longer be required to pass a pre-determined number of stations to pass the exam).
- reducing the number of stations from 16 to 12. (i.e., the exam will now be comprised of six 10-minute stations and six five-minute stations).

# Update on Clinical Component from CAPR

## ▶ Maintaining our Commitment to Validity and Reliability

- ▶ CAPR will maintain our commitment to delivering a valid and reliable exam, even in the context of massive change. We will ensure that the 2021 Clinical Component is both valid and reliable by:
  - confirming that any changes to the exam structure are psychometrically defensible;
  - leveraging existing clinical stations that have demonstrated acceptable performance on previous clinical exams;
  - having all content modifications reviewed by physiotherapy content experts in a two-stage process;
  - initiating focus groups and the pre-testing of practice stations using recent licensees and examiners;
  - delivering comprehensive 2021 clinical exam training with Examiners and Standardized Clients;
  - delivering a robust orientation program for candidates challenging the 2021 Clinical Component;
  - recording each exam to enable the confirmation of standardization and fairness

Questions?