

# Council Minutes



SCPT Council Meeting Minutes via Teleconference on December 5, 2020 via Redbooth 9:00-12:00 pm

Present through Zoom: B. Green (EDR); D. Shuya; C. Cuddington; D. Pitura; L. McLellan; J. Hunchak; A. Crow; K. Horvey; J. Grant; K. Mueller; D. Poncsak; K. Harrison; K. Large

Absent: none

Call to Order: 9:02 am by D. Shuya, President.

Welcome to new student rep Kirsten Large

## 1. Agenda

### 1.1. Approval of Agenda and Consent Agenda

**Motion: to approve agenda and consent agenda**

Mover: D. Pitura

Seconder: C. Cuddington

**CARRIED: MOTION 20.076**

### 1.2. Declaration of Conflict of Interest- none declared

### 1.3. Minutes of Previous Council Meeting

#### 1.3.1. September 25, 2020

**Motion: to approve September 25, 2020 Council meeting minutes**

Mover: J. Grant

Seconder: C. Cuddington

**CARRIED: MOTION 20.077**

#### 1.3.2. September 26, 2020 (Post-AGM)

**Motion: to approve September 26, 2020 (Post- AGM) Council meeting minutes**

Mover: A. Crow

Seconder: L. McLellan

**CARRIED: MOTION 20.078**

2. Items for Information

2.1 Governance

2.1.1 Consent Agenda

2.1.2. PCE Working Group Update (verbal)

Discussion:

- PCE working group received requested information from CAPR, reviewed the information and have arranged a follow-up meeting with CAPR (tentatively scheduled for December 21, 2020). After this meeting, the group is hopeful they can begin drafting the report for Council.
- Council member asks if it is reasonable to have the report ready for the January Council meeting or would like to know the appropriate time line for the report to be provided to Council. D. Pitura thinks January 2021 will be too early to have all information, create the report, circulate it through the PCE working group for review. The ability to start the report depends on the CAPR meeting in December going forward and if the group is able to have all their questions answered at this meeting. Tentative time period for report to Council is March 2021.
- Council member asks what will happen with the report when completed. D. Pitura reports the information will be presented to Council, and Council will decide how to proceed. EDR clarified that Council requested the PCE committee to be created to gather information for Council so Council will decide how to proceed. Council member points out this issue was brought forward at an AGM so we will need to respond back to the membership in some form.

2.1.3. CAPR Clinical Exam Update (CEO Katya Masnyk, CAPR Physiotherapy Advisor Maggie Barnes-Ahlbrand, and Psychometrician Kelly Piasentin)

K. Masnyk, M. Barnes-Ahlbrand, K. Piasentin join meeting at 9:15 am.

Presentation provided by K. Masnyk, M. Barnes-Ahlbrand, K. Piasentin (Powerpoint slides of presentation circulated to Council):

Question/Answer portion:

- Council member asks presenters what information can be shared from this presentation outside of this meeting. K. Masnyk stated everything can be shared (all this information is available on the website). She stated Council members are able to share the slide deck of presentation with anyone who would be interested in seeing the information and encouraged people keep checking the CAPR website for updated information.
- Council member asked if CAPR will be providing sessions with University students. K. Masnyk stated yes. K. Masnyk offered to do a session specifically for the University of Saskatchewan if there is interest. CAPR will also be offering town halls and post this presentation on their website.
- Council member inquired about thoughts on the exam excluding the "hands-on component". M. Barnes-Ahlbrand stated there are few hands-on techniques that will not be able to be assessed in this format. The higher-level critical thinking portion of exam is important and it is

assumed that through the education process that hands-on skills would have been assessed while on clinical rotations or in the classroom. The exam will still align with the blue print of required competencies. Some ways to assess include asking during the exam, 'What is safe to do with this post op patient? What do you need to avoid when treating a person with these co-morbidities?' etc.

- Council inquired about the cut score in previous exams. Was each exam cut score different? K. Piasentin stated the method used to define a cut score is not based on performance of other testers. The exam will use Borderline Group method and the cut score is determined based on this. The cut score changes exam to exam based on the difficulty of each exam.
- Council member inquired about the key indicators for what you will look at for evaluating effectiveness of this virtual exam to assess competency and what happens if the scoring is significantly different than previous in person exams- what is the back-up plan? K. Piasentin stated it is a risk assessment and hard to imagine it could be a complete failure. Some stations will not need any modification on a virtual exam. The CAPR board is expecting to see similar performances in those stations. After the exam they will do an in-depth analysis of performance on each station and by each category of candidates. They will compare to base lines from previous exams and will remove items that are determined to be 'not fair'. K. Masnyk stated these reviews will be completed after each exam, not at year end. Alliance rep on Council clarified that historically this is done after each in-person exam and station analysis will be similar (ie. if a station needs to be removed).
- Council members asked that if the transition between breakout rooms is being automated, if a candidate is in the middle of an answer are they cut off? K. Masnyk stated yes and this is consistent with the previous in-person exam. CAPR will wait to hear about detailed input from software discussion for time notifications for candidates. This information will be included in the candidate orientation. By separating exam days into two days, the candidates will know one day's exam is all 5 minutes stations and one day's is all 10 minutes stations. This will allow candidates to be able to track time better.
- Council member asked about options for a scaled back version if there are not enough standardized clients or examiners (due to the time commitment of a two-day exam). K. Masnyk stated that an examiner would only be required for one day, as they are only responsible for one station-the same as they would be for in-person exams. CAPR will also be recruiting examiners to review stations afterwards to assess interrater reliability. CAPR is hopeful that they may have more people to be examiners, some volunteers for examiners may be asked if they would like to be a standardized patients, and if regions are lacking examiners they will be able to supplement examiners from other regions due to the examiners being able to access the exam remotely.
- Council member asked for clarification on if CAPR will assist if a candidate does not have space at home or reliable internet to find a location to complete the exam. K. Masnyk stated CAPR does not have the capacity to be the broker of space and if they are involved this could impact the validity of the exam. Having said that, CAPR knows this is a concern, and is wanting to start the conversation with Universities/healthcare facilities about providing options of spaces with a secure, safe internet for candidates. CAPR is starting the conversation with Councils, employers, etc for them to consider providing access to space, if needed, for a candidate to do an exam. The structure to manage this outside of a University is still being investigated but it doesn't exist

yet. The exam space will have to be a private room, no other people, limitation on what is in the room.

- Council member asked if CAPR has discussed possibly rolling the clinical exam into the written exam, having a one step process, and knowing the supervised practiced hours are somewhat a test of exam skills. Before Covid, the CAPR board had discussed how to create a continuum of competency evaluations, taking into account the different factors. All is possible, but for 2021 CAPR wanted to keep it simple and stick with basic structure to reduce stress, unknowns, and remove variability. In the future, all options are open.
- K. Masnyk stated the relationship with the academic providers, regulators and CAPR has been great. CAPR is thankful for professionals working together.

K. Masnyk, M. Barnes-Ahlbrand, K. Piasentin leave meeting at 10:38 am.

#### 2.1.4. EDR Report

##### 2.1.4.1 EDR Report

###### Discussion:

- EDR reporting that now NIRO is meeting weekly, starting this past Tuesday. The focus is Covid related and discussion about surge planning, emergency licensure, public health orders, or updates from SHA on redeployment of professionals. EDR will keep updating Council, as able. At this time it is unclear from the Ministry of Health and SHA about what the surge planning will require. EDR has made contact with some PT managers in the SHA to assist with staying on top of SHA information coming out.
- Transition is now complete from moving SCPT accounts from TD to RBC bank. TD accounts will remain open for a bit of time to cover outstanding payment transition. All new financial requirements will come out of the RBC account. SCPT office would like to set up direct deposit for Council and committee members instead of sending stipend/honorarium cheques. Council members and committee members will receive an email to set up a RBC secure direct deposit. If any members do not want to do this the SCPT will continue to mail cheques to that individual.
- Jurisprudence questions are all ready to go. Will encourage Council to do registration early in January to check out if there are any glitches.
- Rostering for specialist procedures is all set up in In1Touch. SCPT office is encouraging members to start to upload documents now. Robyn (new SCPT admin assistant) is uploading from paper files and ensure previously submitted documents will be uploaded for membership. EDR reports the Legislation committee will look into what needs to be done to develop a bylaw for practice rostering.
- Two new complaints received in the office this week. One complaint is from a PT regarding another PT's billing and delegation of tasks to support workers. One is from a patient regarding treatment concerns.
- Cultural sensitivity education had to be postponed due to presenter having a family emergency.
- Update on the complaint that was referred to discipline. Our lawyer is done their portion of the agreed statement of facts and sent to Discipline. This has been delayed (this portion was started in July). EDR not happy with slow timeline and EDR has been asking lawyer to keep things moving. PCC chair advised EDR that part of this 5 month delay was our lawyer and the impact of Covid related items more urgently needing to be completed. Council members concerned about

the significant delay. January to July and then nothing since July would be very concerning to any people involved in this case. Council needs to address this time frame and not treat it as a 'one off'. Discussion of consideration of succession planning for our present lawyer or else having multiple lawyers needs to be considered by Council.

- Council member asks who the Cultural Sensitivity presenter was and if anyone else had been contacted. EDR spoke with three. EDR provided details. If anyone has recommendations please provide to EDR via email. J. Hunchak provided a recommendation during meeting.

#### Member Communication Report

- Quite a few emails to the EDR/office in November. EDR will share the membership communication report information with Communication Committee to consider using the themes of inquiries to the office as ideas for articles in Momentum.

#### Action Plan

- Reviewed action plan update.

#### Committee Activity Tracking

- Committee activity starting to pick up. Expecting January/February 2021 will be busy for most Committees

#### AGM Survey Results- Attendees and Non-Attendees

- Two surveys done. Generally good feedback. Seems people prefer a networking option compared to virtual only. Only 3 people responded for the non-attendees survey.

#### CAPR Billing Tool

- The final draft of the Billing Tool was provided in package. Council had previously reviewed this document. This document is supposed to help practitioners identify what is a physiotherapy billable service and what isn't. It is to help determine if billing is appropriate.

### **ACTION 2.1.4.1 B. Green to post CAPR Billing tool to website.**

#### 2.1.4.2 Strategic Plan Update

##### Discussion:

- Most tasks are coming along as planned. Discussed 'items that have not met timeline/risk framework' on Strategic plan update.
- Hoping to post about hiring practice advisor early 2021 and begin search for new EDR in March 2021.

#### 2.1.5 Financial report

##### 2.1.5.1 Q2 Financials- Draft (sent out Dec 2, 2020)

##### Discussion:

- Some items in Q2 budget are items that came in under budget likely due to Covid, otherwise finances on track compared to budget. Some items in Q2 budget were transferred into Q3 as they were affected by Covid and therefore budget would be closer to actuals for that quarter. i.e. no changes to budget but just where that portion is expected to come in. EDR wanted to highlight that this is the time of year we do performance review for office staff. Based on budget and consideration for raise and/or bonus this will still be in line on this expense. Whatever is decided will be implemented for January 2021. Discussed moving this performance review to better align with budget (possibly will require a staggered salary and performance review to accomplish this). SCPT staff is still in range with the salary review that was previously completed.

**Motion: to approve Q2 financials as presented**

Mover: D. Poncsak

Seconder: K. Mueller

**CARRIED: MOTION 20.079**

3. Items for Decision

3.1 Governance

3.1.1 Market Research/Public Survey Results

Discussion:

- Survey gave valuable information.
- Public lacks awareness of non MSK physiotherapy.
- Confusion about the same/difference of physiotherapy and physical therapy. Council member points out this is likely due to the American/British impact on Canadian language.
- Public doesn't want more information, just need to know what to do if any issues.
- Communications committee met to discuss outcomes of the survey; EDR had previously spoken with the Ontario contact about their Citizens Advisory Group and mentioned that a similar type of group may be of benefit in Sask. Communication committee thought it might be good to reach out to NIRO to develop a Citizens Advisory Group for all NIRO groups to help increase public representation and public input. Council member comments having a Citizen Advisory Group would be great with NIRO instead of just a PT one only.
- Suggestion that possibly using public reps from each NIRO group to compose the Citizens Advisory Group since they have been vetted by Ministry of Health. There is a steep learning curve of how regulatory boards work so may be difficult for a public member on that panel that doesn't have experience. EDR comments we already get input from public reps on Council so may be redundant.
- Social media was discussed and survey shows that Facebook is likely best social media platform to contact the public. We will be developing a membership survey which will include questions regarding their preferences on communication methods from the College.
- Council member inquired how do we regulate/manage social media account? How do we ensure it doesn't become a risk? Should the Communications Committee consider this?
- EDR says sending to Communications to discuss risk with social media is a good idea and if using social media to provide information only vs. a back and forth sharing on the platform.

- Based on Public Survey, what does Council want to share with public? Most public members are accessing PT from a doctor's referral. The awareness of PT may start there, at physician office, so a brochure may have a role. Online options also should be considered. Possibly online platforms could provide a link of information to get information about profession to the public. Council member comments that regulation awareness in general is poor. Advertising on social media or print news may help with awareness of complaint process and what SCPT is.
- Council member comments that SCPT had created brochures to go into clinics for public education approximately 1 years ago. They did not go over well. Discussion on likely the tone of the brochures/harsh wording contributed to them not going over well. The focus was on negative compared to what to expect from your physiotherapist.
- Council member comments on the lack of awareness of education for PTs. Thinks this is important to highlight.
- Discussion about overlap with SPA and SCPT on public education about physiotherapists education. There is a fine line between regulation, education, and advertising.
- EDR states its too risky to share information about profession with both SCPT and SPA logos to ensure its not viewed as advocacy. SCPT to focus on scope of regulation, physiotherapy education, expectations/practice standards, confidentiality etc.

**ACTION 3.1.1 B.** Green to bring social media discussion to Communication Committee to review.

**ACTION 3.1.1 B.** Green to look in to development of resource documents to provide to doctors and for physiotherapists to circulate about physiotherapy.

**ACTION 3.1.1 B.** Green to reach out to NIRO to determine if other self-regulating professions would like to create a group of members of the public to work as focus groups and report back to Council for upcoming meeting

### 3.1.2 Employee Manuals

#### 3.1.2.1 EDR Employee Manual

##### Discussion

- Both EDR and SCPT employee manual had been circulated in August, posted on Redbooth for edits. Edits were updated, Policy committee did another read through in November. SCPT lawyer also reviewed and provided some recommended edits that have now been incorporated into this final version.

### **Motion: to approve the EDR Employee Manual**

Mover: D. Pitura

Seconder: K. Horvey

**CARRIED: MOTION 20.080**

#### 3.1.2.2. Employee Manual

### **Motion: to approve the SCPT Employee Manual**

Mover: A. Crow

Seconder: C. Cuddington

**CARRIED: MOTION 2.081**

3.1.3 Dissolution of Policy Ad Hoc Committee

Discussion:

- New Governance and Nominations Committee (GNC) is made up of the Policy Ad. Hoc Committee members. No longer need Policy Ad Hoc committee. The last item the Policy Committee was supposed to complete was the Procedure Manual. This task will be taken over by GNC.

**Motion: to dissolve the Policy Ad Hoc Committee**

Mover: J. Grant

Seconder: L. McLellan

**CARRIED: MOTION 20.082**

3.1.4 Covid Preparedness-Vaccines Surge Planning

Discussion:

- Best to be prepared.
- Continuing to meet with NIRO about potential for redeployments. We currently don't have emergency licence options, but we likely have recently retired members who would still be eligible for licensure we could reach out to if needed.
- Possibly recently retired physios could be utilized for contact tracing. Contact tracers may not need to be licenced. SHA has developed a volunteer link and SPA distributed this link already. SCPT has been instructed to only distribute the link if people are reaching out to us at this time.
- Discussion regarding potential that physiotherapists may be asked to administer COVID vaccinations
  - o This has come up in multiple ways including dental hygienist regulators inquiring about scope and Manitoba Physiotherapist and Occupational Therapists have been approached if they would be able to provide vaccines within their scope. Manitoba OTs said yes, PTs are reviewing. Currently PTs that are certified with either acupuncture or dry needling can puncture skin. There is potential this may open or close the door for injections in future depending on how we respond to this. In the USA cortisone, Botox, PRP etc are in the scope for PT. We need to consider this scope impact on responding to this request.
  - o Council member looked into what pharmacy did to allow them to do flu shots. They have a continuing education course online. The first part is basic injection techniques and second is about Sask specific requirements to do injections. Next is a 5 or 6 hour in-person training lead by a nurse. This could be a template for training for PTs?
  - o EDR spoke with other Canadian PT regulators and the general consensus was that all would be open to the limited scope to provide Covid vaccines with appropriate training (hands-on and theory).
  - o If we were having a bigger discussion of scope on injections it would need to be more in-depth discussion (pandemic vs regular activity).
  - o Council member comments that firefighters are having training on Covid vaccinations. This may be due to most firefighters having EMT training?



- Discussed the opportunity that could open up or close down scope/injections in the future. If we say yes with appropriate training this could leave the door ajar in the future with specialized procedures.
- Council member thinks there are a lot of differences in a pandemic vs regular.
- EDR clarifies that we have not been approached about providing Covid vaccines at this point but we want to be prepared with an answer if we are.
- Council member states focus should be on access of public to vaccine and safety of public. As long as PTs are meeting training requirements, we have a lot to offer. In terms of insurance, if something happens with a vaccination would PTs insurance cover it? SHA does cover PT skillset and as long as College supported the skill likely would cover for SHA employees.

**ACTION 3.1.4** EDR to check with private insurances if PTs would be covered if providing COVID vaccinations.

**ACTION 3.1.4** Further discussion and direction as to potential for PTs to assist in the provision of vaccinations for Covid pandemic should the need arise.

#### 4. Items for Vision

##### 4.1 Governance

4.1.1. Cultural Humility/Diversity Education- postponed due to family emergency of presenter

##### 4.1.2 Cultural Humility

##### 4.1.2.1 Inclusion and Diversity Policy

Discussion:

- Policy Committee discussed a few options to incorporate this into organization. Committee came to the conclusion the higher up in our policies the more likely it would impact the organization. Instead of having one policy thought it was more appropriate to be an overarching principle. Felt important that it was at the level of inclusion and diversity for all and create a welcome environment.
- As a guiding principle specifics then could be pulled down for policies underneath it.
- Once Council has made a final decision on the guiding principle, then GNC will incorporate the principle when it develops competency matrix.
- Discussion on the word 'influences' and different interpretations of this word.
- To send back to GNC for rewording.

**ACTION 4.1.2.1** To send to guiding principle GNC to review wording of guiding principle, GNC to bring back to March meeting.

#### 5. Meeting Summary

##### 5.1 Action Plan Review

**ACTION 2.1.4.1 B.** Green to post CAPR Billing tool to website.

**ACTION 3.1.1 B.** Green to bring social media discussion to Communication Committee to review.

**ACTION 3.1.1 B.** Green to look in to development of resource documents to provide to doctors and for physiotherapists to circulate about physiotherapy.

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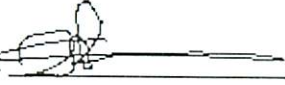
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**ACTION 4.1.2.1** To send to guiding principle GNC to review wording of guiding principle, GNC to bring back to March meeting.

5.2 Next Meeting: March 13, 2020

6. Adjournment at 12:06 pm.

President  Date April 11, 2021

Secretary  Date April 12, 2021