

# Restricted Licensee Supervision

## A Practice Resource for Saskatchewan Restricted Licensees and their Supervisor(s)

March 2024

The purpose of this document is to provide information to confirm the requirements for the relationship between Saskatchewan Physical Therapists holding a restricted license and their supervisors to ensure Saskatchewan College of Physical Therapists (SCPT) regulatory requirements and practice needs are met.



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## Summary

Physical Therapy Restricted Licensees are regulated members of the Saskatchewan College of Physical Therapists (SCPT) who hold a restricted practicing license pending completion of all requirements for full licensure. This group typically includes those who have successfully passed the required written examination (Physiotherapy Competency Exam (PCE)-Written Component) and are awaiting a clinical-based assessment/examination but may also include those returning to practice after an extended absence or those required to be supervised because of the complaint management process. In Saskatchewan the clinical-based assessment is the Practice Based Assessment (PBA) but can be an approved alternative from another Canadian jurisdiction.

Restricted Licensees are subject to the same regulations as full practicing members. They are responsible for the care they provide and must also comply with well-defined conditions on their practice which includes being supervised by a Saskatchewan Licensed Physical Therapist.

Supervisor(s) are full practicing members who are currently practicing physical therapy and hold accountability for providing a level of supervision that assures the safest client care possible.

The supervision relationship requires completion of documentation (Supervision Agreement and Supervision Plan) to establish the arrangement as well as the completion of monitoring tools as part of the supervision itself.

The Restricted Licensee and Supervisor have individual and joint responsibilities as part of the supervision relationship that are detailed in this practice resource.

Initially, during the assessment phase, more direct supervision is required to orientate the Restricted Licensee and assess their skills in the clinical setting. This is followed by a supervision phase where a combination of direct and indirect supervision is provided, and monitoring tools are completed. As the relationship develops it is anticipated that supervision strategies will become more typical of a mentorship relationship where the Restricted Licensee practices under less direct supervision reducing the time commitment of the Supervisor. During this time there must continue to be opportunities for ongoing dialogue and observation to assist with complex client conditions or situations.

# Relevant Legislation, Bylaws, Standards, and Ethical Considerations

[The Physical Therapists Act, 1998](#)

[SCPT Regulatory Bylaws](#)

Bylaw 5 – Restricted practicing membership

Bylaw 14 – Restricted practicing license

[Standards of Practice for Physiotherapists in Saskatchewan](#)

Standard 19 Supervision

Standard 2 Client Assessment, Diagnosis, Interventions

Standard 3 Client-Centered Care

Standard 8 Consent

Standard 18 Safety

Standard 20 Telerehabilitation

[Code of Ethical Conduct for Canadian Physiotherapists](#)

## Introduction

Physical Therapy Restricted Licensees are regulated members of the Saskatchewan College of Physical Therapists (SCPT) who hold a restricted practicing license pending completion of all requirements for full licensure. This group typically includes those who have successfully passed the required written examination (Physiotherapy Competency Exam (PCE)-Written Component) and are awaiting a clinical-based assessment/examination (**Practice Based Assessment** (PBA) in Saskatchewan or approved alternative from another Canadian jurisdiction).

Restricted Licensees are subject to the same regulations as full practicing members. They are responsible for the care they provide and must also comply with well-defined conditions on their practice which includes being supervised by a Saskatchewan Licensed Physical Therapist.

Supervisors of Restricted Licensees must hold a full practicing license. The Supervisor is accountable for providing a level of supervision that assures the safest client care possible with consideration of the Restricted Licensee's individual needs, skills and competencies, the practice context, legislative requirements, and client factors.

### **SCPT Bylaw - 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 practising licence. A person whose restricted practising membership has expired will not qualify to obtain a licence.***

***(2) 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.***

## Documentation Required

**Supervision Agreement:** The Restricted Licensee, Supervisor and employer must sign a Supervision Agreement Form specific to the practice location and area of practice which must be sent to the SCPT and approved. The Restricted Licensee is responsible for initiating completion of the agreement and to confirm it is approved by Council. The completed Supervision Agreement is a legally binding document.

**Supervision Plan:** A written supervision plan must be developed and is to be kept in the employment file of the Restricted Licensee. The plan must include the supervision model, plan for completion of monitoring tools, and intervention (should the applicant require remediation based on their performance). A sample supervision plan is available here - [sample supervision plan](#).

**Monitoring tools:** The monitoring tools are to be completed by the Supervisor and include:

**Chart Audits** are completed twice weekly for 4 weeks and if charting skills are then met, formal chart audits are not required to continue but routine chart monitoring is recommended to ensure charting skills for all practice situations are assessed. If charting expectations are not met, further chart audits should be completed at the discretion of the Supervisor.

The **Assessment of Clinical Performance (ACP)** is completed at approximately 6 weeks and if all categories are at entry level performance further ACPs are not required until requested for the PBA. If all categories are not entry level performance, the ACP is repeated at intervals at the discretion of the Supervisor until all categories meet entry level performance.

Timelines for monitoring tools may vary slightly depending on the Restricted Licensee's level of experience and at the discretion of the Supervisor; therefore, it must be individually assessed and is not based on a strict timeframe.

See Page 13 for further details on the PBA.

Information regarding the application for a restricted license and the supervision requirements of Restricted Licensees, including copies of documents required, may be found on the SCPT website here: [Restricted License - SCPT | Saskatchewan College of Physical Therapists](#).



**The Supervision Plan, ACP, and Chart Audits should be kept in the Restricted Licensee's employment file as the SCPT reserves the right to request these monitoring tools at any time during the period of Restricted Licensure.**

## Types of Supervision

SCPT recognizes two main levels of supervision dependent on the physical location of the Supervisor, Restricted Licensee, and client and the use of virtual technology.

- **Direct:** the Supervisor is on site and within audible and/or visual range of the Restricted Licensee and can initiate assistance or react to a request for assistance. A portion of this direct supervision will include where the Supervisor is in the physical presence of the Restricted Licensee observing interactions with the patient. Initially, this physical presence is required to observe the Restricted Licensee's performance, determine their level of competence, and to consider when indirect supervision may be appropriate. Additionally, direct supervision may be required when concerns arise, in higher risk practise situations and to conduct evaluations. Discussions regarding client care, caseload review and learning new practical skills also constitutes direct supervision.
- **Indirect:** The Supervisor may be on site but in a different area of the facility or geographically located elsewhere. Indirect supervision is used in practice situations where the Restricted Licensee has demonstrated sound clinical competence and sufficient judgement to ensure safety. For all indirect supervision situations, the Supervisor must be within reasonable access by telephone, email or other technology. During indirect supervision, consideration should also be given to having an onsite health care provider available should an emergency arise that requires immediate attention.

### Indirect Supervision Scenarios

On site: Supervisor is available by phone, in a different area of the same facility.

Accessible: Supervisor is in a different facility/location, is available by phone, email or other communication means and can attend the workplace if needed.

Remote: Supervisor is available by phone, email or other communication means and cannot readily attend the workplace.

**Virtual Care/Supervision** involves the delivery of physiotherapy services using any secure technology that enables communication between individuals in different locations including teleconferencing, video conferencing, email, or text communication. With virtual videoconferencing all or some participants may be attending virtually

Although historically considered to be indirect supervision, improved availability of high-quality virtual technology may in some circumstances allow for **virtual videoconferencing supervision** to fulfill **some** of the requirements for direct supervision. Secure videoconferencing technology allows the Supervisor to observe the quality and response to care provided by the Restricted Licensee and allows the Supervisor to verbally assist with assessment and treatment and to further direct appropriate care.

It is suggested that due to the nature of the virtual care environment only a small percentage of direct supervision time may be provided virtually. The patient and the practice setting must be conducive to a virtual setting and the client must provide informed consent to this type of care provision. Regulation related to virtual care must be adhered to by both the Restricted Licensee and Supervisor.

# The Restricted Licensee and the Supervisor

## Qualifications

- The Restricted Licensee holds a Restricted License with the SCPT
- The Supervisor holds a Full Practicing License and the SCPT recommends a minimum of 2-3 years' experience as a full-practice license holder before supervising a Restricted Licensee. Exceptions may be made to accommodate unusual circumstances. These should be discussed with the SCPT's Executive Director and Registrar.
- The Supervisor must be willing to provide necessary supervision throughout the supervision period. The primary Supervisor may co-supervise a Restricted Licensee with another full practicing PT allowing for sharing of responsibilities and coverage when the primary Supervisor is not available. Both Supervisors must be listed on the Supervisory Agreement on file and be approved by the SCPT. One Supervisor may provide supervision to a maximum of 3 Restricted Licensees at a time although it is recommended that when this approach is utilized the Restricted Licensees have varied amount of experience (i.e., all are not new licensees) as the time and resource commitment for initial supervision for more than one may be unreasonable.
- The Restricted Licensee and Supervisor cannot be related or closely associated (i.e., business partner, close friend such that a real or perceived conflict of interest may exist).

## Accountability

The Restricted Licensee and Supervisor must be familiar with and comply with all SCPT regulation and legislation, particularly that related to supervision, risk management, and specialized procedures. Although Restricted Licensees are responsible for all care provided to clients they are not licensed for unsupervised practice and must always have a combination of direct and indirect supervision as defined in the Supervision Agreement and Plan.

During all phases of the supervision relationship, the Restricted Licensee is responsible and accountable to request a level of supervision that meets their individual needs, skills, and competencies and those of their clients and the practice environment. The Supervisor is responsible and accountable for providing a level of supervision that assures the safest client care possible with consideration of their own competencies, for the Restricted Licensee's individual needs, skills and competencies, the practice context, legislative requirements, and client factors.

The Restricted Licensee is responsible to notify the SCPT when/if supervision arrangements may need to change (i.e., pending change in employer or Supervisor). Supervisors are encouraged to do the same.

It is the duty of the Supervisor to report to the SCPT significant concerns with the Restricted Licensee if they appear. The Supervisor also has an obligation to inform the SCPT of any act of professional misconduct or incompetence by the Restricted Licensee, including those that lead



to the end of the supervision agreement (i.e. termination or resignation of employment). This is to inform the SCPT so that additional restrictions or supervision requirements or other means to ensure public safety may be added as needed. It also allows the Supervisor to ask for support in their supervision.

In the event that a complaint is made to the College regarding a Restricted Licensee, the Supervisor may be asked to provide supervision documentation to determine if supervision was a contributing factor leading to the complaint. If supervision is deemed adequate the Restricted Licensee's conduct and/or competence alone will be considered.

On all professional documentation the Restricted Licensee includes their name followed by the title "Physiotherapist" or "Physical Therapist" (or any other word, title, or designation, whether or not abbreviated) followed by RES, Resident, or Restricted Licensee to indicate they are practising as a restricted practising member.

The Supervisor is not required to co-sign documentation.



**The Supervisor has the authority and responsibility to impose the supervision requirements they deem necessary.**

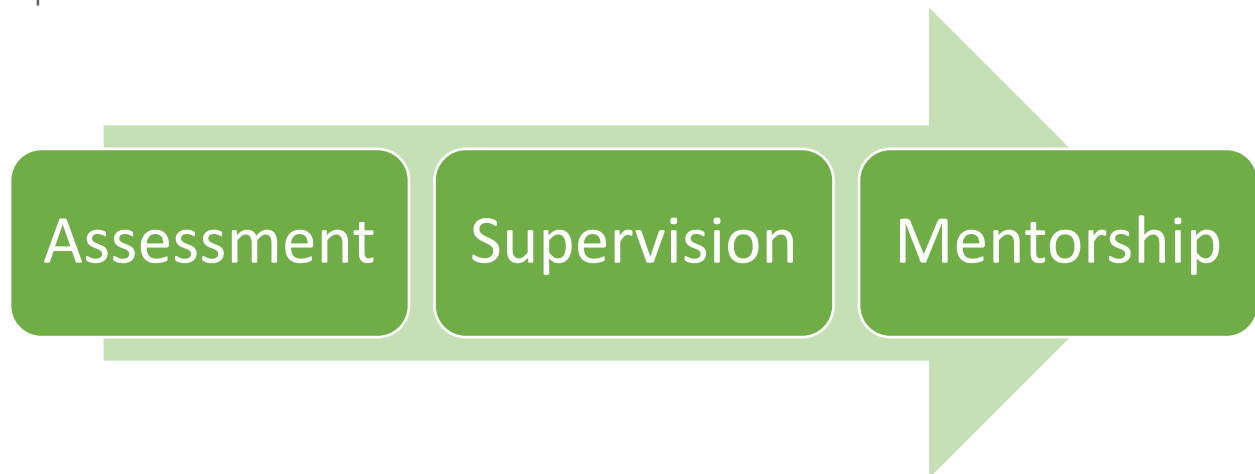
## **Employment Requirements**

The Restricted Licensee must arrange suitable employment and appropriate Supervisor(s). The Supervisor and Restricted Licensee must be employed at the same location, even if that employment is only for the purpose of providing supervision. The Restricted Licensee may have more than one employer but must have a Supervisor, Supervision Agreement, and Supervision Plan in place for each employer that includes the responsible Supervisor(s) at each employment location. The employer (manager, clinic owner, etc.) must sign the supervision agreement, be included in the supervision plan and remain informed of the Restricted Licensee's performance.

To facilitate adequate supervision, the Supervisor must have unimpeded access to the Restricted Licensee's work site so that they can observe care delivery and have access to patient records when needed. The Supervisor also needs to have sufficient authority within a worksite that they can establish and enforce any parameters around the Restricted Licensee's patient care assignments, particularly when the Restricted Licensee is not yet ready to work with specific patient populations, perform specific interventions, or is only safely able to do so with direct supervision.

## The Supervision Model

A Restricted Licensee requires a designated Supervisor(s) while holding a Restricted Licence until they obtain a full-practice licence. The type, nature, and content of the supervision will evolve as the Restricted Licensee gains more experience and confidence. The changes that occur to supervision during the supervision arrangement are at the discretion of the Supervisor.



### The Assessment Phase

All Restricted Licensee supervision relationships must begin with an assessment phase. This is a period of direct supervision and is necessary to enable the Supervisor to assess technical and non-technical competencies, performance, and behavior of the Restricted Licensee in the clinical setting. This means that the criterion for direct supervision is met as defined on page 7, to allow the Supervisor to directly observe competence, provide input into the Restricted Licensee's performance, and intervene if a safety concern arises.

During the assessment phase, formal chart audits begin as detailed on page 6 and the Supervisor should determine what client care assignments are appropriate for the Restricted Licensee to complete with indirect supervision. The duration of this phase may vary at the discretion of the Supervisor. Consideration should be given to the skills and competence of the Restricted Licensee, their previous experiences, practice context and client population. Direct supervision will continue to be emphasized in the early phases of the supervision model.



**All Supervisor/Restricted Licensee relationships must begin with an assessment phase of direct supervision to enable the Supervisor to assess the Restricted Licensee in the clinical setting.**

## The Supervision Phase

Following the assessment phase, the level of direct supervision is recommended to be a minimum of 20%. There may be some days that are fully indirect, but a minimum of 20% direct supervision should be included each week. During this phase, the ACP would typically be completed at approximately the 6-week point. The minimum 20% direct supervision is required until the supervising PT is satisfied that the applicant meets all chart audit and ACP expectations.

### Completing Chart Audits and the ACP

- 0 to 4 weeks: chart audits are completed twice weekly for 4 weeks and if charting skills are then met, formal chart audits are not required to continue but routine chart monitoring is recommended to ensure charting skills for all practice situations are assessed. If charting expectations are not met, further chart audits should be completed at the discretion of the Supervisor.
- Approximately 6 weeks: ACP is completed. If all categories are entry level performance further ACPs are not required until requested for the PBA. If all categories are not entry level performance, the ACP is repeated at intervals at the discretion of the Supervisor until all categories meet entry level performance.
- ACP and Chart Audits should be kept in the Restricted Licensee's employment file as the SCPT reserves the right to request these monitoring tools at any time during the period of Restricted Licensure. Once the Restricted Licensee has been granted a full practicing license these monitoring tools may be destroyed.

### Entry to Practice is Met

Once meeting entry to practice as determined by the ACP and formal chart audits, both direct and indirect supervision should continue with the percentage of direct supervision at the discretion of the Supervisor. Varying supervision strategies may be employed depending on the practice context and patient needs as well as skills and competencies of the Restricted Licensee. At all times the level of supervision must provide opportunities for the Supervisor and Restricted Licensee to have ongoing dialogue to discuss client cases, monitor clinical reasoning and client caseload.

The supervision strategies should be mutually agreed upon between the Supervisor and the Restricted Licensee, however the Supervisor holds the authority for the final decision.



**Timelines for monitoring tools may vary slightly depending on the Restricted Licensee's level of experience and at the discretion of the Supervisor; therefore, it must be individually assessed and is not based on a strict**

## The Mentorship Phase

It is anticipated that supervision strategies will become more typical of a mentorship relationship where the Restricted Licensee practices under less direct supervision. The Supervisor will continue to monitor the Restricted Licensee and be available when guidance is requested for more complicated client conditions and when reviewing or learning new treatment techniques. Regular observation of the Restricted Licensee and their charting is recommended to ensure practice levels are maintained but the time commitment of the Supervisor is reduced unless issues arise. Opportunities must be available to complete the monitoring tools required as part of the PBA. Until the Restricted Licensee becomes fully licensed there is an expectation to have some degree of ongoing supervision and mentorship provided to the Restricted Licensee.

At this time, consideration may be given to whether the Restricted Licensee and Supervisor may jointly participate in clinical supervision of an MPT student, however the Supervisor is responsible to determine if this is appropriate. This is not a requirement or expectation of the SCPT, however there may be circumstances where this occurs. This requires the approval of the School of Rehabilitation Science.

### For Specialized Procedures

Direct supervision where the Supervisor and Restricted Licensee are physically present with the client is always required when a Restricted Licensee is performing specialized procedure skills. For specialized procedures the Supervisor and the Restricted Licensee must both be rostered in the procedure and be competent in the same skills/ techniques being applied.



**Until the Restricted Licensee becomes fully licensed there is an expectation to have some degree of ongoing supervision and mentorship provided to the Restricted Licensee.**

## Supervisor Time Commitment

The time commitment for the Supervisor will vary and requires not only consideration of the SCPT regulations but also involves the professional judgement of the Supervisor considering personal factors, the practice situation, and factors specific to the Restricted Licensee.

Early in the supervision relationship the time commitment will be higher when additional time is spent providing direct supervision and for completion of monitoring tools. It is anticipated that the time commitment will quickly reduce when the Supervisor is comfortable with the practice abilities of the Restricted Licensee and supervision evolves to more of a mentorship relationship. In many situations the Restricted Licensee quickly can provide effective client care and contribute to caseload management in the workplace.

Among Internationally Educated Physical Therapists (IEPTs), the practical experience is varied; some may be new graduates who have not worked in practice while others may have years of experience in a health system context that varies from that of Canada. Supervised practice therefore ensures safe, effective care and facilitates the transition process of IEPTs into clinical practice in Canada. There may be a requirement for increased frequency and duration of direct supervision to meet these needs.

Once the Restricted Licensee is accepted to the PBA process the Supervisor will be requested to complete and submit a current ACP along with charts for the audit process. The Supervisor will also participate in a short interview with the PBA Assessors.

The SCPT is available to support both Supervisors and Restricted Licensees through the supervision and PBA process.

Contact the Executive Director and Registrar [edr@scpt.org](mailto:edr@scpt.org) OR the Practice Advisor [practiceadvisor@scpt.org](mailto:practiceadvisor@scpt.org).

## Supervision and the Practice Based Assessment

The clinical examination previously provided by the Canadian Alliance of Physiotherapy Regulators (CAPR) is currently unavailable and in the interim a Practice Based Assessment (PBA) has been developed in Saskatchewan. The PBA must be successfully completed by the Restricted Licensee to allow them to qualify for a full-practicing licence. Restricted Licensees must meet minimum work hours prior to applying to complete the PBA and Restricted Licensees are encouraged to contact the SCPT when they are nearing those hours to assist the SCPT in planning adequate evaluation opportunities.

Components of the evaluation process for the PBA requires the Supervisor, or an approved alternate, to provide a recent Assessment of Clinical Performance (ACP), charts for the audit process, and to participate in an interview with PBA Assessors. The role of the Supervisor for the PBA is to inform the PBA Assessors about the candidate's abilities in their individual practice setting and comment on readiness for unsupervised practice. The input provided by the Supervisor is a valuable component of the PBA process, however Supervisors do not make the licensing decisions and are not responsible for the decision made.

The Restricted Licensee is responsible to inform the Supervisor when they have successfully completed the PBA thereby formally ending the supervision relationship.

Further details on the PBA may be found on the SCPT website here - [Practice Based Assessment - SCPT | Saskatchewan College of Physical Therapists](#)

## FAQs

**Q: Does the Supervisor always need to be on site with the Restricted Licensee?**

A: No, the Supervisor is not required to always be at the same location as the Restricted Licensee.

There are supervision criteria that must be met through the duration of the supervision agreement. The start of supervision (the assessment phase) comprises of direct supervision to allow the Supervisor to determine the abilities of the Restricted Licensee in the practice setting. Following the assessment phase, a blend of direct and indirect supervision is required, with a minimum of 20% being direct supervision. Once the Restricted Licensee meets entry level requirements on chart audits and ACP a blend of direct and indirect supervision at the discretion of the Supervisor is required throughout the remainder of the Restricted Licensee's licensure.

**Q: I am the Supervisor for a Restricted Licensee. Am I required to co-sign their clinical documentation?**

A: No, you are not required to co-sign any of the Restricted Licensee's documentation.

**Q: I am a Restricted Licensee with an MPT degree. How do I indicate my professional credentials when charting?**

A: Name followed by Physical Therapist (or PT) RES, MPT (academic credentials are optional).

**Q: I am supervising a Restricted Licensee who is working in a more remote community in Northern Saskatchewan. I attend the hospital site regularly but am wondering if we can use virtual care tools to provide direct supervision to meet the supervision requirements.**

A: Yes, a small percentage of direct supervision may be met through videoconferencing providing the client and the practice setting are conducive to a virtual setting and the client provides informed consent to this type of care provision. The Supervisor and Restricted Licensee must both agree that videoconferencing meets the needs for each individual practice encounter. All regulation related to virtual care must be followed.

**Q: As the Supervisor for a Restricted Licensee, am I responsible for the care the Restricted Licensee provides to the client?**

A: The Supervisor is ultimately responsible for the level of supervision they provide, and the Restricted Licensee is responsible for the care they provide to the client. The Restricted Licensee should also ensure they are making the Supervisor aware if they feel

they require a higher level of interaction with the Supervisor based on their confidence, the client needs and practice environment.

**Q: As a Supervisor, what should I do if I see the Restricted Licensee that I supervise have issues with conduct or competence?**

A: Restricted Licensees experience expected learning curves as they transition to practice. If the concerns witnessed are reasonable for the Restricted Licensee's experience, the Supervisor should provide corrective guidance, education, and mentorship to assist the Restricted Licensee to improve their practice. If the concerns witnessed are significant and/or are still present after guidance and mentorship the Supervisor should contact the SCPT to discuss the concerns, seek support/resources, and explore next steps.

In the event that a formal complaint is made to the SCPT regarding a Restricted Licensee, the Supervisor may be asked to provide supervision documentation to determine if supervision was a contributing factor leading to the complaint. If supervision is deemed adequate the Restricted Licensee's conduct and/or competence alone will be considered.

**Q: I am a Restricted Licensee and would like to attend a dry needling course and perform this specialized procedure with my clients. What are the rules associated with a Restricted Licensee performing a specialized procedure?**

A: The following conditions must be met for a Restricted Licensee to perform a specialized procedure:

- Restricted Licensee must be certified and rostered with the SCPT.
- Supervisor must be rostered and competent in the same skills the Restricted Licensee is providing.
- Direct supervision must occur at all times with the Supervisor/Restricted Licensee/Client present in the same room when a specialized procedure is being provided.

**Q: Is the Restricted Licensee responsible to inform clients of their restricted license status?**

A: Yes, it is the responsibility of the Restricted Licensee to inform clients to ensure the client can make an informed choice of their treatment provider.

**Q: In a private practice is it acceptable for the Restricted Licensee fee to be the same as a full practicing PT?**

A: Fees for service are up to the discretion of the private practice, except where dictated by a 3rd party payer. There is no SCPT regulation that dictates the amount billable for the

services of a Restricted Licensee however, all standards around fees/billing/documentation need to be maintained.

**Q: I am supervising a Restricted Licensee who is showing excellent skills and competence, and they are requesting to supervise an MPT student. Is this allowable as a Restricted Licensee and am I then also responsible for the actions of the student?**

A: The Supervisor may discuss the opportunity for the Restricted Licensee to provide supervision to an MPT student at an appropriate time; however, the Supervisor is responsible to determine appropriateness for the Restricted Licensee to provide student mentorship as supervision of the MPT student would be a joint responsibility.

**Q: I have completed the chart audits and ACP as part of the assessment phase for my new Restricted Licensee. Do I send these documents into SCPT?**

A: The chart audits and ACP should be kept in the Restricted Licensee's employment file and available if requested by SCPT. The only documentation required to be sent into the SCPT is the Supervision Agreement.

**Q: I am a Restricted Licensee near to completing the hours requirement for the PBA. I am considering accepting a new position with a different employer. Is it possible for my current Supervisor to complete the monitoring tools required for the PBA and participate in the required interview process?**

A: Unique situations such as this should be discussed with the SCPT EDR by contacting [edr@scpt.org](mailto:edr@scpt.org). Considerations based on each individual situation must be discussed with the EDR and this is best done prior to making any major changes in employment to ensure the process for moving to full practicing licensure is completed as effectively as possible.

**Q: Once the Restricted Licensee is meeting entry to practice on the ACP and chart audits, is it acceptable for the direct supervision requirement to consist only of discussion and caseload review with the Restricted Licensee?**

A: Although the level of supervision is at the discretion of the Supervisor, it is suggested that the Supervisor will continue to be available to attend the practice setting to monitor practice situations, when guidance is requested for more complicated client conditions or for reviewing or learning new treatment techniques. Although discussion and caseload review are considered direct supervision, opportunities for regular observation of the Restricted Licensee within the practice setting and review of their charting is recommended to ensure practice levels are maintained.



## Glossary of Terms

**Direct Supervision:** a type of supervision where the Supervisor is on site and within audible and/or visual range of the Restricted Licensee and can initiate assistance or react to a request for assistance. A portion of direct supervision will include where the Supervisor is in the physical presence of the Restricted Licensee observing interactions with the patient.

**Indirect Supervision:** a type of supervision where the Supervisor is within reasonable access by telephone, email or other technology.

**Practice Based Assessment:** a clinically-based evaluation process that must be successfully completed by a Restricted Licensee to allow them to qualify for a full-practicing license.

**Supervision Agreement:** a legally binding document completed by the Restricted Licensee and Supervisor that outlines the supervision arrangement specific to the practice location and area of practice that is signed by the Restricted Licensee, Supervisor and the employer and must be approved by Council.

**Supervision Plan:** a plan developed by the Restricted Licensee and their Supervisor(s) that details the supervision model, plan for completion of monitoring tools and intervention should remediation be required based on the Restricted Licensee's performance.

**Virtual Care:** the delivery of physiotherapy services using any secure technology that enables communication between individuals in different locations including teleconferencing, video conferencing, email, or text communication. With virtual videoconferencing all or some participants may be attending virtually.

**Virtual Videoconferencing Supervision:** the use of videoconferencing where the Supervisor can observe the quality and response to care provided by the Restricted Licensee allowing the Supervisor to verbally assist with assessment and treatment and to further direct appropriate care. All or some of the participants may be attending virtually.



The SCPT gratefully acknowledges the College of Physiotherapists of Alberta for their contributions toward this resource.

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