

Restricted License Guidelines

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)) and are awaiting a clinical-based examination/assessment (Practice Based Assessment (PBA) in Saskatchewan or approved alternative from another Canadian jurisdiction).

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

Restricted License Legislation and Regulation

A Restricted License may be granted to individuals to practice physical therapy under well-defined conditions or limitations imposed by Council. (see Physical Therapy Act, 1998, Section 19 (2) for more details).

Regulatory Bylaws: 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.**

(2) Subject to obtaining a practising licence, restricted practising membership entitles a member to:

- (a) use the title “Physiotherapist” or “Physical Therapist” or any other word, title or designation, whether or not abbreviated, to indicate that the individual is practising as a restricted practising member of the college;**
- (b) speak and vote at the annual and special meetings of the college;**
- (c) serve as a representative of the college when appointed to do so; receive a copy of college documents appropriate for distribution; and**
- (d) receive the publications of the college**

Regulatory Bylaws: 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 practice:

(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

The following agreement and monitoring tools are requirements for RL supervision.

1. Physical Therapist [Supervision Agreement](#)
2. Monitoring Tools
 - a. Supervision Plan (This will be developed between Employer, Supervising Therapist and Restricted License Registrant – see [Sample Supervision Plan](#))
 - b. Standardized Chart Audit ([Monitoring Tool 1](#))
 - c. Assessment of Clinical Performance ([Monitoring Tool 2](#))

(Although only the Supervision Agreement is provided to the SCPT during the application process, the College reserves the right to request copies of the supervision plan and the monitoring tools at any time during the period of Restricted Licensure so it is suggested copies be kept in the RLs employment file. Once the RL has been granted a full practicing license, these monitoring tools may be confidentially destroyed).

1. The **Physical Therapist Supervision Agreement** is:
 - an integral component of the application form and acts as a legally binding agreement between the Restricted License Applicant, Supervisor(s), Employer, and the Saskatchewan College of Physical Therapists.
 - a condition under which the Restricted License is granted.
 - a shared responsibility between the Restricted License Registrant and the Supervisor(s) ensuring that the supervision requirement and the terms, conditions and limitations placed on the license are met.
 - completed and signed by the RL, SUP(s), and the Employer/Department Manager, dated and included with the application form provided to the College.

2. Monitoring Tools

- a. The **Written Supervision Plan** must address:
 - Mechanism of supervision
 - Mechanism of monitoring applicant performance
 - Mechanism to be used to provide intervention.

- b. **Standard Chart Audit** (Monitoring Tool 1):
- Between 0 to 4 weeks: two formal chart audits are completed each week over the first four weeks. If charting expectations are not met, further formal chart audits should be completed at the discretion of the SUP.
 - When charting skill expectations are met, formal chart audits are not required to continue after the first four weeks, but routine chart monitoring is recommended to ensure charting skills for all practice situations are assessed and skills maintained.
- c. **Assessment of Clinical Performance (ACP)** (Monitoring Tool 2):
- Approximately 6 weeks: The ACP is completed.
 - If the RL meets entry to practice the ACP does not need to be repeated until required as part of the Practice Based Assessment.
 - If the RL does not meet entry to practice the ACP must be regularly repeated, at intervals the SUP deems appropriate, until entry to practice competence is met.
 - If issues persist the SUP is encouraged to contact the Executive Director and Registrar for assistance in determining the most appropriate arrangement for ongoing supervision.

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

Types of Supervision

- **Direct supervision:** the SUP is on site and within audible and/or visual range of the RL and can initiate assistance or react to a request for assistance. A portion of this direct supervision will include where the SUP is in the physical presence of the RL observing interactions with the patient. Initially, this physical presence is required to observe the RL's performance, determine their level of competence and to consider when indirect supervision may be appropriate. At other times 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 supervision:** Indirect supervision is used in practice situations where the RL has demonstrated sound clinical competence and sufficient judgement to ensure safety. The supervisor may be on site but in a different area of the facility or geographically located elsewhere. 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.
- Virtual Care/Supervision involves the delivery of physiotherapy services using 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 virtual videoconferencing technology allows the SUP to observe the quality and response to care provided by the RL and allows the SUP 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 RL and SUP.

Responsibilities of Restricted Licensees, Supervisors and Employers

The Restricted Licensee:

- is responsible to arrange suitable employment and appropriate supervisor(s) and cannot be related or closely associated (i.e. business partner, close friend, such that a real or perceived conflict of interest may exist).
- must initiate the completion of the Supervision Agreement and Supervision Plan and ensure the Agreement is approved by the SCPT.
- shares the responsibility with the Supervisor to ensure that the supervision requirements and the terms, conditions and limitations placed on the license are met.
- may have more than one employer but must have a Supervision Agreement and Plan in place for each employer that includes the responsible SUP at each employment location.
- may only practice within the jurisdiction in which they hold the employment and where the supervision will occur.
- is familiar with and follows all legislation & regulation and be accountable to the SCPT for their actions.
- is responsible for all care provided and must request a level of supervision that meets regulation and their individual needs.
- will be issued a registration number and will bill for physical therapy services.
- follows their name and title with 'RES' on all documentation.
- is responsible to notify the SCPT when/if supervision arrangements may need to change (i.e., pending change in employer or SUP).
- is responsible to notify the SUP when they have successfully completed the PBA and received a full practicing license to formally end the responsibilities of the SUP.

The Supervisor

- It is recommended that supervisors have 2-3 years experiences as a full practicing PT.
- Supervisors may provide supervision to a maximum of 3 RLs at a time.
- The primary SUP may co-supervise an RL with another full practicing PT.

- Participates in the completion of the supervision agreement and plan.
- The supervisor holds the ultimate accountability for providing a level of supervision that assures the safest client care possible.
- Shares the responsibility with the Supervisor to ensure that the supervision requirements and the terms, conditions and limitations placed on the license are met.
- The level of supervision must include opportunities for ongoing dialogue to discuss client care, complete monitoring tools required as part of the restricted licensee supervision agreement and as required for the PBA.
- the SUP must have unimpeded access to the RL's work site
- The primary SUP, or an approved alternate, is required to participate in the Practice Based Assessment (PBA) by being available for a short interview by a PBA committee member, providing an up-to-date Assessment of Clinical Performance (ACP) and access to charts for audit purposes.
- Supervisors provide documentation to the PBA regarding the RLs abilities in their individual practice setting. The SUP is not responsible for making licensing decisions.
- Provides an appropriate combination of direct and indirect supervision until full licensure is achieved.
- The supervisor is not required to co-sign RLs clinical notes.
- The Supervisor has an obligation to inform the SCPT of any act of professional misconduct or incompetence by the Restricted License Registrant.

The Employer

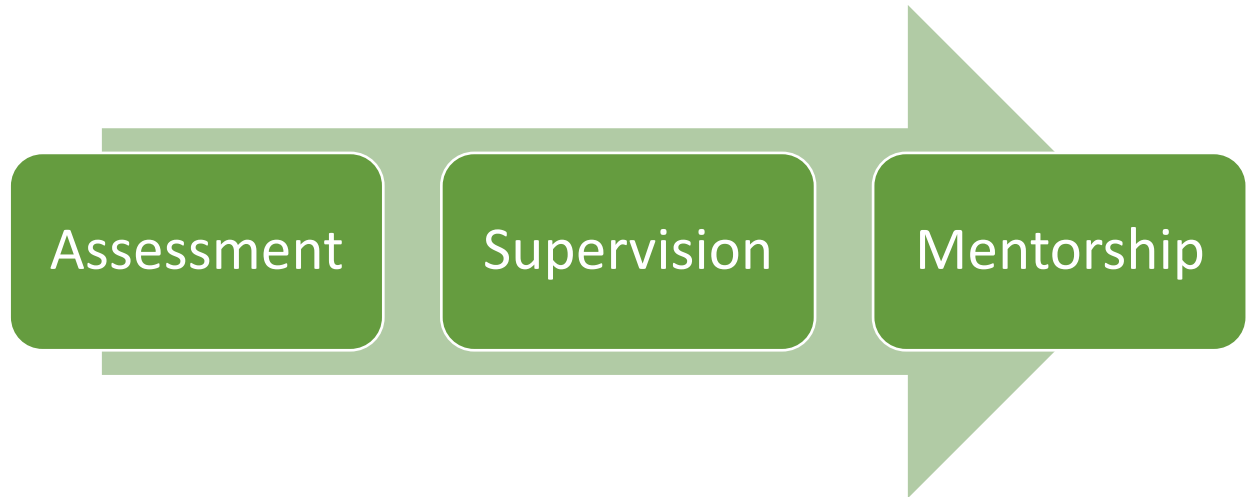
- Review and sign the Physical Therapist Supervision Agreement.
 - This is a form that the Restricted License Applicant, Supervisor(s) and the Employer/Department Manager sign. It must be submitted with the original application form for licensure with SCPT. The Physical Therapist Supervision Agreement is a legally binding agreement.
- Remain informed of the Restricted License Registrant's performance.

Supervision Model

The College recognizes that monitoring will vary with the nature of the employment setting, the job description, available resources and delivery models. The College believes that these factors influence the rigor with which a supervisor must provide supervision and evaluate the minimum competence of the Restricted License Registrant. The ultimate goal of monitoring must be to ensure that the delivery of physical therapy services is done in a manner which is safe and effective, to ensure that there is no elevated risk of harm to the public.

An RL requires a supervisor(s) while holding a Restricted Licence and until they obtain a full-practice licence. The type, nature, and content of the supervision will evolve as the RL gains more experience and confidence and this is at the discretion of the supervisor.

At least 20% of all supervision must be direct until the supervising PT is satisfied that the applicant meets all chart audit and ACP expectations. A small percentage of direct supervision may be virtual care providing it is an appropriate choice for the individual practice situation.



The Assessment Phase

- This is a period of direct supervision and is necessary to enable the SUP to assess technical and non-technical competencies, performance, and behavior of the RL in the clinical setting. It enables the SUP to assess the RL in the clinical setting.
- Formal chart audits begin and the supervisor should determine what client care assignments are appropriate for the RL to complete with indirect supervision.
- Direct supervision will continue to be emphasized in the early phases of the supervision model.

The Supervision Phase

- Following the assessment phase, the level of direct supervision is recommended to be a minimum of 20% until the supervising PT is satisfied that the applicant meets all chart audit and ACP expectations.
- 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 SUP.

The Mentorship Phase

- It is anticipated that supervision strategies will become more typical of a mentorship relationship where the RL practices under less direct supervision.
- The SUP will continue to monitor the RL and be available when guidance is requested for more complicated client conditions and when reviewing or learning new treatment techniques.
- Direct supervision (Client/SUP/RL all physically present) is always required when an RL is performing specialized procedures and both SUP and RL must be rostered and competent in the skills provided.