



Manitoba Physiotherapy - In Touch

*College of Physiotherapists of Manitoba
Newsletter*

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Summer Edition 2008

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Notes from the Editors

Submitted by Carol Baird & Sylvia Horvath, Newsletter Editors

This is the second newsletter in email format and it is also available to view online. This capability came about as a result of the efforts of Virginia, our office manager. We would like to thank her for the excellent job she has done in working with this new format. As we realize not everyone in the profession uses the computer as a means of information or communication, copies are mailed out to those requesting same, as well as to health care institutions for posting and Government bodies.

Attempts were made to make your Newsletter as informative and interesting as possible and this could not have been accomplished without Brenda's expertise in researching/writing up many of the articles, so many thanks to Brenda, CPM's Registrar/Executive Director, for her support and making the duties of Newsletter Editors so much easier and rewarding.

As I, Carol, will be leaving Council at the end of my third year term in 2008, this will be my last report to you.

Thank you

College Communications and the Alinity Database

Submitted by Brenda McKechnie, Registrar/Executive Director

The College is now using the internet to communicate with members and committees, rather than using the postal system. The newsletter will now be posted on the CPM web site, as well sent to you electronically. A survey on practice hours was recently sent to members with e-mail addresses. Therefore, it is very important to keep the College up to date with not only your residence information, employment information but also any changes to your e-mail address. Unfortunately, when CPM sent the surveys out to members, 28 were returned as being wrong email addresses. The College doesn't want members to miss out on the newsletter or participation in future surveys. Please let Virginia know when you change your email address as well as home address and employment information.

Work is now underway to update the Colleges' web site. This is in preparation to link the web site and the Alinity database. Currently the Softworks group based in Edmonton is making the necessary changes to allow on-line registration and renewal. The College plans to have this in place no later than renewal 2009.

Links

Acupuncture List

See the full Acupuncture list

Member Register & Facility List

CPM Member Register and listing of Facilities

The Apology Act

See the Act

FIPPA

The Freedom of Information and Protection of Privacy Act

PHIA

Personal Health Information Act

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Newsletter Policy

Submitted by Brenda McKechnie, Registrar/Executive Director

Council recently approved a written policy about the newsletter. Highlights of the policy include the following: The newsletter is to be used as a vehicle to communicate and share information with the members of the College about matters related to regulation of the profession, including registration, complaints and inquiries as well as standards of practice. Other content may include environmental scanning of issues relevant to physiotherapy in other provinces and countries or issues affecting other health care professions with potential impact on physiotherapy. The newsletter is to be produced a minimum of twice per year or more frequently as time and content value is deemed necessary for production.

The newsletter will be published on the College's website and distributed to all members of the College with e-mail addresses. Hard copies can be mailed to members who request a paper copy. Hard copies will be sent to all health care facilities which employ physiotherapists, including private practice, Manitoba Health, the Alliance, other physiotherapy regulators across Canada and the Minister of Health.

Editorial policy includes that no advertising will be solicited or printed. The Editor will determine suitability of content from a viewpoint of offensiveness to others and human rights issues. No jokes will be printed. Articles from other newsletters may be printed but permission and acknowledgment of the source must be sought and recognized. Articles from members of the College may be printed, subject to the editing and discretion of the Editor. No anonymous articles will be printed. Articles that do not necessarily represent the views of the College may be printed but a disclaimer recognizing the article to represent the views of the writer, but not necessarily the College must be added at the end of the article. The Editor will establish the protocol for the length of the article, content etc. for each newsletter. Finally, written consent must be received for the publication of photographs in the newsletter.

The new editor for the newsletter will be Ricky Paggao. You can reach him at: info@manitobaphysio.com for newsletter inquiries.

Meeting with Dr. John Gerrard

Submitted by Brenda McKechnie, Registrar/Executive Director

On February 13th, members of Council and the Legislative Committee attended a meeting with Dr. John Gerrard, Leader of the Manitoba Liberal Party.

Dr. Gerrard spoke about *The Apology Act*, which was recently passed in the Manitoba Legislature. This act covers everyone in every circumstance. In the health care context. An apology can be made for a medical error and the apology is inadmissible in court. A health care practitioner can still be sued for other facts but not due to the apology. An apology does not constitute an express or implied admission of fault or liability by the person in connection with the matter.

An apology does not impair or otherwise affect insurance coverage and must not be taken into account in determining fault or liability in connection with the matter.

Dr. Gerrard also commented on the Report on the RHA's which has since been released and about his vision for the future of health care in Manitoba.



Examination Candidate Registration

A reminder to third year students who will be graduating this year. Examination Candidate Registration packages were mailed out to you on April 18, 2008. Please notify the College if you do not get a package, are moving, or do not plan to register. Registration on the Examination Candidate register must take place **prior to commencing employment**.

Flight Plan to Greatness

Submitted by Brenda McKechnie, Registrar/Executive Director

The theme for the Annual General Meetings of the College of Physiotherapists of Manitoba and the Manitoba Branch of the Canadian Physiotherapy Association was "Flight Plan to Greatness". The event, held on Saturday April 12 at the Western Canada Aviation Museum in Winnipeg, was by all accounts a very successful day. The morning speaker, Erica Trimble from Vancouver, spoke on the "Mindset of Greatness: The Ten Principles to Becoming a Remarkable Physiotherapy Professional". Following Erica's talk, the Manitoba Branch of CPA held their Annual General Meeting and presented the Susan MacDonald Award to Ted Stevenson. Lunch and time to socialize with other participants followed. In the afternoon, Dr. Juliette Cooper (Archie) provided a thought provoking talk about "Moving Physiotherapy Forward - Whose Job Is It Anyway?" Archie had undertaken extensive research on demographic information about the profession and provided her own thoughts about what the profession was like in the 1960's and how we have progressed since then. Archie reported on how we have progressed in a number of areas and where the weaknesses currently are to move the profession forward, in a very insightful and thought provoking manner. Archie's talk was followed by the Annual General Meeting of the College and recognition of Council members who had completed their terms of office. New Council members will be Ricky Paggao and Jenneth Swinamer and Leslie Wilder will be replacing Carol Baird as a public representative.

It appears from the feedback received from attendees that the event was highly successful. Attendees liked having the two organizations coming together to have the AGM's on the same day as well as having thought provoking topics and speakers. Most attendees liked having a Saturday meeting and a provided lunch. The Museum was thought to be a good venue. This information will be valuable as the organizations plan for next year. We are still looking for feedback so if you were unable to attend and have other thoughts about location, days/dates, speakers, please e-mail or call us with your feedback.

Health Professions Legislation

Submitted by Brenda McKechnie, Registrar/Executive Director

The Registrar and the Legislative Committee continue to be involved in influencing the direction of the new Health Professions Legislation. Originally scheduled to be passed into legislation this spring, some delays have occurred and it is doubtful whether the legislation will be introduced to the House this spring.

To date, clauses that refer to the Complaints and Discipline/Inquiry process have been drafted and redrafted. The goal of the government is to bring consistency with respect to the complaints and discipline processes to all the regulated professions.

Manitoba Health has also been working, in collaboration with the regulators, to develop and define a list of “restricted actions”. These actions are those activities usually carried out by regulated health care professions which carry a high risk of harm to the public and should be taken out of the public domain. As an example, spinal manipulation is considered to be a high risk activity that should be carried out by only a select group of qualified professionals.

Currently, the College of Physiotherapists of Manitoba, the Manitoba Naturopathic Association and the Manitoba Chiropractic Association is working with Manitoba Health to develop a definition of “manipulation” which meets the requirements of all three groups. CPM has been consulting with and engaging members of the College who practice in this area, in order to propose a definition which works for physiotherapists and yet does not restrict practice in other areas which may not be considered high risk.

Manitoba Health plans to send out a document for public consultation at which time all members of the College can review the paper and provide input to Manitoba Health. When the College is notified that the paper has gone for public consultation, we will e-mail members about how to access the document.

The Fair Registration Practices in Regulated Professions Act

Submitted by Brenda McKechnie, Registrar/Executive Director

The Manitoba Government passed the above named legislation in 2007 to help reduce barriers to qualifications recognition in Manitoba. *The Fair Registration Practices in Regulated Professions Act* received Royal Assent on November 8, 2007 and will come into force once proclaimed.

The province of Ontario has had similar legislation passed and CPM is consulting with our counterparts in Ontario about the implications of this legislation to our College. Other provinces are also considering similar legislation. The government will be hiring a Fairness Commissioner in 2008.

Once the Commissioner is in place, discussions with regulated professions will begin to assess how the requirements of the Act can be met in the short term, as well as the supports needed by the regulators. Based on these discussions, the Fairness Commissioner will determine what regulations may be required and a process for development of regulations will be established.

Proclamation of this new legislation will mean that CPM will be accountable to the Minister of Labour and Immigration which is a new accountability for the College. Traditionally, the College has been accountable to the Minister of Health and in the past the Minister of Education.

Report from the Board of Assessors

Submitted by Brenda McKechnie, Registrar/Executive Director

The Board of Assessors is a statutory committee of the College. This means that there are clauses in our legislation which require the College to have a Board of Assessors. The mandate of the Board of Assessors is to look at issues that involve registration of new and renewing members.

Some of the areas where the Board of Assessors has been involved include monitoring new grads practicing under supervision and mentorship, monitoring re-entry candidates into the profession and foreign educated physiotherapists.

The Board also monitors members who are having difficulty meeting the registration requirement of having 1200 hours of physiotherapy practice in the five preceding years. This activity has consumed a great deal of discussion at the Board table. Physiotherapy practice has evolved and members are now working in areas that are not the traditional clinical practice areas or administrative areas that we saw only a few years ago.

The requirement for practice hours is based on the notion that practicing within the profession means that a member is keeping up his/ her competence in the profession. As members move away from traditional practice hours, it is difficult to decide what are considered acceptable practice hours for credit toward maintaining an Active Practice registration.

As an example, several members work in the Paramedics Field full time and also attempt to keep up their practice hours by practicing as part time physiotherapists. One question that has been asked is whether some credit can be given towards the physiotherapy practice hours from the Paramedic job, since there are shared competencies between the two occupations?

The Board has been attempting to set some parameters around the collection of practice hours. For example, should hours be collected, as in the example above, when a person is using a job title, other than “physiotherapist”?

Discussion continues on this topic. A draft position document has been developed, along with a short survey. It has been sent to members with e-mail addresses.

This is an important topic that affects all members of the College. We hope that you will participate in this activity. If you have not received it yet or do not have an e-mail address, please contact the College.

Use of Credentials

Submitted by Brenda McKechnie, Registrar/Executive Director

The Council draws your attention to the [CPM Position Statement 4.23](#) about the **Use of Title and Credentials**. This position statement was adopted from work undertaken by the Alliance and has been adopted by the majority of physiotherapy regulators in Canada.

The guideline addresses the use of the title words “physical therapist and physiotherapist” and the applicability of using these words to practice with human clients only (not animals). The use of the word “specialist” or other designation suggesting a special status or special levels of competence or accreditation is not permitted at this time.

Acceptable credentials include an academic qualification from a recognized university. Use of membership credentials in associations or special interest groups is not permitted. Examples of this would be MCPA (Member of the Canadian Physiotherapy Association or CAFCI (Certified with the Acupuncture Foundation of Canada Institute). This is an area where many physiotherapists have been noticed adding a number of credentials behind their name on business cards or other advertising. Sometimes, the credentials are very extensive and unrecognizable to members of the College, let alone the public.

Students should use the title “student physiotherapist” or “physiotherapy student” when undertaking activities directly related and approved by the university program.

The College suggests that you review the Position Statement and also review your own use of credentials and make changes where necessary.

Grant from CIHI (The Canadian Institute for Health Information)

Submitted by Brenda McKechnie, Registrar/Executive Director

The Canadian Institute for Health Information and the physiotherapy regulators across Canada have been working together for several years to establish a database for the collection of information on physiotherapists across the country. In order to be in a position to provide the required information to CIHI, the College purchased a specially designed database from the Softworks Group based out of Edmonton. The physiotherapy regulators in British Columbia, Alberta, Saskatchewan and Manitoba have each purchased the same database, making for economies of scale.

In December 2007, CIHI announced a funding opportunity for data providers. It is a onetime only funding opportunity to assist with development costs faced by data providers who are participating in the CIHI Database Development Project. The maximum funding available was \$10,000.00.

The College submitted a proposal and Council is pleased to announce that CIHI granted CPM the maximum allowable funding of \$10,000.00. This allowed the College to recoup some of the costs associated with the database as well as purchase two new computers for the office.

On behalf of all College members and Council, our gratitude is expressed to CIHI for this funding opportunity.

Manitoba Ombudsman Practice Note

Submitted by Brenda McKechnie, Registrar/Executive Director

Practice notes are prepared by the Manitoba Ombudsman to assist persons using the legislation. They are intended as advice only and are not a substitute for the legislation.

PRIVACY CONSIDERATIONS FOR FAXING PERSONAL AND PERSONAL HEALTH INFORMATION

The Freedom of Information and Protection of Privacy Act (FIPPA) and *The Personal Health Information Act (PHIA)* set out rules to protect individuals against unauthorized use and disclosure of recorded personal and personal health information. Public sector bodies and trustees are required to make reasonable security arrangements and implement safeguards to ensure confidentiality and protect personal and personal health information (section 41 of FIPPA; section 18 and 19 of PHIA as well as section 2 and 3 of PHIA regulation). These rules apply when personal and personal health information is shared by facsimile (fax).

When personal and personal health information is faxed to unintended recipients, there is an authorized disclosure resulting in a breach of privacy of the individuals whom the information concerned.

A misdirected fax of sensitive information concerning an individual's health status, diagnosis or care needs, financial situation or employment information constitutes a breach of privacy under FIPPA or PHIA. A breach of privacy cannot be undone and can have significant consequences for the individual, as well as the public sector body or trustee. The individual may be exposed to harm, including damage to reputation, loss of business or employment opportunities, physical harm, and fraud and identity theft. A privacy breach can also harm the public sector body or trustee. These harms may include damage to reputation, loss of public trust as well as financial and other resource costs incurred when dealing with the breach and notifying the affected parties.

Potential Risks Associated With Faxing

- Sending the documents to the wrong number and it is received by an unintended recipient.
- Fax is sent to correct number but is viewed by an unintended recipient.
- This usually occurs when the faxed information is left unattended, or the fax machine is located in an area where multiple people have access to it.

- Fax number of the intended recipient has changed or the intended recipient is no longer employed with the public sector body/trustee.

Tips To Consider When Faxing Personal And Personal Health Information

- Determine if there is an immediate time requirement that necessitates sending the information by fax.
- Wherever practical, remove all personal identifiers and confidential information before faxing the information.
- Always use a fax cover sheet, clearly identifying the sender, the contact information for the sender, the intended recipient, the recipient's fax number and the total number of pages sent. The fax cover sheet should contain a confidentiality clause specifying the material is confidential and intended only for the recipient. The confidentiality clause should request that the sender be notified immediately if the fax was received by someone in error.
- Confirm the fax number of intended recipient prior to sending the fax.
- View the display window to verify the fax number has been keyed in correctly.
- Contact the recipient to advise a fax will be sent or to confirm receipt of a sent fax.
- Obtain or print a fax confirmation report once the fax has been sent to ensure the total number of pages was sent to the intended recipient's fax number.
- Whenever practical, pre-program commonly used fax numbers. Pre-programmed numbers should be checked regularly to ensure the numbers are accurate and up-to date, as fax numbers can be reassigned after a specific period of time has lapsed from the date the fax number has been relinquished.
- Retrieve sent materials/records/documents from the fax machine as soon as possible after sending. If faxing personal or personal health information, stay by the machine to ensure all materials were transmitted correctly.
- Ensure fax machine is located in a place that would prevent unauthorized persons from viewing the faxed information.
- Where possible, designate one person to be responsible for sending and receiving personal and/or personal health information by fax.

If immediate time requirements necessitate faxing sensitive personal or personal health information, a public sector body or trustee should consider using unique identifiers or codes to protect the identity of the individual the information is about. Where possible, a public sector body or trustee using a fax modem (a fax generated or received by computer) should adopt privacy enhancing technologies such as passwords or encryption.

Public sector bodies and trustees should have a workplace policy on faxing personal and personal health information that specifies the type of information that can be faxed and sets out steps to mitigate the risk of faxing to an unintended recipient.

It is important that all employees are trained and made aware of this policy.

Reprinted from Manitoba Ombudsman Practice Notes. For further information see their Website at <http://www.ombudsman.mb.ca>.

Announcing Students on Council

Submitted by Brenda McKechnie, Registrar/Executive Director

In July 2007, Council approved policy to invite students from the Department of Physical Therapy at School of Medical Rehabilitation to attend Council meetings on a regular basis. The purpose of this action is to create an interest in the activities of the College as well as to facilitate leadership and capacity building by involving student physiotherapists at an early stage of their professional development.

The three students who served as student representatives on Council as of November 28th 2007 were Rachel Borkowsky, Emily Koroscil and Sarah Bleichert. With Sarah now completing her studies in physical therapy, a new representative will be chosen.

A selection process is involved in order that a maximum of three students are selected. Students are asked to submit a letter of interest to the Head of the Department of Physical Therapy. If more applications are received than vacant positions, the Head will determine an appropriate selection process.

The student reps are non-voting Council members who are encouraged to participate in Council discussions and activities. Their role in the physiotherapy community is to advocate for CPM's mission, vision and strategic planning activities.

Students are expected to attend each Council meeting during the year and to attend each physiotherapy students group in March of each year to promote interest in the student rep positions. The term is for one year with an opportunity to stand in the position for a maximum of two years. The College provides a \$200.00 honorarium to each student as long as they attend a minimum of 60% of the meetings in a year.

This has been the inaugural year for student reps and Council members feel it has been a successful undertaking. The students are engaged in the discussions and often present another way of looking at an issue.

Council wishes Sarah much success as she leaves her student rep position and looks forward to her participation on a College committee. Council is pleased to announce that Rachel and Emily will remain as student reps for the upcoming year. A search for a third student rep is currently underway.

Registration and Rebates

Submitted by Brenda McKechnie, Registrar/Executive Director

The College reminds members that it is their responsibility to ensure that they are fully registered with CPM prior to commencing or recommencing employment as a physiotherapist.

Full registration includes sending all required documents plus registration fees to the CPM office well in advance of beginning work. Once you have received a receipt for your fees and/or new membership card or your name appears on the website on the Active Practice Register, you will know that you are registered to practice.

Lately, there have been a number of instances where members wishing to recommence work, left their registration too late and not all documents (including professional liability insurance certificate) were received prior to starting work. It is an offense of *The Physiotherapists Act* to work as a physiotherapist when not registered on the Active Practice Register. Not only can the College prosecute members who fail to register, the employer can be held accountable for hiring a person who is not on the Active Practice Register.

Each year, a number of members who were on maternity leave or are going on maternity leave, seek rebates or pro-rated fees on their registration fees since they are not working for the entire registration year. The Council reminds members that fees are pro-rated once a year- on August 1 of each year. This would apply to those members who are starting work as of August 1 which is the half way point of the registration year. The College does not provide rebates on fees.

Several years ago, CPM tried pro-rating fees several times throughout the year. However, it was difficult to budget for College operations on this basis and after a year, Council decided to return to pro-rating only once per year.

In order to be a self regulated profession, the members of the profession must be prepared to financially sustain the work of the College. Your registration fees pays for that sustainability since there are no other substantial sources of funding. This situation can be likened to membership in a golf club. Members pay an annual fee although they only golf a few seasons of the year. The membership fee pays to sustain the operations of the golf club during the entire year. Having a driver's license provides you with the privilege of driving all year. If you leave the province, become ill during the year and cannot drive, it is unlikely that you ask for a rebate on your driver's license. In paying the registration fee to the College, members are provided with the privilege of being a professional and entitled to call themselves a physiotherapist. You are not just purchasing a license to practice. It is important to remember that it is a privilege to practice and call yourself a physiotherapist, not a right. Along with that privilege comes certain responsibilities, including the ongoing operation of the College's activities.

Models of Practice

Submitted by Brenda McKechnie, Registrar/Executive Director

There are a number of environmental issues and trends occurring today that affect upon the physiotherapy profession. With so many things happening with respect to the delivery of health care, it is difficult to know how these changes will impact the profession. In 2007, the National Physiotherapy Advisory Group (NPAG) invited members of the profession to attend a workshop in Toronto, to discuss these trends and determine

where the profession should be going. This was seen as a proactive step in determining our own future, rather than being reactive to changes over which we may have little control. Several people from Manitoba attended the workshop, including Jenneth Swinamer and Brenda McKechnie.

Some of the environmental issues and trends that were identified included:

- Inter-professional models of education and service delivery
- Support personnel- accreditation of education programs, regulation of support workers and the increasing role in service delivery
- Ontario has established an Advanced Practice Task Force
- University of Alberta has established an advisory committee to develop certificate programs for Rehab, including Advanced Practice
- In B.C. research is being conducted into advanced practice skills in arthritis care
- CPA is working on clinical specialist programs
- In the UK, physiotherapists are currently working as advanced practice physiotherapists in orthopaedics.
-

A number of key concepts were described as participants discussed how physiotherapy practice should look in the future.

Flexibility to accommodate current practice and allow for environmental variances, growth, change and practitioner mobility was a key concept. Do you think the scope of practice statement in our legislation allows for flexibility?

Collaboration with other health care practitioners. This may involve interdisciplinary practice and education with other health care practitioners, including ones that we have not traditionally had this type of relationship. How should we deal with “turf protection” issues?

Language. This was felt to be a very important issue. For example, does the word “healthcare” also embrace the idea of “wellness”? Traditionally, our system of health has embraced the illness model, not the wellness model. An “expert” may not be synonymous with a “specialist”. What is the difference? What does advanced practice mean? How does “extended class’ (used by some regulators) differ from advanced practice?

Scope of practice versus competency

It was discussed that a competency based approach might be more relevant and flexible than other approaches, such as scope of practice, when describing the model of practice. What this means is that a physiotherapist would practice those skills that they are competent to practice rather than being limited by the legislative prescribed scope of practice. The difference in the two approaches is that competency is about the individual and what his/her areas of competency entail. Scope of practice refers to the domains of practice and what all physiotherapists are competent to practice.

Another factor to consider in this discussion is the impact of legislation. Currently, Ontario, Alberta, British Columbia and Manitoba either have Health Professions Legislation or are working towards it. In Ontario, which has had this type of legislation longer than any other province, 13 actions or activities have been determined to be controlled acts. A controlled act is defined as an activity that when performed by people who are not qualified to do so, may put the public at substantial risk of harm. When the authority to actually perform the activities are granted to a profession, they are often broken up into subsections of the larger controlled act. The ability to perform controlled acts can be authorized in 4 ways: by direct authorization, by delegation, by exception or through exemptions.

In Direct authorization, registrants of authorized professions may perform these controlled acts provided that they are performed in the course of treating conditions **that are within the profession's scope of practice and that they have the appropriate knowledge, skills and judgment to perform them according to the standard of practice of the profession.**

Delegation is the process by which a person who is a member of a regulated health profession that has controlled acts authorized to it, delegates the authority to perform one or more of these controlled acts or components of a controlled act, to another person who is then authorized to perform these acts.

Exception relates to circumstances such as an emergency where a person performs a controlled act under the given situation.

Exemptions are controlled acts or components of controlled acts that are exempted from performance restrictions on these acts.

Manitoba Health is currently drafting Health Professions legislation in collaboration with the regulators. At the moment, we are uncertain of what impact "restricted activities" will have on the physiotherapy profession as it moves into the future.

The NPAG Group has now developed a Model of Practice paper, following the workshop and first discussion paper. It will be interesting to see how the Model of Practice, the revision of Essential Competencies document and other projects underway in the profession will meld to provide some future direction for the profession.

Consent to Treatment

Submitted by Brenda McKechnie, Registrar/Executive Director

It has come to the attention of the College's Investigator and the Complaints Committee that members are not always documenting that they have received informed consent for assessment and treatment by the client.

Informed consent can be verbal or written. The patient may have verbally agreed to the proposed treatment or may have actually read an informed consent statement and signed it. The signed statement should be on the client's record.

If the consent was verbal, a note in the client's record should be made to that effect.

The Personal Health Information Act contains a clause on “[Notice of Collection](#)”. This clause requires trustees who collect information on clients to provide the client with information on what the information will be used for, to whom the information will be shared and who to contact if the client has questions about their information. Notices can be posted on the clinic wall, or a brochure or information page can be written about this topic and given to the patient. Some physiotherapists include this information in the written consent form given to patients to sign. Manitoba Health advises that this information can be provided verbally to the client but they do not recommend this as a best practice. This is often a clause in the PHIA legislation that is not followed very well by practitioners.

Turf Protection

Submitted by Brenda McKechnie, Registrar/Executive Director

The College continues to receive calls from members about other health professionals who are practicing in areas that in the view of the caller, they shouldn't be. Callers tell the College that this particular activity is “physiotherapy” and others should not be practicing this technique or using particular equipment.

The Physiotherapists Act provides only physiotherapists/physical therapists with the ability to use either of these titles or to call what they are doing “physiotherapy/ physical therapy”. There is nothing in our scope of practice or our legislation that limits certain activities to only physiotherapists. Basically, the College can protect the title and the practice words but there is no turf to protect. If the College is made aware of a person calling themselves a physiotherapist/physical therapist or purporting to provide physiotherapy, and the person is not registered with the College, the Registrar swiftly sends a “cease and desist “ letter to the individual.

As we head towards interdisciplinary education and practice and advanced practice models, the divisions of who does what will become increasingly blurred. Instead of thinking about turf protection, would it not be better to develop a strategy to promote physiotherapists as the best practitioners to deliver the multitude of services that we are the best practitioners to deliver?

Sterilizing Reusable Medical Devices

Submitted by Brenda McKechnie, Registrar/Executive Director

The College has recently become aware of concerns regarding the cleaning and sterilizing of reusable needle plungers for intramuscular stimulation (IMS). In the CPM Practice Statement on Acupuncture (#4.6), it is recommended that single-use; sterile, disposable needles only are used. However, some members may still be using sterilization devices. The instructions provided with some of the sterilizing devices are not sufficiently detailed to enable users to understand how to correctly reprocess these devices.

In some cases, there are no instructions at all. Additionally, there are concerns about the ability to adequately reprocess devices with small lumens (e.g. IMS plungers). Sterilization processes for reusable needle plungers should be validated for narrow lumen devices. Some of the gravity displacement sterilizers, commonly known as table top steam pressure autoclaves, have not been validated for narrow lumen devices. Members are reminded that the College recommends the use of single use needle plungers.

Still Recruiting...

Submitted by Brenda McKechnie, Registrar/Executive Director

The College is still interested in hearing from members who would like to become involved in the work of the College. Several committees, such as the Ethics Committee and Practice Standards Committee, still could use physiotherapists who have an interest in the topic of ethics or on reviewing the Practice Statements. A vacancy for a public member also exists. So if you know of a non-physiotherapist who would be interested in representing the public's viewpoint on Council, we would love to hear from you.

The Council and committees usually meet only once per month. With summer vacations coming up, the Council and committees are taking a hiatus over the summer. Work will recommence in September. IF you are interested or know of anyone who might be interested, please contact the Registrar.