



**College of Physiotherapists of Manitoba**

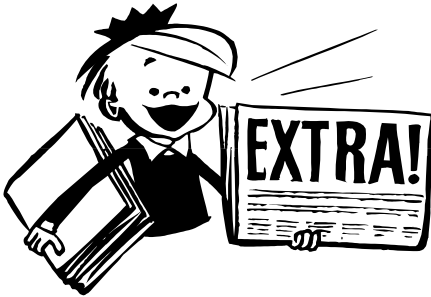
# **NEWSLETTER**

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**College of Physiotherapists of Manitoba**

**Annual General Meeting**

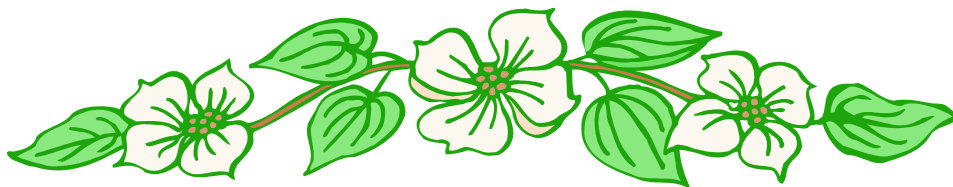
**April 24, 2003**

**7:00 p.m. to 9:30 p.m.**

**Samuel Cohen Auditorium, St. Boniface Hospital Research Centre, Winnipeg, Manitoba**

**Guest speaker – Audrey Lowe from the College of Physical Therapists of Alberta**

**“Continuing Competence Programs – Why CPM is Taking the Leading Edge”**



## C.P.M. Creating Accountability or Playing Big Brother???

I recently received my licence renewal package and was shocked to find a questionnaire that asked particulars about personal well-being with no prior notice or explanation.

Dismay and concern describe my reaction to C.P.M.'s intrusiveness as part of the licensing renewal procedure. Many physiotherapists have acquired, been treated and cope with daily physical and or mental disorders which can affect their practice. These include carpal tunnel syndrome, a herniated disc, an anterior cruciate deficient knee that collapses epilepsy, seasonal affective depression, anxiety syndrome, cancer, etc. We adjust the nature of our practice to meet the challenge and maintain safety standards. **None** of dozen or more members with whom I discussed this issue support the college being privy to this information. We fail to understand how the college's knowledge of these personal conditions will result in greater safety to the public. Are our licences to be conditional because of these declarations? Will the college be watching us? It is important that the college clarifies why they are requesting this information and in fact provide proof that they have legal right to this information. The membership would greatly appreciate a timely response.

It was with equal concern that I read the Continuing Competency Committee's plan to impose a Strategic Learning Plan (SLP) on the physiotherapists of Manitoba by January 2004. This SLP is to be part of a professional portfolio (refer to the text in the December/2002 C.P.M. newsletter). Again, the lack of information provided by the college regarding this initiative leads to misunderstanding and unrest among the membership.

My understanding is that the SLP was chosen as a tool to evaluate a member's ability to choose and follow through on a direction for his/her professional development over the course of a year. It is very unclear to me how physiotherapists will be able to document the SLP to demonstrate the planning skills, execution of the plan and clinical relevance or irrelevance of the plan in a practical setting. Further, the letter provided by the college provides little explanation and created much confusion among the membership. Statements such

as the following lead a reader to become confused and quickly assess that the writer likely does not understand the topic he/she is writing about.

*It is designed to encourage individual physiotherapists to set specific, time limited goals for an area of professional development/continuing education important and relevant to that individual and his or her practice, and to document the results. These results might be negative or positive, but will indicate an individual's ability to plan, reflect and incorporate or discard, a certain skill set or ability. I.e. demonstrate competence in a specific area important and relevant to that therapist and that clinical practice.*

Continuing Competence Update, December 2002

To think that this is the most comprehensive piece of information on the SLP that we have been provided with is ludicrous.

If the college is serious in its intent to implement this competency tool in 2004, it needs to provide a clear explanation of the process to be instituted and rationale for this specific approach. The use of how a portfolio will assess physiotherapy skills is similarly unclear and warrants further explanation.

One might also ask how the committee reviewing these SLPs would look upon a physiotherapist's SLP that demonstrates interest in an area with little clinical relevance? How would the committee look upon a physiotherapist's plan to investigate techniques heretofore not explored in the traditional fields of physiotherapy? The creativity of physiotherapists must not be limited by the Continuing Competency Committee's personal views. Freedom of practice must be guaranteed prior to institution of the system. The committee must also guard against comparing the perceived value of SLPs from different members. Some members may submit very elaborate SLPs relative to others' more simple approach. The social condition of each member allows only so much time to attend to professional development. As long as the goals are within a realistic norm of professional development, the size of the step taken towards professional development should be irrelevant for the purposes of meeting the Act's requirements.

The December/2002 competency update also mentions that future tools to be discussed include Peer Review. Practice Audits are also a requirement of the Act per this update. It would be greatly appreciated if the college would discuss the nature of the Practice Audit and potential Peer Reviews.

The college has stated that the SLP and future portfolio ideas were derived from the professional portfolios of the British Columbia and Ontario Colleges of Physiotherapy. In looking at the experience of Ontario physiotherapists, it is not clear to me that the Ontario public is better served by the use of those portfolio tools. However, colleagues in Ontario have made it evident that some of that province's portfolio tools are draconian. An extensive interview and a written exam requiring months of preparation have left

many of these members living in fear that their name may be drawn at the time of licence renewal.

It is without question that C.P.M. must meet the requirements of the Act regarding continuing competency in association with public safety. The approach of a professional portfolio that includes an SLP may work for Manitoba. The task lies in keeping the tools simple, straightforward and in not imposing an unfair burden on the membership. A consultative process with members would lead to development of a portfolio that could meet the goals of competency while respecting the professional nature of the physiotherapists of Manitoba. Many of us look forward to receiving more information on the progress in developing the competency tools and would gladly provide feedback if we were asked.

Louise Vermette  
Member of C.P.M.



## Editor's Note:

What is described as “CPM’s intrusiveness” is no more than compliance with the new *Physiotherapists Act*. This is a new feature of the Act that was required by the Government prior to the Act being proclaimed. In fact, there was an entire CPM Newsletter in February 2002, devoted to the new legislation, so that members of CPM would have an understanding of some of the changes. The intent of the personal well-being information was exactly that of protection of the public. Reportedly in the past, members being investigated as a result of complaints have used personal incapacities as an excuse for their actions.

Licenses are NOT intended to be conditional upon these declarations, but if the problem was of such gravity that it posed a public threat, then after study by the Discipline Committee and your Council peers, that might be the end result.

With regard to the Continuing Competence Program, this is again another mandatory requirement of the new *Physiotherapists Act*. The committee has sought to provide some awareness that this requirement is being addressed, but has

been unable to supply concrete details, as it has spent time working on goals and then determining which tools would be applicable to the Manitoba situation, given its much smaller financial resources compared to British Columbia, Alberta and Ontario.

The committee is very aware that physiotherapists already feel “pushed to the limits” as far as paperwork and bureaucracy are concerned. Every member of the committee will have to participate in this plan over the duration of their careers, so the process has not been taken lightly.

Continuing Competence Programs are “in process” across the country. There are few validated tools, and the understanding of what skills are being tested is also changing. Initially there was the Entry to Practice competencies, followed by the Beyond Entry Level competencies. When it was recognized that there is little difference between these two skill sets, a new approach was taken to look what are the Essential Competencies.

The Manitoba Continuing Competence committee decided to proceed more slowly to avoid confusion of introducing one plan and then having

the possibility of withdrawing it if it was not well thought out. Alberta and Ontario hired professional staff to formulate and pilot their plans, as has British Columbia this year. CPM does not have such financial resources, and we have been fortunate that the provinces of British Columbia, Alberta and Ontario have been most generous in sharing the prototypes of their plans.

A Professional Portfolio is the name chosen for the collection of tools to be used to demonstrate continuing competence. CPM already has in place two indicators, these being Practice Hours and current Continuing Education profiles as completed at the time of registration renewal.

The Strategic Learning Plan would be another tool, to promote reflective practice. Practice Audits are also required by the new Act. The Advisory Committee on Physiotherapy Practice has been working on this aspect and will soon have a format for review.

Peer Review has been used by other groups for continuing competence, but the CPM committee has not researched this area yet.

To give you an idea of what CPM is dealing with, it may be of interest to know that there were several registration cheques made out to the Association of Physiotherapists of Manitoba, and even one cheque made out to the College of Ontario!! This suggests that there is a proportion of physiotherapists in Manitoba who have not taken the time to inform themselves or read the information sent to them. It is for this reason that other provinces are looking at including knowledge of jurisprudence as it relates to physiotherapists in their continuing competence programs.

Lastly, a comment regarding the Ontario program. The College in Ontario is mandated, by law to have a "Quality Management" program in place. This is not the same as a continuing competence program. The CPO is currently reviewing their "Quality Management" program.



## THANK YOU MPI!

It is with great pleasure that the Council announces that the Manitoba Public Insurance Corporation has provided the College of Physiotherapists of Manitoba with a grant of five thousand dollars to be used towards an educational undertaking. The Council had applied for the grant to send a College member to a course on investigating complaints. The Council on Licensure, Enforcement and Regulation (CLEAR),

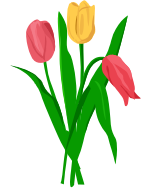
an American organization of regulatory agencies in Canada and the USA, to which the College belongs, will be hosting a meeting in Toronto in September that includes an investigation course. It is the intent of the College to send one or more persons to this course.

The Council wishes to publicly acknowledge the support of MPI in this endeavor.





## RENEWAL WRAP UP



The 2003 renewal of membership is finally completed. This has been a difficult renewal for the College and some members. New requirements came into play this year following passage of the legislation in January 2002. These new requirements caught a few people by surprise, especially those who had left their renewal to the last minute and did not have evidence of current professional liability insurance coverage.

The office received a number of telephone calls about the new requirements. A number of the questions raised valid points which will be addressed in this article.

The new Regulations require that the College asks the members to declare that that he or she has not been convicted of an offence under the *Criminal Code* (Canada), *The Controlled Drugs and Substances Act* (Canada), or the *Food and Drugs Act* (Canada). As well, the requirements for registration also include that the applicant must not suffer from a physical or mental condition, disorder, or addiction to alcohol or drugs that makes it desirable in the public interest that he or she not practice physiotherapy. These questions were asked in a “declaration form” and members were asked to check off a yes or no box and provide details if the yes box was checked. The College considers the renewal form to be a legal document, since members are asked to sign a statement on the form declaring that the information provided is true.

Several questions were raised about this form: What is the College going to do with this information? Will I lose my license because I have a temporary health problem (e.g. back problem)? Where is this information being stored and will it be made public? What gives the College the right to ask about my personal health information?

The College is only collecting the information at this time. There are no immediate plans to do anything with it. However, in the future, this data may provide the College with information that the College will need to act upon. For example, if it appears that a number of members have drug or

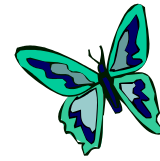
alcohol abuse problems, the College could set up a confidential help line, similar to the line set up for physicians by the College of Physicians and Surgeons. The information could be helpful in determining workplace injury trends or other valuable data.

. You will not lose your license for a temporary health problem because you have checked off the “yes” box! It is possible that a member may have a condition of practice placed on their registration as a result of this information. The College expects that as a physiotherapist you know your limitations due to injury or disease and that as a professional, you will take steps to minimize the potential risks that this may impose on you and your patients.

The information being collected will be stored in your registration file which is kept in a locked filing cabinet. Only the office staff (2 people) have access to the files. The Council does not even have access to these files. *The Physiotherapists Act* specifies what information about a member can be made public and health information is not included on the list.

The College has the right to ask this information because of provisions within the Regulations, under the sections “Eligibility for registration as a physiotherapist” section 4 (1) and the section on “Renewal” section 14(1).

Lastly, the membership is advised to renew their registration early. A number of members thought that their professional liability insurance was up to date when in fact it had expired. Some of these people left their renewal to the last minute and the office was unable to renew their membership by the deadline date because of the expired insurance or the non-existent certificate. Three people lost their license as of the deadline date and were obligated to pay a hefty late fee as a result. To avoid finding yourself in this position, you are advised to renew early. The College accepts post-dated cheques.



## WORDS FOR THOUGHT

The Advisory Committee on Physiotherapy Practice, through its work on Practice Audits, has brought the following concern to the Council and membership.

The Committee would like to bring to the attention of the Council and membership the casual and inappropriate use of the term “physio”. They are concerned that the use of this term in a generic way undermines the use of this term in relation to physiotherapy and physiotherapists or physical therapists. The generic use of the term “physio” implies that anyone can do physiotherapy treatments.

Anecdotally, the committee is aware of rehabilitation assistants, nurses, and possibly other allied health care personnel, using the term to describe, for example, “chest physio”, “physio exercises” etc. when referring to the treatment they are giving a client, whether instructed to do so by a physiotherapist or when these individuals are just carrying out a care/ treatment plan for the client. The casual use of the term “physio” in this way sounds as if the person carrying out the treatment is educated and authorized to practice physiotherapy. Moreover, when we as physiotherapists use the term in this casual way, we encourage others to do the same.

The committee suggests that such interventions should be described as chest therapy, exercise therapy, walking therapy, prescribed by the physiotherapist. The committee has asked that the Council bring this to the membership’s attention to encourage physiotherapists to stop themselves and others from using these terms in such a casual manner as it undermines our professional responsibility and scope of practice.

The Council also reminds members that through the Canadian Alliance of Physiotherapy Regulators, the title and practice words (physiotherapist, physical therapist, physiotherapy and physical therapy) are now protected by Federal Government Official Mark Protection. The title words have been protected by provincial legislation *The Physiotherapists Act* for a long time. Use of these words is only granted to registered members of the profession and certain organizations (e.g. CPA, the university). Therefore, it is incumbent upon each member to ensure the correct usage of these words.

The Council thanks the Advisory Committee on Physiotherapy Practice for bringing this to the membership’s attention.



### Reminder:

If you are presently on the Inactive register and planning to return to work, you must contact the CPM office in order to change your licensing status to the Practicing register **prior** to returning to work.

If you have any changes of employment, address or name, you are required to notify CPM of such changes.