



# Manitoba Physiotherapy - In Touch

## College of Physiotherapists of Manitoba Newsletter

September 10, 2007

Summer/Fall Edition 2007

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## Notes from the Editors

**Submitted by Carol Baird & Sylvia Horvath, Newsletter Editors**

Following Sylvia Horvath's appointment to Council, she was elected as a co-editor for the Newsletter. I look forward to working with Sylvia and welcome her input to hopefully supply you with a few more newsletters throughout the year. This will be the first newsletter to be distributed via e-mail. Hard copies will be delivered to Health Care facilities with a request to post for those staff who may not have access to e-mail.

The College has many on-going, as well as new, initiatives underway and the future promises to be a challenge for your Registrar to meet all the deadlines required to handle these, with the main focus on on-line registrations and being able to bring news to you on a timely basis, via the web site.

## 6<sup>th</sup> Annual CPM AGM

**Submitted by Carol Baird & Sylvia Horvath, Newsletter Editors**

The CPM 6<sup>th</sup> Annual AGM was held on April 12, 2007 at the Victoria Inn, Winnipeg Manitoba.

### **This year's AGM was attended by:**

- 34 Voting Members
- 5 Student Members
- 3 Public Members
- 3 Observers
- 1 Secretary



There is one new Council member: Sylvia Horvath. The Council presented previous member Lori Enns, with a certificate in appreciation for her contribution of serving on Council.

There were two guest speakers: Douglas Abra of Hill Abra Dewar and Heather McLaren of Manitoba Health.

Doug Abra, the solicitor for the College, spoke on "Professional Liability and the Importance of Malpractice Insurance". Some of his recommendations included:

- A Physiotherapist should have a minimum of \$5 million coverage
- Know EXACTLY what your plan covers, i.e., does it cover complaints?
- Know whether you are covered if your employer sues you following an incident
- Know if you have third party liability insurance. Professional liability insurance covers you for any injury or damage that is caused specifically by your treatment. Third party liability insurance also covers you for accidents that may occur within your building/clinic/hospital - for example, if a patient were to slip & fall causing injury to themselves.

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Heather McLaren, Director of the Legislative Unit for Manitoba Health, presented on the "Health Professions Regulatory Reform Initiative":

Manitoba Health has embarked on a project to renew health professions legislation in the province targeted for Spring, 2008 and to develop a "Reserved Action Regulation" by Fall, 2008. The primary emphasis will be to protect the public from harm, not advancing professional interests. This approach will identify activities performed by health care professionals that carry a real risk of harm if done by someone with insufficient training and will restrict the application of these activities to those who are competent to apply them safely. Both regulated and non-regulated professions will have the opportunity to provide input. The basic features of this "Umbrella" Legislation includes:

- One Act covers all health professions
- Act sets out basis for the reserved action approach
  - Lists broad categories of harmful actions
  - Contains rules, re: composition of boards and committees
  - Contains administrative procedures
- Profession-specific regulation will set out:
  - Scope of practice
  - Reserved action that members of the profession are authorized to perform
  - Any other profession-specific matters
- Similar to the regulatory regimes now in place in ON, BC, AB, PQ

Please refer to the section on "[Health Professions Regulatory Reform Initiative](#)" later in this newsletter for further details on this topic.



## The Alinity Database

**Submitted by Brenda McKechnie,  
Registrar/Executive Director**

The Alinity database is now installed on the CPM computers. A few pieces of missing information or fields are yet to be included. The next step is to work with the Softworks Group to develop an extraction process so that CPM can extract and use the stored information. This will allow CPM to provide the yearly statistics that are prepared for the Annual Report sent to members and the government. As well as an extraction tool for CPM purposes, the Softworks Group is currently working on an extraction tool that will allow the College to provide information to the Minister of Health and the Canadian Institute for Health Information. The physiotherapy regulators in British Columbia, Alberta, Saskatchewan and Manitoba have all purchased the Alinity program from the Softworks Group.

Therefore, CPM is benefiting from the work carried out in other provinces in the development of the extraction tools.

The Council has decided to postpone the Web services component of the database for a year.

The Web services component will allow members to renew their registration on line and provide the College with updates on address and employment changes. This project will be slated for renewal of registration for 2009, rather than 2008. The additional time will allow the office to ensure that the extraction tools are working properly and that CPM can supply the required information to the Minister of Health and CIHI beginning this fall.

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## Updates to the CPM Web site

Submitted by Virginia Kaskiw, Office Manager/Registration Secretary

I have been working on making the College web site more user friendly by updating and adding information. I have created a page called "[Member Register & Facility List](#)". This page is not currently linked to the data base, but will be included in future plans when we implement online registrations. Currently, the information is updated on a regular basis and then uploaded to the web site.

Another recent addition to the web site is the [CPM Reference Guide](#).

Be sure to watch for updates and [announcements](#).

I am looking forward to your suggestions and comments.

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## Quest for a Career in Physiotherapy

Submitted by Anonymous Author



In July of 2004, while vacationing in Vancouver, I remember my family, at home in Manitoba, avoiding me on my birthday. This was the first time in five years that I was even going to be on the continent for my birthday and I always received a phone call.

When I returned home I learned that my family did not want to talk to me on my birthday and ruin my vacation by informing me that a letter came from the university stating that I was not accepted into the physiotherapy program. This was devastating. I was certain I was going to be accepted as the university was even forced to increase enrollment due to the number of physiotherapists retiring. I was also certain I was always going to be employed due to the huge demand for physiotherapists at the time. When I read that rejection letter I had no idea what I was going to do with the rest of my life. With the university switching to a Master's program, I would not be able to apply again.

I booked a trip to Ukraine. Some long lost relatives had been in contact with my family and asked if I would be interested in going over to visit. Two weeks later a letter came from the university stating that a position opened for me. I cancelled my trip, bought a house and moved myself to Winnipeg before school started at the end of August.

First year was so exciting. While learning about sputum and all kinds of things I had no idea had anything to do with physiotherapy, a teacher informed us that everyone who graduated the year prior found employment in Manitoba, and most were in Winnipeg.

The only concern we had as first year students regarded what would happen to us being one of the last classes graduating with only a Bachelor's degree. The physiotherapy department assured us that it would have no impact.

One day when an occupational therapist came to our class to discuss the OT role on the rehab team, a student asked her how finding employment has changed since their program switched. She said that in theory it makes no difference but they are finding that it does in reality. This was the first time that anyone put even the slightest damper on our expectations for after graduation.

By the time the fire hose of information, also known as second year, was being sprayed on us, our instructors were repeatedly telling us that we had better start thinking outside the box because there was going to be fifty of us graduating and competing for very few jobs.

I got interested in physiotherapy because I wanted to help people after car accidents, strokes, brain injuries, etc. regain function. On my first placement in second year, I went with my clinical instructor to assess range of motion on an unconscious patient who had an acquired brain injury. We performed the assessment and passed instructions to the aide to perform daily range of motion activities. This was disappointing for me as I was wanting to work with patients with such injuries.

During my second placement in second year my clinical instructor had to get the aide to show me how to put the constant passive motion machine on a clients knee post surgery because she did not know how to do it. I then realized the reason there are no available jobs is not only because more experienced physiotherapists are not retiring, but also because there are fewer jobs. The role of the physiotherapist is changing. We pride ourselves on the contact we have with our patients but as a new grad it appears as though our profession is heading down a path where we assume a managerial role delegating tasks to aides, charting the results, and taking the responsibility for any mishaps.

Now that third year is coming to an end, I've started looking at employment possibilities seriously. The good news is that the university still has not switched to a Master's program. This will give me a few years to gain experience before I have to start competing against those grads. What is concerning is the number of jobs available and the even fewer number of full time jobs. The chance of there being a mass exodus into retirement in the next few months seems very slim, so my plan now is to sneak in a quick trip to Ukraine before heading, probably with many of my classmates, to Beautiful British Columbia.

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## Physiotherapists who have attained the CPM standard to practice Acupuncture: April 2007



Congratulations to the following physiotherapists who have attained the CPM standard to practice Acupuncture in April 2007. Their names have been added to the [Acupuncture list](#) that is accessible on our web site:

Tannis Harrison	Yvonne Decaire
Kim Szajkowski	Carrie Cole
Tara Wolchuk	Kerri Edison
Kerry St. George	Melissa Polson
Ricky Paggao	Rukmali Mendis
Lauren O'Donohue	Stephanie Hampson
Ronald Recuneco	

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## Health Professions Regulatory Reform Initiative

**Submitted by Brenda McKechnie, Registrar/Executive Director**

Manitoba Health and representatives of each regulated health profession in Manitoba have been meeting to discuss and develop new health professions legislation. Currently, the provinces of Ontario, Alberta, and British Columbia have or are implementing a framework for health professions legislation.

The Legislative Committee of the College of Physiotherapists of Manitoba and the Registrar are integrally involved in the process and the Registrar serves as the liaison with Manitoba Health and the other regulators. To date, activities of the Legislative Committee have included education regarding the umbrella legislation in other provinces as well as models in other countries. The Committee has also been discussing the restricted practices that have been identified in the other provinces.

Restricted activities are those activities or practices which are determined to be higher risk activities in which practitioner competency is of vital importance. There should be consistency in the application of this activity in order to assure public safety in the applications and outcome of the activity. Restricted activities that have been discussed by the regulators and usually appear in the legislation of other provinces include: the making or communicating of a diagnosis, invasive procedures (such as acupuncture) setting fractures or reducing dislocations, spinal manipulations, administering substances by injection or inhalation, ordering and/or applying X-Rays, ionizing/non ionizing radiation, prescription/compounding/dispensing/administration of drugs, corrective lenses or visual appliances.

Once the restricted activities have been determined, those activities will be taken out of the public domain. This means that the public and unregulated practitioners will be unable to perform those restricted activities. For currently regulated professions, those activities that are determined to be restricted will be granted to only those professions which are competent to practice or need to practice those activities. It is unknown at this time, how this will be determined or the process involved. The Legislative Committee and Registrar are aware of the restricted activities in other provinces that have and have not been granted to physiotherapists. As an example, the practice of communicating a diagnosis has not been granted to physiotherapists in Ontario.

Work is continuing on the restricted practices, with several "subgroups" of regulators working on specific issues. The recommendations of these groups will be shared with the other regulators before going forward to Manitoba Health. The government will be releasing a White Paper later this year and the public will be able to comment on the recommendations made in the White Paper. The government has established a web site for further information and updates on the regulatory reform:

<http://www.gov.mb.ca/health/hpri/index.html>

### **Canadian Institute for Health Information**

The physiotherapy regulators across Canada have been working with the Canadian Institute for Health Information (CIHI) for several years to establish a database for the physiotherapy profession.

In the past, each College collected information on its' members and provided this information in aggregate form to governments and within its Annual Reports. The Regulators also collected information and provided it in aggregate form to the Canadian Alliance of Physiotherapy Regulators. For the most part, this information had been collected for years and very little analysis had been conducted.

CIHI began collecting information on physicians and nurses initially. Following the establishment of these databases, CIHI selected several other professions to begin work on establishing a database. Other professions selected include pharmacy, occupational therapy, physiotherapy and laboratory and radiation technologists.

Two main differences exist with the CIHI database compared to what has been done in the past: the information to be provided to CIHI will be at "record level" and an analysis will be conducted each year on the information provided. Record level means that the information provided to CIHI will be on each individual member, sent in a de-identified and coded form in order to ensure confidentiality.

*The Physiotherapists Act of Manitoba* is specific on what information can be provided by the College about members and, in fact, is quite limiting.

The Government of Manitoba passed an amendment in 2005 to the legislation of all regulated health professions that requires the Colleges to provide information on members, including personal information, at the written request of the Minister of Health for purposes including the generation of information in non identifying form for statistical purposes.

Manitoba Health has been working with the pharmacists and occupational therapists to provide the required information to CIHI. The Colleges for these professions have been sending the coded information to Manitoba Health, who has further de-identified gender and age categories before forwarding the information to CIHI. CPM anticipates that it will also be following a similar process.

Information will be collected on members who are on the Active Practice and Inactive Registers only. Member's names are never used and a special ID number is assigned to each member. Information is sent in a coded sequence of about 16 numbers or letters. The first data collection will occur in September 2007. The CIHI report with analysis will be available the following year.

### **Professional Portfolios**

The College sent a survey to each member with the renewal packages in December, which asked a number of questions about the Regulations, the College and various activities of the College, including the Complaint/ Inquiry process, the newsletter and Members Manual, the Continuing Competency program and Practice Audits.

This survey was undertaken because the Regulations required the College to conduct a five year review of the Regulations and submit the results to government. Currently, the data is being analyzed at the University of Manitoba.

One of the questions on the survey pertained to professional portfolio. It appeared that a number of members were unfamiliar with professional portfolios and many have not started to develop their own.

Usually, we hear of artists having a portfolio which is a collection of their best and recent artwork. An artist would use a portfolio of this type to illustrate their work when seeking a job as an artist. What better way to exhibit your talents than to carry a portfolio of your work.

Many occupations, including physiotherapy, have never thought of exhibiting their work and successes in portfolio format. In fact, many physiotherapists are unsure of what to include in a professional portfolio that would exhibit their work.

The professional portfolio can be used when applying for a new job, research funding or when applying to graduate school. Some schools, particularly in the USA now ask for the applicant's professional portfolio as an admission requirement into graduate school. When the College develops its Practice Audit program, it may well be that you are asked to show your professional portfolio.

What should be kept in the professional portfolio? Remember that your portfolio is a collection of things that reflects your competency in physiotherapy or particular areas of practice. It is a means to exhibit your accomplishments and successes in your career. You may wish to include certificates from continuing education courses, awards, publications including newsletter articles, feature articles in the newspaper etc. There may be letters of commendation from employers or patients that illustrate your successes. Even your resume can be kept in the portfolio.

Your professional portfolio can be a box of these items or better yet, a binder that is well organized and updated periodically.

Physiotherapists have frequently commented that they have certificates, notes of thanks and articles they have written. They never know quite what to do with these things so they put them in a drawer (or drawers) and eventually, throw them out.

Now there is a reason and purpose for keeping this information together and in an organized fashion. Next time you apply for a new position, take your portfolio along to the interview!



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## Examination Candidate Registration

A reminder for third year students who will be graduating this year, an Examination Candidate Registration package was mailed out to you on April 16, 2007. Please notify the College if you did not get a package, are moving, or do not plan to register. Registration on the Examination Candidate roster must take place prior to commencing employment.

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## Use of Title and Credentials

**Submitted by Brenda McKechnie, Registrar/Executive Director**

Following work undertaken by the Canadian Alliance of Physiotherapy Regulators and accepted by all the regulators across Canada, the CPM developed [Position Statement 4.23](#) about the Use of Title and Credentials which was approved by Council in 2002. A copy of this position statement can be found in your blue Members Reference Guide.

This Position Statement is being brought to your attention because CPM continues to see a variety of credentials and titles used by members which are not approved by the College.

One of the reasons that the College has developed a position on this issue is for the protection of the public. While it may be impressive to list a number of initials (credentials) after a name, many of the credentials have no meaning to the public. It could be deceiving to the public to see a number of credentials after a name and to assume that this physiotherapist is "better" qualified than a physiotherapist who has only one credential. Sometimes the credentials the College sees aren't even related to physiotherapy.

**Use of title:** A physiotherapist, who is registered with the College, is permitted to use the title physiotherapist/physical therapist. Registration with the College ensures the public that the member/registrant has met the required educational qualifications and has the competencies to practice physiotherapy. The title of physiotherapist/ physical therapist is reserved for those members who are practicing on human clients only. Physiotherapists who practice animal rehabilitation should not be using the title or practice (physiotherapy/physical therapy) words.

**Acceptable credentials:** The credentials that are acceptable to use include the name of the academic diploma or degree(s) earned to allow practice as a physiotherapist as well as the acceptable abbreviation of the title of the diploma or degree e.g. BMR (PT). Also permitted are Masters and Doctorate degrees from an accredited Canadian University or deemed equivalent to those degrees.

Some of the credentials recently seen by the College include: MACFI, MCPA, CAT(C), and other designations that imply membership in an organization. These are not permitted as they do not relate to a physiotherapy program from an accredited university.

If a member has another degree from the university that may be outside of physiotherapy, it is appropriate to use this credential. However, it should appear after the physiotherapy credential.

For example, the credential should be the last in the sequence: Jean Martin, Physiotherapist, BMR PT, BSc, and Psych

Students enrolled in a physiotherapy education program should use the title "Student Physiotherapist" or "Physiotherapy Student" after their name.

Any person not registered with the College is not permitted to use these titles. Legal action can be taken against a person purporting to be physiotherapist who is not registered with the CPM.

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## Dual Health Care Practices

**Submitted by Brenda McKechnie, Registrar/Executive Director**

Are you a physiotherapist who is also trained as an acupuncturist, massage therapist, athletic therapist or other?

There appears to be a growing number of physiotherapists who have dual credentials. While this may permit you to offer more services to your patients, it also can cause confusion to your patients and to third party payers.

The position of the College about Dual Health Care Practice is that members must keep the two practices separate and distinct. The roles, titles, credentials, documentation and billing practices must be separate and distinct from each other.

If you are working in a private physiotherapy practice as a physiotherapist and the client's physiotherapy benefits have reached the maximum allowable, you cannot suddenly become an athletic therapist and begin billing as an athletic therapist.

Members are not prohibited from practicing dual professions. However, the two practices must be very separate and distinct. If the two practices can be separated physically (for example, having a different entrance way and signage to the acupuncture clinic) from the physiotherapy practice, this is recommended. Other ways to continue to practice dually is to provide the services in separate facilities/buildings, with difference signage and different clinic names. If this is not possible, the services can be separated by time. You practice as a physiotherapist from nine to five but as a massage therapist from seven until nine (remember to remove your physiotherapist name tag!).

Complaints can arise from the public if they are confused about your dual practice or billings. In an investigation, it is incumbent upon the member to provide evidence of steps taken to separate the two practices.

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## Thinking of opening your own private practice?

**Submitted by Brenda McKechnie, Registrar/Executive Director**

The College has the authority, through the Regulations to approve the title, term or designation describing a member's qualifications or occupation.

The College undertakes this responsibility by having members who are planning to open a new physiotherapy practice or business, submit draft copies of the new business's letterhead, business card and referral form. These documents must be submitted six to eight weeks prior to opening the practice.

The Council reviews the submitted documents and if approved, the member can proceed with printing. [Position Statement 4.15](#) in the blue Members Reference Guide provides further information on the Private Practice Guidelines. There are also other Practice and Position Statements relevant to new owners which Council draws your attention to in the Members Reference Guide.

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## Models of Practice

**Submitted by Brenda McKechnie, Registrar/Executive Director**

The Registrar was invited to attend a Forum held in Toronto in April to discuss Models of Practice.

Over the past several years, there have been a number of initiatives that directly impact the practice of physical therapy. For example, at the national and provincial levels, inter-professional models of education and service delivery are emerging and will influence future workforce planning.

There are local and provincial initiatives in progress related to support personnel that confirm the importance of having a broader discussion on this topic. In Ontario, there is an Advanced Practice Task Force that is exploring issues related to advanced practice in light of the provincial government's transformation agenda to improve the delivery of health care in Ontario. The University of Alberta has formed an advisory committee to develop certificate programs for rehabilitation that include education related to advanced practice. In British Columbia, physical therapy researchers are investigating advanced practice skills related to arthritis care.

The National Physiotherapy Advisory Group (NPAG) composed of representatives from CPA, the Alliance, and The Accreditation Council for Canadian Physiotherapy Academic Programs (ACCPAP) and Canadian University Physiotherapy Academic Programs (CUPAC) has discussed the need to ensure that the model of physical therapy practice continues to evolve and remains relevant. Building on work in progress, the NPAG made a decision to lead, promote and facilitate this model of practice discussion with the intent to reach consensus on a framework for a model of physiotherapy practice that will help achieve *Physiotherapy Vision 2020*. The Model of Practice Forum provided the opportunity to initiate the dialogue.

The intended objectives for the Model of Practice Forum were identified as follows: to discuss and achieve consensus on a framework for a Model of Practice for Physiotherapy in Canada that is flexible enough to meet regional health needs and evolving best practice trends in keeping with *Physiotherapy Vision 2020*. The framework may include, but not be limited to advanced practice, clinical specialties, the use of support personnel, inter-professional practice and essential competencies.

Another objective was to develop an action plan to support the implementation of the framework with identified roles, responsibilities and time frames for all involved stakeholders, local and national.

It became apparent during the Forum that the objectives were ambitious for an initial dialogue and more discussion was required before objectives could be accomplished.

The first part of the Forum was educational, giving participant's information about the current Canadian environment, an international perspective as well as perspectives from the nursing and pharmacy professions. Representatives from these professions as well as several physiotherapists from the UK, who practice in an advanced practice model, participated in the sessions. At the end of the first day, NPAG regrouped to consider how to capitalize on the UK experience, advance the discussion in a meaningful way, given the breadth and depth of experience of the individuals in attendance and focus on model of practice elements where additional information was needed or controversy existed.

Both the NPAG and CPA acknowledged the commitment and passion experienced during the Forum and agreed to keep the momentum achieved through the Forum. Immediate next steps included further meetings of NPAG to determine how it would like to precede, further discussion to be held at Board meetings of NPAG members, and the development of a discussion paper that can be used to advance Models of Practice dialogue.