

OCCUPATIONAL GROUP – PHYSIOTHERAPISTS

This paper describes the work of physiotherapists, the physiotherapists' practice milieu and the physiotherapy educational milieu.

PHYSIOTHERAPISTS - SELF REGULATED IN TEN PROVINCIAL JURISDICTIONS

Physiotherapists are self-regulated health professionals in all provincial jurisdictions. Authority and responsibility is delegated to the physiotherapy regulator authorities through legislation in each of the provinces. In the Northwest Territories, Yukon and Nunavut, the responsibility for the competence of physiotherapists rests with the government.

In each province there is legislation outlining such matters as the scope of physiotherapy practice, minimal requirements for physiotherapist education, requirements for ongoing practice/continuing competence, procedures for complaints and discipline of registrants, details regarding governance including public representation, and authority for setting practice standards.

There is much diversity among the regulatory frameworks used by the provincial physiotherapy regulators. This diversity reflects a variety of factors including the diversity in provincial health environment needs, diversity in provincial regulatory models, and diversity in provincial regulatory priorities.

PHYSIOTHERAPISTS - DESCRIPTION OF WORK

Physiotherapists work with their patients to plan and carry out individually designed physical treatment programs for the purpose of restoring function and preventing disability from disease, trauma or injury. Physiotherapists are also involved in consulting, educating individuals or groups, and research.

Physiotherapists are able to work as primary health care providers in all provincial jurisdictions. Patients can make appointments with physiotherapists without being referred by a medical doctor. Physiotherapists work in a variety of settings including health clinics, hospitals, rehabilitation centres, and nursing homes. Many are self-employed.

In the accomplishment of their job responsibilities, physiotherapists perform some or all of the following activities and functions:

- assess physical and functional abilities in order to identify physiotherapeutic problems;
- develop intervention programs to address the physiotherapy problems;
- implement programs of physiotherapy which may include patient education, the use of exercises, mobilization, and other physical approaches, such as electrotherapy and hydrotherapy;
- maintain clinical and statistical records;
- work in multidisciplinary teams and confer with other professionals as required;
- develop and implement screening and preventive health promotion programs;
- conduct research in physiotherapy;
- perform other duties related to education, consultation or administration.

Physiotherapists may focus their practice in particular clinical areas such as orthopaedics, cardiopulmonary and cardiovascular disorders, neurology, geriatrics, burns or sports injuries, rheumatology, oncology, paediatrics and obstetrics.

PHYSIOTHERAPIST'S EDUCATIONAL MILIEU

This section explores some of the other factors affecting the physiotherapist and physiotherapy educational environment.

Entry-Level Education

Formal physiotherapy education in Canada takes place in one of thirteen university programs (Canadian Physiotherapy Association, 1998) each affiliated with a faculty of medicine and accredited with the Accreditation Council of Canadian Physiotherapy Academic Programs (ACCPAP) and the (US) Council on Accreditation of Physical Therapy Education (CAPTE).

Every year, hundreds of people apply for admission to each physiotherapy program, and each year approximately 685 are admitted (Canadian Physiotherapy Association, 1998). There is little attrition from these programs between admission and graduation. While the proportion of men graduating from physiotherapy programs in Canada has increased over the past two decades, the proportion of physiotherapists who are men remains less than twenty percent of total registrants in Canada (Canadian Alliance of *Physiotherapy* Regulators, 1999b).

Admission requirements vary from one physiotherapy educational program to another. For example, one physiotherapy program admits students following secondary school, others require one or two years of university coursework, and two require a baccalaureate degree before application (Canadian Physiotherapy Association, 1998).

Each educational program develops its own program in light of national curriculum guidelines and the accreditation standards, considering its own local resources, perspective and expertise (Glover Takahashi, 2000). In addition to variability in the entry requirements, there is much variability within educational programs and curriculum. With the exception of the province of Quebec, there is no consistent educational model, and no minimums in coursework content or credits. In Quebec, there are legally mandated curricular requirements in the statutes for physiotherapy education (Government of Québec, 1999).

For example, one program offers a master's degree, is twenty-two months long, and uses a problem-based learning model. Other programs offer a baccalaureate degree, are three to four years long, have different prerequisites and use a variety of educational models (e.g., traditional medical educational models or problem-oriented models) (Canadian Physiotherapy Association, 1998).

Supervised Clinical Practice

One of the growing challenges for physiotherapy educators is providing adequate opportunities for supervised clinical placements for their students. The challenge for educators relates to the volume of clinical placements, the adequacy of supervision available and the variety of clinical placements.

The reasons for this problem over the past 5-10 years are likely attributable to several factors including: the "downsizing" of hospital departments and staff; the move from physiotherapy departments to program-based management in publicly-funded facilities; the decrease in hospital length of stay; the decrease in physiotherapists working in the public sector and a corresponding increase in physiotherapists working in the private sector; and the absence of funding for physiotherapists or facilities that provide supervised clinical placements for physiotherapy students.

The downsizing of hospital physiotherapy departments results in more difficulty organizing clinical education for physiotherapy students. Additionally, the decrease in morale that accompanies downsizing makes it very difficult to find clinical staff to act as mentors - a voluntary additional activity without tangible rewards. Program managers who do not have responsibility to include clinical education of students, nor additional dollars for such discretionary activities, are sometimes reluctant to provide clinical education opportunities.

Physiotherapists working on program teams may be working part time in several units making the patchwork of clinical education around types of patient problems (e.g., stroke patients, acute orthopaedics) particularly challenging. The decrease in length of hospital stay means that the patient caseload changes more quickly, offering decreased opportunity to reinforce or practice new skills.

The shift in physiotherapy practice patterns shows that over the last decade there has been an increase in physiotherapists working in private practice. The clinical areas that physiotherapists are working in have shifted with an increase in proportion of patients seen with musculoskeletal disorders and a decrease in neuromuscular and cardiorespiratory disorders. This shift in physiotherapist's practice patterns impacts supervised clinical practice of physiotherapy students. The private physiotherapy practice environment, with its primary focus on income generation, has not been as receptive to providing opportunities for supervised clinical practice - a voluntary activity that appears not to immediately "add value" to a private practice.

The educational programs have had to be innovative in their placements and flexible regarding what is considered clinical practice, with some physiotherapists supervising multiple students, and not all students having the opportunity to see all patient populations. In addition, restructuring the length of placements, the timing of placements in the curriculum, and the increase of clinical workshops in lieu of on-site education are some measures that are in place. Some educational programs have started to consider the use of other health providers as supervisors for the supervised clinical placements of their students. There are also efforts to market the "added value" of students to the private practice environment.

The diversity of supervised clinical placement opportunities for physiotherapy students has increased over the past 5-10 years. The challenges to find adequate variety and volume of placements are a tangible challenge for which no solution has yet been found.

Accreditation Of Physiotherapy Educational Program In Canada (Based on ACCPAP, 2000)

This section explores the present accreditation system and the planned future accreditation system.

The accreditation of physiotherapy programs in Canada is in transition. The plan is for the transition to occur between 2000 and 2002. As a result of a changing educational model in the United States (i.e., to entry-level masters or entry-level doctoral programs) and the desire to have a Canadian-based accreditation program that is sensitive to the Canadian educational and health care context, a new accreditation program is now under development.

Prior to 1995, the Canadian Physiotherapy Association (CPA) accredited all Canadian physiotherapy programs. In 1995, the Accreditation Council of Canadian Physiotherapy Academic Programs (ACCPAP) was created. ACCPAP began as an informal review group and is now a legal non-profit organization taking more direct responsibility for the accreditation of Canadian physiotherapy educational programs and undertaking a responsibility to implement and oversee a new accreditation process.

The current Canadian accreditation process consists of two steps: 1) ACCPAP performs a Canadian pre-screening to evaluate the eligibility of the program; and 2) Commission on Accreditation in Physical Therapy Education (CAPTE) in the United States evaluates the program according to its policies and procedures. Both ACCPAP and CAPTE grant accreditation status upon satisfactory compliance with a rigorous set of evaluative criteria. As of May 1999 all 13 of the Canadian university programs had completed this process once.

After December 31, 2001, CAPTE will no longer accredit baccalaureate physiotherapy education programs. Thus Canadian university programs offering an entry-level baccalaureate degree¹ will no longer be eligible for CAPTE accreditation. Several Canadian programs are preparing to move to a master's entry-level physiotherapy degree. It has not been determined that the master's entry-level qualification will become a requirement in Canada.

ACCPAP has recently hired an Executive Director to oversee the development of the new process, including drafting the standards, policies and procedures and training the surveyors. The plan is that draft standards will be developed in 2000 and approved prior to January of 2001. ACCPAP envisions that the new process will foster a culture of facilitative peer evaluation, enhancing program self-assessment and improvement (ACCPAP, 2000).

PHYSIOTHERAPIST'S PRACTICE MILIEU

This section explores some of the other factors affecting the physiotherapist's practice environment.

The practice milieu is the environment in which physiotherapists work. The physiotherapist's milieu includes a variety of practice settings such as the hospital, rehabilitation centre, private clinic, patient's home, home for the aged, summer camp, patient's school, sports events and industrial work sites. Physiotherapists work with patients who have different clinical problems, such as musculoskeletal conditions including acute sports injuries, back pain, or arthritis; cardiorespiratory conditions such as asthma, cystic fibrosis or exercise deconditioning; and neuromuscular conditions such as strokes, nerve injuries, or multiple sclerosis. Physiotherapists work in a variety of roles, including direct patient care, consultation, and administration for patient groups that include children, teens, adults, and seniors.

The physiotherapists' practice milieu changes over time. Sometimes the changes are due to choices by the physiotherapist while other changes are due to factors beyond the control or influence of the physiotherapist. It is likely that while physiotherapists are learning formally in one educational environment, they start practising in a somewhat different environment. Over time, as their career choices evolve and the work environment continues to change, physiotherapists find themselves working in yet a different milieu.

For example, both the physiotherapist's educational and practice environments have changed considerably in the past decade because of funding cuts to education and health care respectively (Angus & Tremayne, 1995). The education of health practitioners has been doubly hit.

It is clear that the milieu for which most physiotherapists were formally educated no longer exists (Canadian Physiotherapy Association, 1999). Until the last decade, most physiotherapists worked in a hospital. A physiotherapist manager of a physiotherapy department hired the physiotherapy departmental

¹ As of June 2000, only one of the thirteen physiotherapy educational programs in Canada (i.e., McMaster University) has confirmed that they will move to conferring a master's entry-level degree.

staff included physiotherapists, aides and clerical staff. Every three or four months, all of the physiotherapists — except the senior physiotherapists — rotated from one area of patient care to another.

The physiotherapy manager and the senior physiotherapists worked to ensure that each area of patient care had the right mix of expertise, interest and abilities. They were responsible for the infrastructure (e.g., staffing, equipment, policies and communication with other departments) and were knowledgeable about the policy and practice landscape. Staff physiotherapists focused on patient care, assessing patients, planning care and providing treatments.

Now if you return to the same facility, it has a different name. It is one site of a multi-site centre formed when two, three or four hospitals merged. Like most health care facilities today, the facility has likely adopted a program management model (Canadian Physiotherapy Association, 1999), with all staff, including physiotherapists, organized into program-based teams reporting to a program manager, who is usually a nurse.

Teams have one or two physiotherapists, and each team is responsible for infrastructure and environmental issues. Day-to-day opportunities for mentoring by experienced physiotherapists are limited because of the small number of physiotherapists on each team, and the links among team staff are minimal. The elimination of rotations through different areas of patient care further curbs opportunities to integrate learning within and across practice areas.

In the restructured environment, the patients have changed (Angus & Tremayne, 1995). They are often sicker and older, with fewer family or community programs for support. Many physiotherapists assert that the pressure to control costs reduces the frequency and duration of patient care.

Changes in the milieu underscore the fact that learning for physiotherapists is much more than a formal course of study learned once in school. Such learning evolves throughout the personal, educational and professional life of the physiotherapist, reflecting changes in the practice milieu.

IN CONCLUSION

Physiotherapists work as primary health care practitioners in a wide variety of settings performing a multitude of roles assisting patients to meet their goals such as improved neuromuscular function and pain management.

The physiotherapy educational system is quite diverse and is undergoing considerable change. The physiotherapy educational programs use a variety of approaches in meeting the accreditation standards. There are many challenges related to supervised clinical placements for physiotherapy students. Some physiotherapy programs are in transition to a master's entry-level degree. The impact of the move to master's entry-level degrees (i.e. other physiotherapy programs and the health care system) has not yet been broadly discussed. The accreditation of physiotherapy educational programs is in transition and a new system is under development.

The physiotherapist's practice environment has changed quite significantly over the past 5-10 years with most practitioners now working in private practice or in decentralized work teams.

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