



# **Guidelines on the Role and Utilization of Physical Therapist Support Workers in Physical Therapy Practice in Canada**

Prepared for Physiotherapy Regulators in Canada

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Physiotherapy Regulators**

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## Note to readers

This second generation paper describes key elements related to the role and utilization of physical therapist<sup>1</sup> support workers in Canada. It is the result of research and consultation with many physiotherapy stakeholders across the country. The first version of this document was released in 2000 and represented an early view of issues related to the use of support workers in Canada.

The paper intends to complement the *Competency Profile: Essential Competencies of Physiotherapist Support Workers in Canada*, published in 2002 by the Canadian Alliance of Physiotherapy Regulators (The Alliance) and the Canadian Physiotherapy Association (CPA). It should be considered as a work in progress and will be updated and refined over time.

Individual physical therapists and physical therapist support workers are advised to contact their provincial/territorial physical therapy regulator for details on applicable provincial/territorial legislation or requirements.

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*Disponible en français.*

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<sup>1</sup> Physical therapy, physical therapist, physiotherapy, physiotherapist, physiothérapeute, physiothérapie, PT, and pht are official marks used with permission. The terms physiotherapy and physiotherapist are considered synonyms for physical therapy and physical therapist respectively and are used interchangeably in this document.

## **Acknowledgements**

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## Introduction

Over the past decade, many driving forces have changed the face of health care and the subsequent delivery of health services in Canada. Factors that have influenced health care reform include fiscal constraints, changing demographics, increased emphasis on the implementation of population based models of health service provision, changing public expectations and increased client advocacy (Leatt, P. et al, 1997; Canadian Physiotherapy Association, 1999). It is clear that stakeholders, whether they are governments, health providers, clients, or payers, all have a vested interest and a role to play in making and shaping human resource policy. The overall objectives of these policies are to ensure timely, appropriate access to efficient and effective quality health services while attempting to manage health care costs.

Reform initiatives have resulted in a changed model and delivery of physical therapy care. In addition to providing care to a new type of patient, physical therapists are now providing services in a new work environment, having established new relationships/partnerships with their peers and other health professionals. To meet the increased demand for physical therapy services and in response to health reform initiatives, physical therapists (PTs) are utilizing and supervising physical therapist support workers (PTSWs). The use of PTSWs promotes timely access to physiotherapy services, maintains and enhances the quality of services delivered to the client and increases the cost effectiveness of physical therapy care (Loomis, J. et al, 1997; Loomis, J. et al, 1998).

For a number of years physical therapy professional groups and the Canadian Alliance of Physiotherapy Regulators (The Alliance) have been engaged in collaborative initiatives aimed at defining the *appropriate* use of physical therapy support personnel (Canadian Physiotherapy Association, 1995; Alliance of Physiotherapy Regulatory Boards, 1996; Glover Takahashi, S., 1998). The purpose of this document is to present a *regulatory* perspective on the role and utilization of the physical therapist support worker in physiotherapy practice. The document focuses specifically on the regulator's perspective of the role of the college-level prepared Physical Therapist Assistant (PTA) or the Group 1 PTSW.

In summary this document:

- defines and describes PTSWs;
- provides an overview of policies regarding appropriate utilization of PTSWs;
- describes essential components of PT and PTSW relationships;
- discusses tasks within the exclusive practice domain of a PT;
- discusses the tasks that can be appropriately assigned to PTSW; and,
- presents the factors influencing appropriate task delegation.

The specific responsibility for governing the conduct and professional relationship of physical therapists vis-à-vis physical therapist support workers is under provincial/territorial

jurisdiction. Readers may wish to contact their provincial/territorial college for more information.

## Defining Physical Therapist Support Workers

### Overview

It is difficult to define the broad category of physical therapist support workers. However, it is recognized that there are at least two levels of PTSWs in Canada: 1) those who receive formalized, albeit non-standardized, college-level training in a physical therapist assistant-specific program; and 2) those who are exclusively trained on-the-job or have education which is more informal, generic or of shorter duration. Individuals fulfilling support worker roles currently utilize a variety of job titles and the individual/employer may use similar or the same titles for these different categories of workers.

### Group 1

The formal education for Group 1 PTSW includes the development of knowledge, skills and attitudes which prepares them to work in a variety of physiotherapy work settings, with a variety of patient populations, and as a member of the physiotherapy care team.

The educational background of *all* Group 1 Physical Therapist Support Workers includes but is not limited to *all* of the following:

- curriculum that prepares students for physiotherapy practice models in Canada;
- a broad range of curriculum to match the variety of physiotherapy environments and client populations;
- educational program faculty members including registered physical therapist(s);
- a college diploma/certificate from a recognized<sup>2</sup> post-secondary program that includes a minimum of three terms<sup>3</sup> of full-time equivalent study of which,
  - o One term equivalent must be in physiotherapy-specific coursework (e.g. use of ambulatory aides, electrotherapy modality instruction, the principles of therapeutic exercise) that includes classroom and laboratory work;
  - o One term equivalent in physical therapist supervised practical training/fieldwork; and
  - o One term equivalent of generic coursework (e.g., anatomy, physiology).

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<sup>2</sup> Recognized by the provincial/territorial/territorial ministry of education or equivalent.

<sup>3</sup> A term is defined as a period of full time study between 14-16 weeks and includes 300-350 hours of study.

## Group 1 Title

The suggested job title(s) for Group 1 or college-level trained Physical Therapist Support Workers is Physical Therapist Assistant (PTA).

## Group 2

Group 2 is a diverse group including non-regulated assistants and workers with similar or related education or training. These include Fitness Instructors, Athletic Therapists, Kinesiologists and multi skilled workers who are a part of a health care team or nursing unit or who work in private practice. The Group 2 PTSW has education that is shorter, not as broad in nature or less formal than the above outlined for the Group 1 PTSW. Because of the varied nature of educational preparation, job titles and on-the-job responsibilities among on-the-job trained assistants/aides or other physical therapist support workers, it is not reasonable to make assumptions about the knowledge, skills and abilities of individuals included in the Group 2 category.

Group 2 PTSWs may also be involved in delivery of health care services assigned by a physical therapist but generally this work is more supplementary in nature than the work assigned to Group 1 PTSWs. In addition, the Group 2 PTSW has a different relationship with the supervising physical therapist (see *Table 1* on page 14).

## Group 2 Title

These guidelines suggest that the job title for the Group 2 category of Physical Therapist Support Worker be Physiotherapy Aide or Rehabilitation Aide.

See *Table 1* on page 14 for a summary comparison of the Group 1 and 2 PTSW.

## Other Groups in Canada

The Physical Rehabilitation Therapists (PRT)<sup>4</sup> were incorporated into the *Ordre professionnel des physiothérapeutes du Québec*, using the mechanism provided in the *Code des professions* (i.e., Order in council respecting the integration of physical rehabilitation therapists into the Ordre professionnel des physiothérapeutes du Québec) published in the *Gazette officielle du Québec* in September 2002. These amendments integrate PRT's into the Ordre professionnel des physiothérapeutes du Québec. The legislation sets out the reserved titles and outlines the activities that may be carried out by PRTs and the conditions they can treat. It should be noted that the activities performed in the field of physiotherapy by the PRT's are defined in Article 4 of the Order in Council. The field of physiotherapy is shared between Physical Therapists (PT) and PRT's. Furthermore, PRT's work independently and

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<sup>4</sup> PRT's are a group of workers who have completed three years of full time study at a community college in Quebec.

do not require supervision by a PT. PRT's may supervise PRT students during clinical placements.

## Overview of Provincial Positions/Guidelines Regarding the Utilization of Support Personnel

A review of the clinical practice/policy statements of regulators regarding the use of support personnel shows the variation in regulatory treatment across the country (College of Physical Therapists of British Columbia, 1996; College of Physical Therapists of Alberta, 1996; Saskatchewan College of Physical Therapists, 1996; Association of Physiotherapists of Manitoba, 1997; , College of Physiotherapist of Ontario, 1996; Ordre Professionnel des Physiothérapeutes du Québec, 1995; New Brunswick Association of Physiotherapists, 1998). The variation is most apparent with respect to the educational preparation and titles used by PTSWs.

Studies have shown that there is also variation in the on-the-job responsibilities/functions carried out by support workers practicing in Ontario (Heck, 2001) and elsewhere (Bashi and Domholdt, 1993; Robinson et al, 1994; Ellis et al, 1998) . There is however, remarkable similarity in the various policy documents with respect to a description of task delegation/assignment/transfer of function from PT to PTSW and the supervisory responsibilities of PTs.

## Essential Components of the Physical Therapist and the Physical Therapist Support Worker Relationship

Two essential components, supervision and communication, must exist in the relationship between the PT and the individual PTSW. While these two elements are essential, it should be noted that the PT is always directly accountable for the physiotherapy care the client receives regardless of the amount of supervision or communication provided to the PTSW.

### Supervision

- Any physical therapist assigning tasks to a physical therapist support worker *must* supervise the individual performing the task (Canadian Physiotherapy Association, 1997).
- The nature of this supervisory relationship may be direct or indirect, or may be a combination of the two. Regardless of the nature of the supervision, the PT must exercise his/her best clinical judgment to provide the PTSW with the appropriate mix of direct and indirect supervision.
- In situations where indirect supervision is applied, it is reasonable and expected that the supervising PT be readily available for example by pager or telephone or in the same physical area as the PTSW for consultation, should the need arise.

- In determining the amount, form, quality and type of supervision required, the physical therapist must comply with any applicable provincial/territorial legislation and take into account several factors including:
  - practice setting;
  - type and the nature of the task (Lee, 1998);
  - acuity of the patient's condition;
  - complexity of the patient's needs; and
  - degree of judgment, decision making required for modification of treatment based on the patient's response.

These factors should be considered in the context of education, training, skills, job experience, personal attributes, abilities and competence of the support worker.

- It is expected that PTs will not assign any task they have not previously observed the PTSW performing competently. This observation may be done personally or by another PT.
- The PT remains responsible, accountable and liable for the quality of the supervision provided to the PTSW. It is essential that the supervising PT therefore be responsible for setting, encouraging and evaluating the standard of work performed by the PTSW to ensure that they are able to safely, effectively, efficiently and competently perform each task.

## **Communication**

Communication is an essential component that must exist or be negotiated in the relationship between the PT and the PTSW. This includes communication between the PT, PTSW and the client.

### **Communication Guidelines**

- It is ultimately the PT's responsibility to ensure that all PTSWs are clearly and correctly identified by use of name tag and introductions.
- Physical therapists and physical therapist support workers need to establish a process, structure(s) and mechanism(s) to ensure that ongoing, collaborative communication exists between the various parties. This includes ensuring that arrangements exist to address questions or concerns if supervision is indirect.
- Because the physical therapist is accountable for any task he/she delegates the PT must ensure that the PTSW understands any instructions and the scope and limitations of his/her clinical practice.

### **Communication Requirements**

The PT and PTSW must communicate with each other with respect to, but not limited by, the following:

- relevant assessment findings, goals, interventions planned, acceptable range of treatments and the expected response;
- potential changes in the client's condition that are consistent with the normal course of recovery;
- the client's actual response and any observed changes in the client's health status during or as a result of the physiotherapy intervention;

## Specific Task Assignment

The various policies/guidelines adopted by provincial/territorial physiotherapy regulators, while not providing an itemized inventory of activities that PTs can assign, have provided PTs with guidance in broad categories. Models of delegation to PTSW have also been described in the literature (Saunders, 1997; Saunders 1998a; Saunders 1998b). The nature of tasks that can be appropriately assigned to or shared with PTSWs should be of a more ongoing, observational and assistive nature rather than of an independent or evaluative nature.

With respect to specific task assignment:

### The PT must:

- complete an initial assessment and prepare a physiotherapy care plan;
- engage in a documented process to ensure that the PTSW is competent to carry out the tasks prior to assigning them.

### The PTSW may:

- with the patient's consent, carry out portions of this physiotherapy care plan for a relatively *medically stable* patient;
- participate in the collection of qualitative and quantitative client data related to the client's physical status and functional ability as assigned by the PT;
- perform selected objective measures/tests/procedures as assigned by the PT within established guidelines and limits and which supplement the client history and systems review performed by the PT in accordance with the overall (re)assessment plan;
- implement therapeutic interventions as assigned by the PT which may include thermal, electrical and mechanical modalities or providing physical assistance (supporting or enhancing in nature) to clients;
- reinforce the PT's explanation and provide verbal instructions to the client regarding the intervention plan;
- assist the PT in evaluating the effectiveness of specific interventions in relation to identified client outcomes;
- document work and collection of workload measurement statistics as appropriate and in compliance with applicable legislation and regulations and within the established guidelines, policies and procedure of the practice setting;
- perform any task that contributes to the creation of a safe and effective practice environment that supports a client-centered delivery of physiotherapy services.

It is important to re-iterate that ultimately the assignment of duties and transfer of function from PTs to PTSWs must be within that individual's level of competence and take into account the factors mentioned earlier such as education and provincial/territorial physical therapy regulatory direction.

### **Tasks Not to be Assigned to a PTSW**

Tasks considered to be of an evaluative nature and within the exclusive domain of a PT that *must not* be assigned include:

- interpretation of referrals, diagnosis or prognosis;
- interpretation of assessment findings, treatment procedures and goals of treatment;
- planning, initiation or modification of treatment program beyond established limits;
- discussion of treatment rationale, clinical findings and prognosis with the client/family;
- documentation that should be completed by a PT;
- discharge planning;
- any task or procedure that requires continuous clinical judgement, e.g., any intervention that has an evaluative component that immediately influences the treatment program;
- manual therapy e.g. mobilizations;
- any therapeutic acts controlled by provincial/territorial regulation (e.g. spinal manipulation and tracheal suctioning in Ontario).

### **Summary and Conclusions**

It is in the best interests of client care that a positive working partnership exists between PTs and PTSWs. The physical therapy profession must continue to work towards defining, influencing, encouraging and promoting this partnership (Saunders 1998b).

The development of the working relationship between PTs and PTSWs should be based on clear guidelines as they apply to the practice environment and population, taking into account the competencies of the PTSW. In this way, the PTSW contributes to the achievement and maintenance of health and fitness, the management of impairments and the optimization of client activity. This will ensure that the benefits to the public receiving physiotherapy care are enhanced through the delivery of quality and cost effective services.

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**Table 1: Comparison (differentiation) of Two Categories of Physical Therapist Support Workers\***

Category of Support Worker	Educational Requirements	Relationship With Physical Therapist	Type Of Work I.E. Functions Transferred
<p><b>Group 1 Physical Therapist Support Worker</b></p> <p><b>Work titles, e.g.,</b> Physical Therapist Assistant (PTA)</p>	<p>Formal education which includes the development of knowledge, skills and attitudes which prepares the worker to work in a variety of physiotherapy work settings, with a variety of patient populations, as a member of the physiotherapy care team.</p> <p>The educational background of <i>all</i> Group 1 PTSW includes <i>all</i> of the following:</p> <ul style="list-style-type: none"> <li>• Curriculum that prepares students for physiotherapy practice models in Canada.</li> <li>• A broad range of curriculum to match the variety of physiotherapy environments and client populations.</li> <li>• A college diploma/certificate from a recognized** post-secondary program that includes a minimum of 3 terms full-time equivalent study of which: <ul style="list-style-type: none"> <li>• One term equivalent must be in physiotherapy-specific coursework (e.g. use of ambulatory aides, electrotherapy modality instruction, the principles of therapeutic exercise) that includes classroom and laboratory work; and</li> <li>• One term equivalent in physical therapist supervised practical training/fieldwork***; and</li> <li>• One term equivalent of generic coursework (e.g., anatomy, physiology).</li> </ul> </li> <li>• Educational program faculty includes registered physical therapist(s).</li> </ul> <p>Context-specific training which includes the development of knowledge, skills and attitudes which prepares the worker to work on that site, in that work team, with that with those patients, in the manner describe.</p> <p>In addition, the worker may have formal and/or informal education that does not meet <i>all</i> of the conditions noted for Group 1</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Works under PT's direction and supervision</li> <li><input type="checkbox"/> PT on-site supervision recommended or required*</li> <li><input type="checkbox"/> May also accept assignments from other health care professionals</li> <li><input type="checkbox"/> May work collaboratively with Group 1 PTSW</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> direct and non-direct patient care</li> <li><input type="checkbox"/> assists PT in carrying out portions of care plan for medically stable patients</li> <li><input type="checkbox"/> tasks are of ongoing, observational and assistive nature</li> <li><input type="checkbox"/> tasks and interventions assigned more complex and their direct "hands-on" patient involvement greater than Group 2 PTSW</li> <li><input type="checkbox"/> may participate in the collection of qualitative and quantitative patient data related to the patient's physical status and functional abilities as assigned by the PT e.g. performs selective objective tests/measures or procedures</li> <li><input type="checkbox"/> may assist the PT in the determination of client's needs and intervention plan</li> <li><input type="checkbox"/> may contribute to the development and revision of the treatment interventions in relation to identified client outcomes</li> <li><input type="checkbox"/> may be involved in documentation of work</li> </ul> <p>Duties do not include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> working as independent practitioners</li> <li><input type="checkbox"/> planning assessment, treatment planning or modification</li> </ul>

\* Table adapted from Canadian Alliance of Physiotherapy Regulators, 2000.

\*\* Recognized by the provincial/territorial/territory ministry of education or equivalent.

\*\*\* Requirement for on-site supervision from a PT varies, but must be in accordance with provincial/territorial/territory legislation or guideline.

Category Of Support Worker	Educational Requirements	Relationship With Physical Therapist	Type of Work I.E. Functions Transferred
<p><b>Group 2 Physical Therapist Support Worker</b></p> <p>Work titles, e.g.,</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Physical Therapist Aide</li> <li><input type="checkbox"/> Rehabilitation Assistant</li> <li><input type="checkbox"/> Multi Skilled Worker</li> <li><input type="checkbox"/> Exercise Therapist</li> </ul>	<p>Context-specific training which includes the development of knowledge, skills and attitudes which prepares the worker to work on that site, in that work team, with that with those patients, in the manner describe.</p> <p>In addition, the worker may have formal and/or informal education that does not meet <i>all</i> of the conditions noted for Group 1</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Works under PT's direction and supervision</li> <li><input type="checkbox"/> PT on-site supervision recommended or required*</li> <li><input type="checkbox"/> May also accept assignments from other health care professionals</li> <li><input type="checkbox"/> May work collaboratively with Group 1 PTSW</li> </ul>	<p>work assignments apply for only the context(s) trained</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> duties range from custodial to assisting with direct patient care interventions</li> <li><input type="checkbox"/> “technical” service providers</li> <li><input type="checkbox"/> less direct “hands-on” patient care focus</li> <li><input type="checkbox"/> duties do not include: <ul style="list-style-type: none"> <li><input type="checkbox"/> working as independent practitioners</li> <li><input type="checkbox"/> likely not involved in documentation processes</li> </ul> </li> </ul>