



National Physiotherapy
Advisory Group

Groupe consultatif national
en physiothérapie

Request for Proposal

November 29, 2010

Essential Competency Profile for Physiotherapist Support Personnel in Canada

The National Physiotherapy Advisory Group (NPAG) invites proposals to develop a new *Essential Competency Profile for Physiotherapist Support Personnel in Canada*. This project will involve key informant/stakeholder consultation, literature review, practice analysis and development of a profile that accurately captures the knowledge, skills and attitudes of physiotherapist support personnel in Canada, as part of the evolving health care system. The environmental scan commissioned by the Canadian Physiotherapy Association (CPA) in 2010 will provide a resource for this project.

The National Physiotherapy Advisory Group (NPAG) is a coalition of national physiotherapy-related organizations whose mission is to promote the provision of quality physiotherapy services and positive health outcomes for Canadians through collaboration and communication on matters of mutual interest. Members of NPAG include:

- Canadian Alliance of Physiotherapy Regulators (The Alliance),
- Canadian Physiotherapy Association (CPA),
- Canadian Council of Physiotherapy University Programs (Academic Council), and
- Physiotherapy Education Accreditation Canada (PEAC).

Background

The *Competency Profile: Essential Competencies of Physiotherapist Support Workers in Canada*¹ was published in 2002. Since then, many changes have occurred in practice for physiotherapist support personnel within the contexts of both the health and education systems. There is a range of educational programs for physiotherapist support personnel, including programs at community colleges, private colleges and on-the-job training. Regulation of physiotherapist support personnel is being considered in several provinces. In several sectors, there is increasing pressure to expand the utilization of support personnel to address gaps in the delivery of care to clients. A comprehensive analysis of practice is required to develop a new profile and ensure it is relevant, useful and meaningful for all stakeholders.

The project will commence by January 10, 2011 and should be completed by September 30, 2011.

Project Partners

CPA will serve as the primary contact to the consultants for the purposes of communication and to facilitate project management. In addition, the consultants will work with:

- A **Steering Group** including representatives from each partner organization as well as support personnel representative(s) to oversee the project and provide guidance to the consultant team.
- A **Working Group** whose members will participate in development of the content of the profile. The working group will include content experts and reflect the following characteristics:
 - The sectors: accreditation, physiotherapist and physiotherapist support personnel educators and practitioners, professional association, regulators;

¹ Canadian Alliance of Physiotherapy Regulators and Canadian Physiotherapy Association, July 2002

- The practice environments: community and institutional, private and public settings;
- Diversity of geography;
- English and French languages; and
- Experience with the variety of models (in terms of education and experience) of physiotherapist support personnel in Canada.

Project Deliverables

1. Recommendations for a framework for a new competency profile.
2. A comprehensive analysis of practice, including a description of how practice has changed over the past 10 years.
3. A validated final version of the new competency profile.
4. A final report that articulates the methodology, analysis, and outcomes of the project.

Qualifications of the Consultant Team

- A proven record of accomplishment in developing competency profiles.
- Knowledge of best practices in the area of competency profile development.
- Excellent written and verbal communication skills.
- Ability to manage complex projects.

Submissions

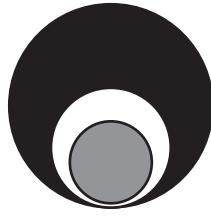
Submissions will include four hard copies of the proposal with pricing and 4 copies of the proposal without pricing – clearly labeled as such.

The proposal should contain sufficient detail to form the basis of a contractual agreement and should convey the following:

- The consultant team's understanding of the scope of work;
- The consultant team's proposed approach to working with the Steering Group and Working Group;
- A work plan and timelines, identifying the level of effort required in relation to target dates;
- A detailed budget for each phase of work;
- A management plan, which outlines the experience as well as delineates the roles and responsibilities of the consultant team members; and
- Possible challenges and opportunities envisaged in undertaking this work.

Proposals should be received at the following address no later than Monday December 20, 2010.

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COMPETENCY PROFILE

Essential Competencies of Physiotherapist Support Workers in Canada

July 2002

Project Partners:

Canadian Alliance of *Physiotherapy* Regulators

Canadian Physiotherapy Association

*Competency Profile:
Essential Competencies of Physiotherapist Support Workers in Canada*

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Contents

Acknowledgements	iv
Section 1: Introduction and Background.....	1
Section 2: Key Role Statement.....	6
Section 3: Units of Competency for Group 1 Physiotherapist Support Workers.....	7
Section 4: Competencies and Performance Criteria for Group 1 Physiotherapist Support Workers.....	8
Unit 1: Accountability	8
Unit 2: Collection of Client Information	9
Unit 3: Intervention	9
Unit 4: Communication	10
Unit 5: Organization of the Delivery of Physiotherapy Services	11
Section 5: Units of Competency for Group 2 Physiotherapist Support Workers.....	13
Section 6: Competencies and Performance Criteria for Group 2 Physiotherapist Support Workers.....	14
Unit 1: Accountability	14
Unit 2: Collection of Client Information	15
Unit 3: Intervention	15
Unit 4: Communication	16
Unit 5: Organization of the Delivery of Physiotherapy Services	17
Section 7: Glossary	18
Appendix A: Provincial/Territorial Physiotherapy Regulators	20
Appendix B: Development of the Profile	21
Appendix C: Comparison of Group 1 and Group 2 Physiotherapist Support Workers	22
Appendix D: Bibliography	24



Acknowledgements

This Profile, *Competency Profile: Essential Competencies of Physiotherapist Support Workers in Canada* (the Profile) is the result of a collaboration led by the Canadian Physiotherapy Association (CPA) and the Canadian Alliance of Physiotherapy Regulators (The Alliance).

The development of the Profile involved dozens of talented individuals who provided direction and support over the numerous iterations of this document and the stakeholder consultations. These individuals included physiotherapist¹ support workers, support worker educators, physiotherapists, regulators and physiotherapist educators.

The Steering Group guided the development of the Profile over a two-year period and provided the leadership to ensure that the processes of the project would result in a high-quality, useful tool that describes the knowledge, skills and attitudes of physiotherapist support workers in Canada. Amanda Cavannah, Susan Glover Takahashi, Dianne Parker-Taillon and Grace Torrance were part of the Steering Group throughout this time. Dave Wilkinson participated for the first year, while Heather McLaren was involved over the final year. CPA Program Coordinators Ellen Melis and Paul Harter provided support to the Steering Group for this project.

A dedicated Working Group representing the various stakeholders in this project undertook the responsibility of developing the initial draft of the Profile and contributing to subsequent revisions. The members of this group were Betty Andreopoulos, Cynthia Carsley, Andrea Hann, Carol Heck, Mary Ann Jefferies and Joan Loomis.

In addition to the Steering and Working Groups for this project, a group of experts in the areas of competency profile development and physiotherapist support workers assisted with the revision of the Profile. The members of this group were Lesley Bainbridge, Cathryn Beggs, Louise Bleau and Jackie Schleifer Taylor.

Danielle Ferron of Assessment Strategies Inc. was the consultant who assisted in the development and analysis of a survey about the initial draft of the Profile. Cathryn Beggs of CEB Consulting led the cross-Canada focus group consultation. Their keen interest and assistance provided direction to the required features in subsequent versions of the Profile.

Thanks to Lise Dupont for her thoughtful and thorough approach to ensuring the accuracy and completeness of the French language version.

The significant contributions of all those involved in the development of this Profile are much appreciated.

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¹ The terms physical therapist and physical therapy are synonyms for physiotherapist and physiotherapy and will be used interchangeably. Physiotherapist and related words are official marks used with permission by registered physiotherapists.



Section 1: Introduction and Background

The Physiotherapist Support Worker Competency Project

Competency profiles are useful tools that help to better define the knowledge, skills and attitudes essential to the successful performance of an occupation. To date, a number of initiatives have taken place leading to the creation of competency profiles for various elements of the provision of physiotherapy services as described below.

In 1998, the *Competency Profile for the Entry-level Physiotherapist in Canada* was completed and published by the Canadian Alliance of *Physiotherapy* Regulators, the Canadian Physiotherapy Association and the Canadian University Physical Therapy Academic Council.

In 2000, the *Competencies Required to Safely Perform Spinal Manipulation as a Physical Therapy Intervention* was published by the College of Physical Therapists of Alberta following the completion of a national multisectoral study.

The development of the *Competency Profile: Essential Competencies of Physiotherapist Support Workers in Canada* (the Profile) is the third such publication completed collaboratively. The Profile is an important development as it is the first national documentation that describes the work of physiotherapist support workers.

The development of this publication is the outcome of a multimethod research project that included extensive consultations with physiotherapist support workers, physiotherapists, educators of physiotherapist support workers and physiotherapy regulators. For a more detailed description of the development process, refer to Appendix B.

The two partner organizations, representing the physiotherapy professional and regulatory areas, joined together to establish the essential competencies of physiotherapist support workers. The partner organizations are:

- Canadian Alliance of *Physiotherapy* Regulators
- Canadian Physiotherapy Association

Purpose of the Profile

The *Competency Profile: Essential Competencies of Physiotherapist Support Workers in Canada* describes the essential competencies of two different categories of support workers in Canada, including a definition of these two categories of workers and an inventory of competencies – the requisite knowledge, skills and attitudes for each of these groups. As well, this document describes the process used to develop the Profile. Users of this document are advised to be aware of any applicable provincial regulations, guidelines or standards related to this area.¹

As the parameters of the health system in Canada and the factors affecting support workers are in a state of flux, this Profile is considered an evolutionary document that will change to reflect developments within the physiotherapy profession. The Profile is designed to attain a common

¹ See Appendix A for a list of provincial/territorial physiotherapy regulators.

understanding of the situation regarding physiotherapist support workers and promote communication about the role of physiotherapist support workers across Canada.

A clear description of the Canadian physiotherapist support worker will clarify the difference between the essential competencies of the various groups of support workers and those of the physiotherapist. This Profile also captures some of the wide variation in abilities among physiotherapist support workers and reflects their current situation across Canada. This Profile is not intended to suggest that all jurisdictions or work environments need to include both Group 1 support workers and Group 2 support workers.

As is the case with all fields of health care, the number and qualifications of workers is best guided by the needs of the clients and the health outcomes desired. By defining two groups of support workers, the Profile aims to help physiotherapists and others responsible for planning physiotherapy services understand what assumptions can be made about the knowledge, skills and attitudes of the two groups of support workers and thus help determine the appropriate use of physiotherapist support workers.

The Profile is intended for a variety of uses in the Canadian physiotherapy community. Some of those uses are outlined in the next section.

Uses of the Profile

The Profile is intended for the use of individuals and groups, both internal and external to the physiotherapy profession, at local, provincial, national and international levels.

Physiotherapist support workers, physiotherapists, students, educators, employers and others *may* use the Profile to:

- Guide self-reflection and guide physiotherapist support workers.
- Describe the core performance criteria for physiotherapist support workers in Canada.
- Develop and assess work standards for physiotherapist support workers.
- Assist in the appropriate assignment of client care activities to physiotherapist support workers.
- Assist in fair and valid assessments of the performance of physiotherapist support workers.
- Assist in the development of entry-level curricula for Group 1 physiotherapist support workers.
- Assist in the development of a program to evaluate substantial equivalency of physiotherapist support workers who may possess some or all of the essential competencies of the Group 1 physiotherapist support worker (for example, through a prior learning assessment and remediation system and/or an examination system).
- Offer guidance during human resource planning as to the appropriate roles and use of physiotherapist support workers.
- Offer guidance in the development of an accreditation program for physiotherapist support worker education programs.
- Facilitate the inter-jurisdictional mobility of physiotherapist support workers.

Description of the Framework

This outcome-based, client-focused framework is similar to that used in two other profiles completed. A more detailed description has been previously outlined in the project report, *The Development of the Competency Profile for the Entry-Level Physiotherapist in Canada* (Canadian Alliance of Physiotherapy Regulators et al., 1997).

The description of the areas of competency move from a general to a more specific delineation of the essential knowledge, skills and attitudes of the physiotherapist support worker as described below.

Key Role: Describes the purpose or goal of the physiotherapist support worker.

Units: Reflect the significant functions for effective performance by physiotherapist support workers in fulfilling their role.

Competencies or Elements: Describe the identifiable components of each unit in terms of the outcomes of the physiotherapist support worker.

Performance Criteria: Describe, for each competency or element, an interrelated set of factors that define the level of performance expected of the competent physiotherapist support worker.

Range Statements: Provide information about the specific context or critical aspects of performance by the physiotherapist support worker.

Cues/Examples: Provide examples about the context of work.

Considerations and Assumptions Related to the Profile

Presented below are a number of considerations and assumptions explicitly acknowledged in developing this Profile.

Considerations That Guided the Development of the Profile

That the Profile will

- Be the first national publication about the competencies of physiotherapist support workers. As such, it does not aim to serve all the information needs about physiotherapist support workers in Canada. It is hoped that this Profile will serve as the foundation in the development of other resource documents.
- Fully describe all key and essential aspects of physiotherapist support workers.
- Integrate existing common themes, philosophy, terminology and content for purposes of consistency.
- Recognize that physiotherapy practice is dynamic, as is the relationship between the physiotherapist and the physiotherapist support worker. It is in the totality of the mix that a physiotherapist support worker is competent. That is, work context, appropriate delegation and supervision in combination with the requisite knowledge, skills and attitudes are necessary and interrelated to the competence of a physiotherapist support worker.
- Reflect the work and education of physiotherapist support workers as they exist across Canada but not necessarily describe them as found in each Canadian region nor identify local variations from the Canadian view.
- Reflect the current work and education of physiotherapist support workers with a view to their evolution.
- Include competencies that are measurable and valid.

Assumptions About the Relationship Between Physiotherapist Support Workers and Physiotherapists

The following assumptions about the relationship between physiotherapist support workers and physiotherapists were made in developing the Profile:

- Physiotherapists maintain responsibility for the overall physiotherapy services provided. Physiotherapist support workers are responsible for providing care as assigned and within the limits of their knowledge and skills.
- Physiotherapist support workers must always be supervised by a registered/licensed physiotherapist who maintains responsibility and accountability for the client care provided. The definitions of assignment, delegation and supervision vary among physiotherapy regulators and may include direct and/or indirect supervision. Depending on the jurisdiction, on-site supervision may or may not be necessary.
- The type of supervision and the type of tasks assigned are determined by supervising physiotherapists in accordance with provincial physiotherapy regulations. Physiotherapists must take into account the education, training and competence of physiotherapist support workers, as well as the complexity of the environment and of individual client needs.
- Physiotherapist support workers may be assigned data collection and other components of the physiotherapy service by physiotherapists, based on their competence. Physiotherapists maintain responsibility for client assessment, interpretation of findings, determination and initiation of interventions, progression of interventions, reevaluation, and discharge planning, according to the individual needs of each client.

Assumptions About the Educational Background of Physiotherapist Support Workers

To describe the competencies of any worker requires an understanding of their educational background.

Group 1 Physiotherapist Support Workers

The educational background of *all* Group 1 physiotherapist support workers includes *all* of the following:

1. A curriculum that prepares students for physiotherapy practice models in Canada.
2. A broadly ranging curriculum to match the variety of physiotherapy environments and client populations.
3. A college diploma/certificate from a recognized¹ post-secondary program that includes a minimum of three terms full-time equivalent study of which
 - 3.1. One term's 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
 - 3.2 One term's equivalent in physiotherapist-supervised practical training/fieldwork²; and
 - 3.3 One term's equivalent of generic, program-related coursework (e.g., anatomy, physiology).
4. Educational program faculty includes registered physiotherapist(s).

¹ Recognized by the provincial/territorial ministry of education or equivalent.

² In Quebec, thérapeute en réadaptation physique (TRP) students may be supervised by TRPs during clinical placement.

Group 2 Physiotherapist Support Workers

The educational background of *all* Group 2 physiotherapist support workers includes *all* of the following:

1. Completion of “on-the-job” training that
 - Is physiotherapy-specific.
 - Is variable in length and content.
 - Depends on the background of the support worker and the needs of the client(s).
 - Is directed by a licensed/registered physiotherapist.
 - Prepares the worker for the provision of physiotherapy services in that specific work setting.
2. Various levels and types of formal education — but a similarity in that their education does not meet all aspects of the criteria for Group 1 physiotherapist support workers.

Some Group 2 physiotherapist support workers will have completed a post-secondary program in generic support worker education. Some Group 2 physiotherapist support workers will have diplomas or degrees in health-related or exercise-related areas but little or no physiotherapy-specific training. Some Group 2 physiotherapist support workers will not have completed post-secondary education.

Assumptions About All Physiotherapist Support Workers

This Profile describes two groups of physiotherapist support workers and the essential competencies of all workers within each group.

Group 1 is a more homogeneous group with the consistency among these workers based on the similarity of their educational background. Workers in this group will use the work titles of physiotherapist assistant (PTA) or, if applicable, *thérapeute en réadaptation physique (TRP)*.¹ It is an assumption that all Group 1 physiotherapist support workers will have all the essential competencies listed here for that group.

It is likely that *some* Group 1 physiotherapist support workers will have more than the essential competencies listed for that group. This is particularly true of Group 1 workers who have

- more than the minimal educational background for Group 1 physiotherapist support workers prior to their support worker education;
- more than one year of college physiotherapist support worker education (e.g., TRPs);
- focused education in one or more areas related to physiotherapy (e.g., exercise training, fitness assessment)
- developed advanced knowledge, skills after education.

Group 2 is a heterogeneous group with a large variation in educational background. As a result, fewer assumptions about knowledge, skills and attitudes can be made of everyone within this group. Group 2 physiotherapist support workers should use work titles such as physiotherapist aide, rehabilitation assistant or recreation therapist. It is an assumption that all Group 2 physiotherapist support workers will have all the essential competencies listed here for this group.

Some Group 2 physiotherapist support workers who have more than the minimal education and/or significant work experience may be able to demonstrate (e.g., through prior learning assessment or supervised work skill assessment) that they have all or more of the essential competencies of Group 1 physiotherapist support workers.

¹ The TRPs are a group of workers who have completed three years of full-time study at a community college in Quebec. Many of these programs have trained TRPs since the 1970s. While no formal relationship between TRPs and physiotherapists presently exists, it is anticipated that legislation will be passed in 2002. This legislation will describe the circumstances in which TRPs will work under the supervision of a physiotherapist. Readers should contact the *Ordre professionnel des physiothérapeutes du Québec* for further details.



Section 2: Key Role Statement

Physiotherapist support workers are employed in a variety of practice settings, and their role is to assist the physiotherapist in ensuring that physiotherapy services are delivered in a safe, effective and efficient manner. Physiotherapist support workers help provide physiotherapy services that achieve and maintain optimal client outcomes. While services are provided under the supervision of a physiotherapist, physiotherapist support workers are accountable for their own performance. Physiotherapist support workers vary in their level of preparation and in the amount and type of education and/or training they have received.

Group 1 physiotherapist support workers have acquired knowledge, skills and attitudes either through formal post-secondary education or another substantially equivalent process. Group 1 physiotherapist support workers will include physiotherapist assistants (PTAs) and *thérapeutes en readaptation physique* (TRPs). The tasks and interventions assigned by the physiotherapist to Group 1 physiotherapist support workers are more complex than those assigned to Group 2 physiotherapist support workers, with an emphasis on direct client care.

Group 2 physiotherapist support workers have acquired knowledge, skills and attitudes through formal, informal and/or on-the-job training. Group 2 physiotherapist support workers may include physical therapist aides, auxiliary personnel or rehabilitation assistants. The range of tasks and interventions assigned by the physiotherapist to Group 2 physiotherapist support workers are more technical in nature with an emphasis on supporting the operation of the physiotherapy service.



Section 3: Units of Competency for Group 1 Physiotherapist Support Workers

Units of Competency

Unit 1: Accountability

Works safely and demonstrates ethical behaviour.

Unit 2: Collection of Client Information

Gathers information and data related to the client's status as assigned by the physiotherapist.

Unit 3: Intervention

Implements the assigned physiotherapy interventions.

Unit 4: Communication

Communicates ethically and effectively.

Unit 5: Organization and Delivery of Physiotherapy Services

Functions effectively within the work setting.



Section 4: Competencies and Performance Criteria for Group 1 Physiotherapist Support Workers

UNIT 1: ACCOUNTABILITY

Works safely and demonstrates ethical behaviour.

1.1 Respects the autonomy of the client.

Performance Criteria

- 1.1.1 Respects each client's unique mix of characteristics, including gender, age, ethnic origin, religion, culture, language, sexual orientation, health status and need for physiotherapy services.
- 1.1.2 Addresses and treats the client with respect.
- 1.1.3 Encourages the client to express his or her individual needs and assists the physiotherapist to ensure that the client receives the attention he or she needs.
- 1.1.4 Obtains the client's permission to proceed prior to performing assigned tasks.
Cues/Examples: Gives clients or surrogates the opportunity to consent to or decline intervention.
- 1.1.5 Protects the client's dignity and right to privacy.
- 1.1.6 Maintains ethical boundaries in all support worker–client relationships.
- 1.1.7 Informs the client or surrogate about the effects of treatment and any inherent risks.

1.2 Demonstrates integrity and a commitment to the wellbeing of all clients.

Performance Criteria

- 1.2.1 Demonstrates behaviour that under no circumstances could be construed as harassment or abuse of clients, colleagues, associates or employees.

1.3 Demonstrates ethical behaviour.

Performance Criteria

- 1.3.1 Communicates position and qualifications honestly.
- 1.3.2 Takes responsibility for own behaviour and actions.
- 1.3.3 Works within the scope of personal abilities and limitations.
- 1.3.4 Collaborates with the physiotherapist to ensure that clients receive physiotherapy services from personnel with the required judgement, skill and knowledge.
- 1.3.5 Discloses potential conflict of interest situations.

Range Statement: Informs physiotherapist, employer and client about situations that may enhance personal income or personal financial interests in services being offered to clients.

1.4 Maintains confidentiality.

Performance Criteria

- 1.4.1 Complies with established work setting protocols related to confidentiality as governed by applicable law, legislation and regulations.
Cues/Examples: client confidentiality, family confidentiality, organizational confidentiality.

1.5 Addresses issues of client and provider safety.

Performance Criteria

- 1.5.1 Provides services in a clean, safe and accessible area.
- 1.5.2 Uses safety precautions.
Cues/Examples: Follows universal precautions, Workplace Hazardous Materials Information System (WHMIS).

- 1.5.3 Takes due precautions related to his or her own safety and the safety of others.
Cues/Examples: Ensures personal safety, e.g., biomechanics, appropriate equipment use.
- 1.5.4 Recognizes adverse reactions to intervention and takes necessary action.
Cues/Examples: Stops treatment (i.e., turns off machine), alerts physiotherapist, contacts Emergency Medical Services, initiates established emergency procedures.
- 1.5.5 Reports if any health team member or other health service provider appears to be providing service to the client in an incompetent, incapacitated or unethical manner.
Cues/Examples: May need to address issue with supervisor.
- 1.5.6 Promotes client and provider safety in the provision of assigned physiotherapy services.
Cues/Examples: Conducts in-service education in biomechanics, transfers.

UNIT 2: COLLECTION OF CLIENT INFORMATION

Gathers information and data related to the client's status as assigned by the physiotherapist.

2.1 Performs selected measures or tests as assigned.

Performance Criteria

- 2.1.1 Tests are conducted within established guidelines and limits.
Range Statement: Depending on the level of knowledge and skill, the support worker carries out tests that may include goniometry and pain rating scales.
- 2.1.2 Reports the results of the tests.
Cues/Examples: verbal report to physiotherapist, documentation in client's health record.
- 2.1.3 Monitors client responses and status during the performance of assigned measures/tests.
Cues/Examples: shortness of breath, pulse, respiration rate, skin colour, pain level.

2.2 Reports client information to supplement the physiotherapist's assessment/reassessment processes.

Performance Criteria

- 2.2.1 Communicates new information to physiotherapist in a complete and timely manner.
Cues/Examples: client's family situation, home environment, health status, medication.

2.3 Contributes to the development and revision of the intervention activities within the physiotherapy plan.

Performance Criteria

- 2.3.1 Provides the physiotherapist with information related to the selection of intervention activities.
Cues/Examples: availability of space in groups, the appropriateness of the group.

UNIT 3: INTERVENTION

Implements the assigned physiotherapy interventions.

3.1 Contributes, as assigned by the physiotherapist, to the implementation of physiotherapy interventions.

Performance Criteria

- 3.1.1 Orients the client to the treatment area.
Cues/Examples: physical layout, equipment.
- 3.1.2 Provides information about relevant service policies.
Cues/Examples: cancellation, absenteeism policies.

- 3.1.3 Performs assigned physiotherapy interventions.
Range Statement: Depending on the level of knowledge and skill, the support worker carries out a range of activities that may include the application of selected therapeutic exercises, functional mobility, the whirlpool, the use of aids and devices, electro-physical agents, deep breathing and coughing.
Cues/Examples: Electro-physical agents may include heat, cold, interferential current, ultrasound, functional electrical stimulation (FES), transcutaneous electrical nerve stimulation (TENS).
Cues/Examples: Functional mobility may include transfers, ambulation, bed mobility, gait training, deep breathing and coughing.
Cues/Examples: Selected therapeutic exercises may include general conditioning programs, range of motion, exercise groups, strengthening exercises, flexibility exercises.
Range Statement: The range of activities assigned will vary depending on applicable law, legislation and regulations, as well as the established work setting protocols.
- 3.1.4 Discontinues specific interventions if a client has an adverse reaction or if the safety of the client is in danger.
- 3.1.5 Facilitates client participation in the intervention activities.
Cues/Examples: Reinforces physiotherapist's directions, provides encouragement.
- 3.1.6 Participates as a team member in physiotherapy aspects of interdisciplinary client care.
Cues/Examples: Co-schedules, works in partnership.

3.2 Reports observations relating to the assigned activities.

Performance Criteria

- 3.2.1 Reports client comments related to the intervention.
Cues/Examples: pain, general wellbeing, apprehension, fear, progress, concerns.
- 3.2.2 Monitors client responses and status during the application of assigned specific interventions.
Cues/Examples: shortness of breath, pulse, respiration rate and skin colour.
- 3.2.3 Reports to the physiotherapist the client's responses to interventions or changes in the client's status that may endanger his or her health or impact on his or her ability to participate in the intervention.
Range Statement: In urgent situations where immediate attention is required, the support worker will respond according to established procedures.

UNIT 4: COMMUNICATION

Communicates ethically and effectively.

4.1 Establishes and maintains effective communication with the physiotherapist.

Performance Criteria

- 4.1.1 Maintains a working relationship based on mutual trust and respect.
- 4.1.2 Uses effective strategies in verbal and written communication.
- 4.1.3 Conveys client information in a timely manner.
Range Statement: Information conveyed will vary depending on established protocols.

4.2 Establishes and maintains effective communication with the client and family.

Performance Criteria

- 4.2.1 Establishes a therapeutic relationship with the client and family based on respect and trust.

- 4.2.2 Uses communication strategies considering individual client and family needs.
Range Statement: Strategies address issues such as language, hearing, vision, culture and cognition.
Cues/Examples: Uses an interpreter, hearing aids, glasses, written reminders.
- 4.2.3 Answers general questions within his or her own knowledge and skill level.
Range Statement: Seeks direction from the physiotherapist and/or other health team members to answer questions beyond his or her own knowledge and skill level.
Cues/Examples: questions related to intervention activities or the treatment schedule.

4.3 Establishes and maintains effective communication with health team members.

Performance Criteria

- 4.3.1 Establishes a working relationship with the health care team based on respect and recognition of expertise.
- 4.3.2 Uses effective strategies in verbal and written communication.
Range Statement: May include written and verbal communication as assigned by the physiotherapist, based on work setting protocols.
Cues/Examples: accurate, timely, respectful.

4.4 Participates in documentation and recording of client information that support physiotherapy service delivery.

Performance Criteria

- 4.4.1 Documents work activities.
Range Statement: May vary according to work setting protocols.
Cues/Examples: workload measurement, attendance records.
- 4.4.2 Contributes to the client's health record.
Range Statement: Documents information as assigned in compliance with applicable law, legislation and regulations and the established work setting protocols.
Cues/Examples: progress notes, exercise flow charts.

UNIT 5: ORGANIZATION OF THE DELIVERY OF PHYSIOTHERAPY SERVICES

Functions effectively within the work setting.

5.1 Contributes to the implementation of the physiotherapy services as assigned.

Performance Criteria

- 5.1.1 Demonstrates an understanding of support worker roles and of the responsibilities of service provision within the health system.
- 5.1.2 Uses and monitors equipment and space to support service delivery.
Cues/Examples: Notifies the physiotherapist if space and/or equipment are inadequate.
- 5.1.3 Complies with policies guiding the distribution of resources in the workplace.
- 5.1.4 Seeks information about available resources in the health system or community to support client care.

5.2 Contributes to the creation of an effective practice environment.

Performance Criteria

- 5.2.1 Manages time effectively.
- 5.2.2 Practises self-evaluation to improve performance.
- 5.2.3 Performs activities in accordance with role requirements, applicable legislation, experience and job description.

5.2.4 Participates in quality improvement activities.

Cues/Examples: Assists in the evaluation of services, suggests changes for service improvements, maintains equipment and documents equipment maintenance.

5.2.5 Engages in educational or other activities for the continued development and maintenance of competence.

5.2.6 Establishes priorities for client caseload management in consultation with the physiotherapist.

5.2.7 Communicates about continuity in service delivery.

Cues/Examples: Communicates with physiotherapists and other health professionals who share responsibility for service delivery, about vacations and/or extended absences in order to ensure continued service.

5.3 Contributes to performance management of peers, physiotherapist assistant (PTA) students and volunteers.

5.3.1 Assigns tasks, as directed by the physiotherapist, to other support workers and volunteers¹.

5.3.2 Provides appropriate supervision of volunteers and physiotherapist assistant (PTA) students, as directed by the physiotherapist.

5.4 Contributes to safe and cost-effective physiotherapy practice.

Performance Criteria

5.4.1 Participates in cost-effective acquisition and use of physical resources.

5.4.2 Participates in inventory control, safe storage of materials and supply management.

¹ In Québec, TRP students may be supervised by TRPs during clinical placement.



Section 5: Units of Competency for Group 2 Physiotherapist Support Workers

Units of Competency

Unit 1: Accountability

Works safely and demonstrates ethical behaviour.

Unit 2: Collection of Client Information

There are no essential competencies for Group 2 workers in this unit.

Unit 3: Intervention

Implements the assigned physiotherapy interventions.

Unit 4: Communication

Communicates ethically and effectively.

Unit 5: Organization and Delivery of Physiotherapy Services

Functions effectively within the work setting.



Section 6: Competencies and Performance Criteria for Group 2 Physiotherapist Support Workers

UNIT 1: ACCOUNTABILITY

Works safely and demonstrates ethical behaviour.

1.1 Respects the autonomy of the client.

Performance Criteria

- 1.1.1 Respects each client's unique mix of characteristics, including gender, age, ethnic origin, religion, culture, language, sexual orientation, health status and need for physiotherapy services.
- 1.1.2 Addresses and treats the client with respect.
- 1.1.3 Encourages the client to express his or her individual needs and assists the physiotherapist to ensure that the client receives the attention he or she needs.
- 1.1.4 Obtains the client's permission to proceed prior to performing assigned tasks.
Cues/Examples: Gives clients or surrogates the opportunity to consent to or decline intervention.
- 1.1.5 Protects the client's dignity and right to privacy.
- 1.1.6 Maintains ethical boundaries in all support worker–client relationships.

1.2 Demonstrates integrity and a commitment to the wellbeing of all clients.

Performance Criteria

- 1.2.1 Demonstrates behaviour that under no circumstances could be construed as harassment or abuse of clients, colleagues, associates or employees.

1.3 Demonstrates ethical behaviour.

Performance Criteria

- 1.3.1 Communicates position and qualifications honestly.
- 1.3.2 Takes responsibility for own behaviour and actions.
- 1.3.3 Works within the scope of personal abilities and limitations.

1.4 Maintains confidentiality.

Performance Criteria

- 1.4.1 Complies with established work setting protocols related to confidentiality as governed by applicable law, legislation and regulations.
Cues/Examples: client confidentiality, family confidentiality, organizational confidentiality.

1.5 Addresses issues of client and provider safety.

Performance Criteria

- 1.5.1 Provides services in a clean, safe and accessible area.
- 1.5.2 Uses safety procedures.
Cues/Examples: Follows universal precautions, Workplace Hazardous Materials Information System (WHMIS).
- 1.5.3 Takes due precautions related to his or her own safety and the safety of others.
Cues/Examples: Ensures personal safety, e.g., biomechanics, appropriate equipment use.
- 1.5.4 Recognizes adverse reactions to intervention and takes necessary action.
Cues/Examples: Stops treatment (i.e., turns off machine), alerts physiotherapist, contacts Emergency Medical Services, initiates established emergency procedures.

- 1.5.5 Reports if any health team member or other health service provider appears to be providing service to the client in an incompetent, incapacitated or unethical manner.

Cues/Examples: May need to address issue with supervisor.

UNIT 2: COLLECTION OF CLIENT INFORMATION

There are no essential competencies for Group 2 workers in this unit.

UNIT 3: INTERVENTION

Implements the assigned physiotherapy interventions.

3.1 Contributes, as assigned by the physiotherapist, to the implementation of physiotherapy interventions.

Performance Criteria

- 3.1.1 Orients the client to the treatment area.

Cues/Examples: physical layout, equipment.

- 3.1.2 Provides information about relevant service policies.

Cues/Examples: cancellation, absenteeism policies.

- 3.1.3 Performs assigned physiotherapy interventions.

Range Statement: Depending on the level of knowledge and skill, the support worker carries out a range of activities that may include application of heat and cold, selected therapeutic exercises, functional mobility, the whirlpool, the use of aids and devices.

Cues/Examples: Functional mobility may include transfers, ambulation, bed mobility.

Cues/Examples: Selected therapeutic exercises may include general conditioning programs, range of motion, exercise groups.

Range Statement: The range of activities assigned will vary depending on applicable law, legislation and regulations, as well as the established work setting protocols

- 3.1.4 Discontinues specific interventions if a client has an adverse reaction or if the safety of the client is in danger.

- 3.1.5 Facilitates client participation in the intervention activities.

Cues/Examples: Reinforces physiotherapist's directions, provides encouragement.

- 3.1.6 Participates as a team member in physiotherapy aspects of interdisciplinary client care.

Cues/Examples: Co-schedules, works in partnership.

3.2 Reports observations relating to the assigned intervention activities to the physiotherapist.

Performance Criteria

- 3.2.1 Reports client comments related to the intervention.

Cues/Examples: pain, general wellbeing, apprehension, fear, progress, concerns.

- 3.2.2 Monitors client responses and status during the application of assigned specific interventions.

Cues/Examples: shortness of breath, pulse, respiration rate and skin colour.

- 3.2.3 Reports to the physiotherapist the client's responses to interventions or changes in client's status that may endanger his or her health or impact on his or her ability to participate in the intervention.

Range Statement: In urgent situations where immediate attention is required, the support worker will respond according to established procedures.

UNIT 4: COMMUNICATION

Communicates ethically and effectively.

4.1 Establishes and maintains effective communication with the physiotherapist.

Performance Criteria

4.1.1 Maintains a working relationship based on mutual trust and respect.

4.1.2 Uses effective strategies in verbal and written communication.

Cues/Examples: Includes written communication that may be assigned, such as client attendance records or equipment maintenance records.

4.1.3 Conveys client information in a timely manner.

Range Statement: Information conveyed will vary depending on established protocols.

4.2 Establishes and maintains effective communication with the client and family.

Performance Criteria

4.2.1 Establishes a working relationship with the client and family based on respect and trust.

4.2.2 Uses communication strategies considering individual client and family needs.

Range Statement: Strategies address issues such as language, hearing, vision, culture and cognition.

Cues/Examples: Uses an interpreter, hearing aids, glasses, written reminders.

4.2.3 Answers general questions within his or her own knowledge and skill level.

Range Statement: Seeks direction from the physiotherapist and/or other health team members to answer questions beyond his or her own knowledge and skill level.

Cues/Examples: appointment schedule, number of repetitions of exercises.

4.3 Establishes and maintains effective communication with health team members.

Performance Criteria

4.3.1 Establishes a working relationship with the health care team based on respect.

4.3.2 Uses effective communication strategies.

Range Statement: May include written communication as assigned by the physiotherapist, based on work setting protocols.

Cues/Examples: accurate, timely, respectful.

4.4 Participates in documentation and recording of client information that supports physiotherapy service delivery.

Performance Criteria

4.4.1 Documents work activities.

Range Statement: May vary according to work setting protocols.

Cues/Examples: workload measurement, attendance records.

4.4.2 Contributes to the client's health record.

Range Statement: Documents information as assigned in compliance with applicable law, legislation and regulations and the established work setting protocols.

Cues/Examples: progress notes, exercise flow charts.

UNIT 5: ORGANIZATION OF THE DELIVERY OF PHYSIOTHERAPY SERVICES

Functions effectively within the work setting.

5.1 Contributes to the implementation of the physiotherapy services as assigned.

Performance Criteria

5.1.1 Demonstrates an understanding of support worker roles and of the responsibilities of service provision within the work setting.

5.1.2 Uses and monitors equipment and space to support service delivery.

Cues/Examples: Notifies the physiotherapist if space and/or equipment are inadequate.

5.1.3 Complies with policies guiding distribution of resources in the workplace.

5.2 Contributes to the creation of an effective practice environment.

Performance Criteria

5.2.1 Manages time effectively.

5.2.2 Practises self-evaluation to improve performance.

5.2.3 Performs activities in accordance with role requirements, applicable legislation, experience and job description.

5.2.4 Participates in quality improvement activities.

Cues/Examples: Maintains equipment, documents equipment maintenance.

5.2.5 Engages in educational or other activities for continued development and maintenance of competence.



Section 7: Glossary

Accountability: the ability to explain and take responsibility for one's actions that are consistent with the agreed-upon authority. (Adapted from Nurses Association of New Brunswick, 1995)

Assignment: the transfer, by a physiotherapist, of specific components of a client's service to a support worker. (Adapted from College of Physiotherapists of Ontario, 1996a)

Client: the person, group, community or organization receiving professional services, products or information. (Adapted from College of Physiotherapists of Ontario, 1996b)

Competence: the capacity to apply judgement and purposeful action to work with clients to achieve and maintain desired health outcomes. (Adapted from Glover Takahashi, 1997)

Competency: a cluster of related knowledge, skills and attitudes that affects a major part of one's job (a role or responsibility), that correlates with performance on the job and that can be measured against accepted standards. (Adapted from Parry, 1996)

Conflict of Interest: is broadly defined as a situation in which an individual making a decision (i.e., on behalf of the client) could be influenced, or could be perceived to be influenced by their personal, financial, business, or other concerns which are not in the client's best interests. (Adapted from the Canadian Alliance of *Physiotherapy* Regulators, 2002)

Essential Competencies: the repertoire of measurable knowledge skills and attitudes expected of a support worker throughout his or her career.

Health: a state of complete physical, mental and social wellbeing. It is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs and on the other hand, to change and cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities. (World Health Organization, 1984)

Health promotion: the process of enabling people to increase control of and improve their health. (World Health Organization, 1984)

Informed consent: voluntary consent given by a patient, without fear or duress, after being given the appropriate information about the procedure.

Physiotherapist: used interchangeably with physical therapist to describe the primary health service practitioner licensed or registered to use that title. Physiotherapists work with their clients to plan and carry out individually designed intervention programs aimed at the maintenance, improvement or restoration of physical functioning, the alleviation of pain and the prevention of physical dysfunction. Physiotherapists provide clients with preventative, diagnostic and therapeutic services to restore their function and prevent disability arising from disease, trauma or injury. (Adapted from The Physiotherapy Act in Ontario, 1991)

Physiotherapy: physiotherapy is a first-contact, autonomous, client-focused health profession dedicated to improving and maintaining functional independence and physical performance; preventing and managing pain, physical impairments, disabilities and limits to participation; and promoting fitness, health and wellness. The Canadian Physiotherapy Association emphasizes that an assessment, intervention or evaluation — unless provided by a physiotherapist or under the direction of a physiotherapist — is not physiotherapy, nor should it be represented or funded as such. The legal definition and scope of practice for physiotherapists is found within the provincial (or territorial) regulations or legislation. (Adapted from Canadian Physiotherapy Association, 2000a)

Physiotherapy intervention: the purposeful and skilled interaction of the physiotherapist, or a trained individual working under the physiotherapist's direction and supervision, with the client, using various methods and techniques to produce changes in a client's condition and to meet established client-centred goals and health outcomes. (Adapted from American Physical Therapy Association, 1995)

Self-evaluation: ongoing appraisal of one's own practices in order to increase personal competence and benefit future practice.

Term: For the purposes of this document, term is used interchangeably with session or semester. One term is an academic period of study that is 14 to 16 weeks in length. For full-time clinical placements, a term is a minimum of 8 weeks in length.

Supervision: overseeing the actions or work of an individual to ensure that he or she has the knowledge, skills and abilities to perform a given task. Supervision allows the physiotherapist to make a judgement about the supervisee's abilities to competently perform certain tasks. Supervision may be direct or indirect. Indirect supervision may include, but not be limited to, chart review, third-party reporting, video review, telephone contact and communication. (Adapted from College of Physiotherapists of Ontario, 1996a)



Appendix A: Provincial/Territorial Physiotherapy Regulators

YUKON Physiotherapy Regulatory Organization

Contact: Roberta Prilusky
Consumer Services Department of Justice
Box 2703
Whitehorse, Yukon Y1A 2C6
Tel: (867) 667-5360
Fax: (867) 667-3609

College of Physiotherapists of **BRITISH COLUMBIA***

302-1765 West 8th Ave.
Vancouver, B.C. V6J 5C6
Tel: (604) 730-9193
Fax: (604) 730-9273

College of Physical Therapists of **ALBERTA***

5555 Calgary Trail S.
Ste 1350, Weber Centre
Edmonton, Alta. T6H 5P9
Tel: (780) 438-0338
Fax: (780) 436-1908

SASKATCHEWAN* College of Physical Therapists

Room G-20,
St. Paul's Hospital
1720 20th St. W.
Saskatchewan, Sask. S7M 0Z9
Tel: (306) 931-6661
Fax: (306) 931-7333

Association of Physiotherapists **MANITOBA***

209-675 Pembina Hwy
Winnipeg, Man. R3M 2L6
Tel: (204) 287-8502
Fax: (204) 474-2506

College of Physiotherapists of **ONTARIO***

230 Richmond St. W., 10th Fl.
Toronto, Ont. M5V 1V6
Tel: (416) 591-3828
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Ordre professionnel des physiothérapeutes du **QUEBEC* (O.P.P.Q.)**

7101 rue Jean-Talon Est, Bureau 1120
Anjou, Que. H1M 3N7
Tel: (514) 351-2770
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College of Physiotherapists of **NEW BRUNSWICK**

57 King St., Ste. 402
Saint John, N.B. E2L 1G5
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NOVA SCOTIA College of Physiotherapists

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Fax: (902) 453-1168

P.E.I. College of Physiotherapists

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Appendix B: Development of the Profile

The development of the profile took place in four phases:

Phase 1: Initial Development

In February 2000, a Steering Group with representation from the professional association, physiotherapy regulators, support workers and support worker educators was formed to oversee the project, and the services of Assessment Strategies Inc. were contracted to facilitate the development and validation process. A Working Group was then appointed to develop the initial draft of the Profile and to work on subsequent versions based on the feedback received from the stakeholders. With advice from the Steering Group, the consultant proceeded to a review of the relevant literature and gathered a number of documents to guide the development process.

Phase 2: Development of the Profile

The Working Group, composed of six members representing physiotherapists, physiotherapy regulators, physiotherapy educators, physiotherapist support workers and physiotherapist support worker educators from all regions of Canada, met for two days in April 2000 to produce the initial draft of the Profile. When developing the Profile, the Working Group differentiated between two groups of physiotherapist support workers (Group 1 and Group 2), identifying the essential competencies that would be expected for each.

Phase 3: Stakeholder Consultation and Profile Revision

During each of three consultations, representatives from key stakeholder groups were asked for feedback on the draft Profile. Groups consulted included Canadian Physiotherapy Association (CPA) Board members, CPA Branch and Division representatives, members of the Canadian University Physiotherapy Academic Council (CUPAC), The Canadian Alliance of *Physiotherapy* Regulators (the Alliance), representatives of the provincial regulatory organizations, physiotherapists, support workers and educators in support worker programs. The respondents were given a defined time period to respond to a survey. During the consultation in the fall of 2001, focus groups were held in all provinces.

Members of the Steering Group and Working Group incorporated the feedback received into the draft Profile. An ad hoc expert group was convened to assist with the third revision based on feedback received during the fall 2001 consultation.

A final consultation took place in March 2002, resulting in the decision to finalize the document. The Profile was approved by the CPA and Alliance Boards in April 2002 in preparation for publication.

Phase 4: Publication of the Profile

The profile was published in June 2002 and available for distribution in July 2002.



Appendix C: Comparison of Group 1 and Group 2 Physiotherapist Support Workers

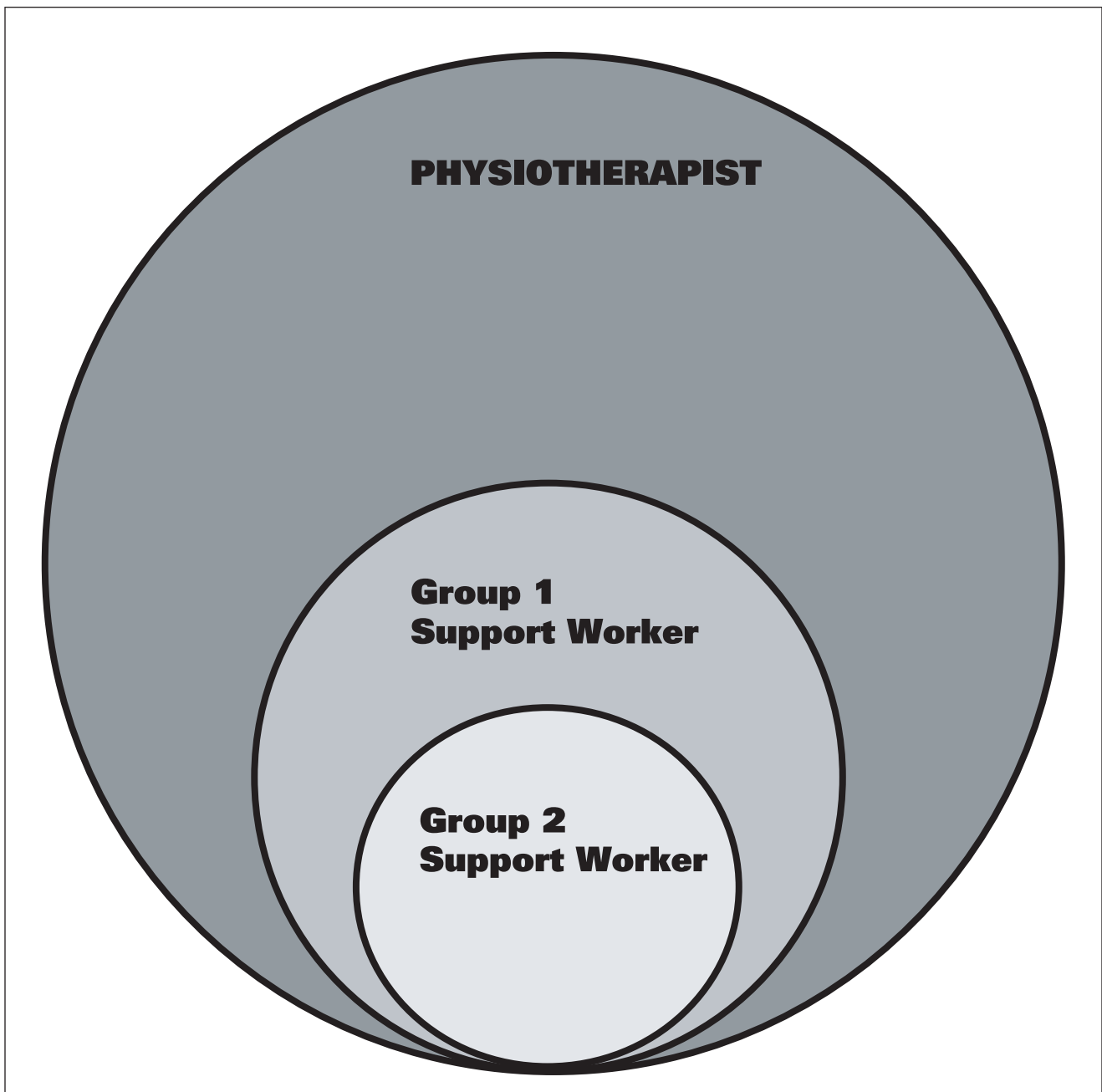


FIGURE 1. Illustration of the competencies of physiotherapists, Group 1 physiotherapist support workers and Group 2 physiotherapist support workers

Comparison (differentiation) of Two Categories of Physiotherapist Support Workers¹

Educational requirements	Relationship with Physiotherapist	Type of Work, i.e., Functions Transferred
Group 1 Physiotherapist Support Worker Work titles, e.g., physiotherapist assistant (PTA), thérapeute en réadaptation physique (TRP)²		
<p>Formal education that includes the development of knowledge, skills and attitudes that prepare 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 physiotherapist support workers includes <i>all</i> of the following:</p> <ol style="list-style-type: none"> 1. A curriculum that prepares students for physiotherapy practice models in Canada. 2. A broad range of curriculum to match the variety of physiotherapy environments and client populations. 3. A college diploma/certificate from a recognized³ post-secondary program that includes a minimum of three terms full-time equivalent study of which: <ol style="list-style-type: none"> 3.1 One term's equivalent must be in physiotherapy-specific coursework (e.g., use of ambulatory aids, electrotherapy modality instruction, the principles of therapeutic exercise) that includes classroom and laboratory work; and 3.2 One term's equivalent in physiotherapist-supervised practical training/fieldwork⁴; and 3.3 One term's equivalent of generic program-related coursework (e.g., anatomy, physiology). 4. Educational program faculty includes registered physiotherapist(s). 	<ul style="list-style-type: none"> • works under PT's direction and supervision. • PT may or may not be required to provide on-site supervision.⁵ 	<ul style="list-style-type: none"> • direct and non-direct patient care. • assists PT in carrying out portions of care. • for medically stable patients, provides care under the supervision of a PT. • tasks are of an ongoing, observational and assistive nature. • tasks and interventions assigned are more complex, and their direct "hands-on" patient involvement is greater than Group 2 workers. • 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. • may assist the PT in the determination of the client's needs and may contribute to the development and revision of the intervention plan. • assists the PT in evaluating the effectiveness of specific treatment interventions in relation to identified client outcomes. • documentation of work (will vary depending on work setting protocols and applicable regulations). • duties do not include: <ul style="list-style-type: none"> • working as independent practitioners. • assessment planning. • independent treatment planning or independent treatment modification.
Group 2 Physiotherapist Support Worker Work titles, e.g., physiotherapist aide, rehabilitation assistant, multi-skilled worker, exercise therapist		
<p>Context-specific training that includes the development of knowledge, skills and attitudes that prepare the worker to work on that site, in that work team, with those patients, in the manner described.</p> <p>In addition, the worker may have formal and/or informal education that meets some but not <i>all</i> of the conditions noted for Group 1.</p>	<ul style="list-style-type: none"> • works under PT's direction and supervision. • PT on-site supervision recommended or required.⁵ • may also accept assignments from other health care professionals. • may work collaboratively with Group 1 support workers. 	<ul style="list-style-type: none"> • assignments that match workers' context-specific training. • duties range from custodial (e.g., hot pack machine maintenance), system support (e.g., retrieval and maintenance of crutches and walkers) and assisting with direct patient care interventions. • "technical" service providers. • less direct "hands-on" patient care focus. • limited patient-specific documentation, which varies depending on work setting protocol and applicable regulations. • duties do not include: <ul style="list-style-type: none"> • working as independent practitioners. • assessment planning. • independent treatment planning or independent treatment modification.

¹. Adapted from: Canadian Alliance of Physiotherapy Regulators. (2000). *National Guidelines for Support Workers in Physiotherapy Practice in Canada*. Toronto, Ontario: Author.

². The TRPs are a group of workers who have completed three years of full-time study at a community college in Quebec. Many of these programs have trained TRPs since the 1970s. While no formal relationship between TRPs and physiotherapists presently exists, it is anticipated that legislation describing the circumstances in which TRPs will work under the supervision of a physiotherapist will be passed in 2002. Readers should contact the Ordre professionnel des physiothérapeutes du Québec for further details.

³. Recognized by the provincial/territorial ministry of education or equivalent.

⁴. In Quebec, TRP students may be supervised by TRPs during clinical placement.

⁵. Requirement for on-site supervision by a physiotherapist varies but must be in accordance with provincial/territorial regulations.



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*White Paper:
Physiotherapist Support
Personnel Study*

November 2010

Prepared for:
Canadian Physiotherapy Association
& the Project Steering Committee

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Table of Contents

	Page
Executive Summary (&Table 1).....	3
1 Introduction.....	10
2 Background.....	10
3 Methodology.....	11
4 Findings: Environmental Scan of Physiotherapist Support Personnel	
4.1 International Research and Initiatives	12
4.2 National Research and Initiatives.....	17
4.3 Overview of Education Programs.....	24
4.4 Employment Environment	25
4.5 Occupational Therapist Support Personnel	26
4.6 Provincial Environment and Initiatives.....	27
5 Overriding Trends and Themes	
5.1 Driving Forces in the External Environment.....	44
5.2 The Profession and Support Personnel.....	44
5.3 Regulation Environment.....	45
5.4 Delegation and Supervision.....	47
5.5 Education Environment.....	49
5.6 Competency Profile	51
5.7 Title and Role	53
5.8 National Support Worker Assembly.....	56
5.9 Effect of Shift to Masters Degree.....	58
6 Conclusion.....	60
Appendix I	

Executive Summary

In the summer and fall of 2010, the Canadian Physiotherapy Association (CPA) conducted a broad environmental scan to examine the status of physiotherapist support personnel in Canada and to describe trends affecting practice, education, regulation, and membership of support personnel in the National Support Worker Assembly. Physiotherapist support personnel include those from formal education programs (e.g., Physiotherapy Assistants, Rehabilitation Assistants) and those that are trained on-the-job (e.g., Physiotherapy Aides). These two groups are described in detail in the *Competency Profile: Essential Competencies of Physiotherapist Support Workers in Canada*. This final project report will serve as a resource document for revision of this Competency Profile, which was published in 2002 and is scheduled to be up-dated.

The project findings will also be used in the development of recommendations regarding appropriate policies and activities to facilitate the development of an effective support personnel strategy in the delivery of physiotherapy services within an evolving health care environment.

This qualitative research consisted of an environmental scan with several information gathering phases. These were conducted in parallel and included the following:

- A targeted document and literature search including those resources from both international (United States, United Kingdom, Australia), national and provincial sources that identified issues regarding physiotherapy support personnel.
- A series of key informant interviews was conducted with key stakeholders to gather information on physiotherapist support personnel in Canada.
- To maximize input to this project, and to ensure a representative selection of stakeholders was consulted, a questionnaire was sent to 47 other key stakeholders within the physiotherapy profession.

Study findings from all three study components reveal the evolving nature of the role of physiotherapist support personnel within the Canadian health system. This report documents the environmental context of these workers, including their education, title and the various roles and responsibilities they assume within the physiotherapy profession, as well as variations in provincial approaches to issues like regulation. It also describes various national and provincial initiatives including standards and guidelines for delegation and supervision. In addition, it highlights the new accreditation program planned for educational programs for physiotherapist support personnel.

Limitations of this study include the nature of the data collected. More specifically, study findings are limited to the input from 40 participants (through the key informant interview process or completion of the study questionnaire). However, these participants represent some of the major key stakeholder groups in the physiotherapy profession and their input, as detailed in this report, will help inform future initiatives concerning the further integration of physiotherapy support personnel within the profession. In particular, a paucity of information was gathered on Group 2 support workers; study participants spoke primarily of Group 1 support personnel or those who had formal education as a physiotherapist assistant (PTA) or equivalent (e.g., rehabilitation assistant). Similarly, there was limited input from those representing private practice.

The following broad areas were examined in this study and a brief summary of findings is outlined below. Table 1 following this Executive Summary highlights initiatives in each province.

Driving Forces: Evidence in the literature and the statements of those providing feedback to this study indicate that the increasing cost of health care services, the demographic shift to an aging population, and shortages of health human resources are major driving forces for governments and employers regarding support personnel.

This is occurring both nationally and internationally and appears to be promoting the increased use of support personnel in health care settings, including in the delivery of physiotherapy services in all practice settings.

The Profession and Support Personnel: Many study participants noted the need for professional physiotherapy groups and physiotherapists across Canada to promote the integration of support personnel within the profession.

Regulation environment: Regulation was found to be a somewhat contentious subject with some study participants expressing extremes of support or opposition to regulation of physiotherapist support personnel. However, there was generally a higher level of support expressed for at least investigation of regulation of support personnel within the profession. Almost all participants expressed strong preference (i.e., if regulation should occur) that regulation be through the provincial regulatory bodies for physiotherapy and not through independent therapy assistant groups. It was also noted by several participants that the main focus of regulation must be public safety.

Delegation and supervision: This report describes the professional standards and other guidelines for physiotherapists and support personnel concerning delegation (or the assignment of tasks) and supervision. With the exception of Quebec, which has legislative and related regulatory obligations, professional standards are presently the seminal documents that set down requirements by the regulatory bodies for physiotherapists and support personnel concerning their relationship in patient or client care. The degree of specificity varies across these documents, although there are many common elements in the content of each. Some educational programs, employers and unions have also established documents that guide employer, managers, physiotherapists and support personnel in this area. Some study participants noted delegation presents issues or problems in the practice environment with variations in practice settings, patient condition, and the comfort level and competency of both support personnel and physiotherapists concerning issues such as delegation and supervision.

Education: As described in this report, educational programs for physiotherapist support personnel vary in many respects (e.g., publicly funded versus private; length of program from 10 months to 2 years; curriculum; credential upon graduation). Many commented on the positive impact that the new accreditation program will have on the educational programs for support personnel and the future 'positioning' of support personnel within the physiotherapy profession. It was noted that inconsistencies in the present educational programs can lead to problems for employers and for the physiotherapists working with support personnel. There is also some indication that governments and employers may become more involved in stipulating that only formally educated physiotherapist support personnel may be hired in publicly funded physiotherapy settings (e.g., New Brunswick). Governments are also becoming involved in initiatives for physiotherapy support personnel concerning their educational programs (e.g., Ontario standards for PTA and OTA programs).

Competency Profile: Participants were asked to comment on whether there are areas of CPA's 2002 *Competency Profile: Essential Competencies of Physiotherapist Support Worker in Canada* that require revision, and in particular, whether the two groupings of support personnel are still valid. It was recommended by the majority of participants that further revisions of the Competency Profile include only one group of support personnel, or physiotherapy assistants (PTAs) and that further revisions to the Profile follow the CanMeds framework for competency, developed by the Royal College of Physicians and Surgeons of Canada. Other areas suggested for revision include adding the concept of interprofessional care and collaboration. In addition, it was suggested that the Unit sections be updated to reflect current terminology and be more specific and detailed in nature.

Title: Title of physiotherapist support personnel varies widely across Canada. For example, in some provinces, such as British Columbia, title is enshrined in legislation (Rehabilitation Assistant for Group 1 physiotherapist support personnel). In others, title is not consistent within a province and may vary from employer to employer,

or be dependent on the credential of a community college or private educational program. Many participants noted that they did not like the term “support personnel” and preferred to use PTA (or an equivalent).

Role: Numerous study participants from all respondent groups noted that many support personnel are not presently working to their full scope of practice. Several participants stated that there is need for further education of both physiotherapists and support personnel on the relationship of their respective roles within the profession. Many commented on the many different roles that support personnel assume across the country including in acute care settings, rehabilitation, in private clinics, long-term care facilities and increasingly in home support practice settings. There is presently insufficient data from this study to determine the extent of employment of support personnel in private physiotherapy practice settings, although there is some indication from participant comments that the use of formally educated support personnel in private practice was much less than in the public sector across Canada. There was significant comment from study participants that the roles and titles of physiotherapy Aides should not reflect an association with the profession in the future, however there was no overall consensus on this issue.

National Support Worker Assembly: Unlike most other questions, where responses were generally evenly distributed across participant categories, this topic elicited significantly more detailed response from physiotherapist support personnel educators and those PTAs involved in the NSWA, or in the other therapy assistant programs in Alberta and Saskatchewan. Most respondents in all categories noted that low cost or free membership would be a good motivator to offer PTAs during their educational phase. Many noted the voluntary nature of membership in the CPA and the need to have physiotherapists who work with support personnel be more active in promoting the benefits of CPA membership. Several also noted that CPA could promote membership by facilitating a higher profile of support personnel at meetings and through all communication vehicles (e.g., web-site, Congress, newsletter).

Shift to a Masters Degree: Numerous study participants concluded that it was too early to predict with certainty the impact of the Masters degree on the profession and on the relationship between physiotherapists and support personnel. Many predicted (either from direct experience or predictions for the future) that physiotherapists will play a more consultative role in the future and physiotherapist support personnel will be more integrated into the profession and routinely more involved in the delivery of physiotherapy services.

Table 1 – Summary of Provincial Environment and Initiatives

Province/ territory	Physiotherapy legislation	Regulation Context	Title and Education Context	Provincial Initiatives (e.g., standards or guidelines on delegation and supervision, etc.)
British Columbia	<p><i>Health Professions Act (2004)</i> Also established model Bylaws to enable Colleges to establish classes of "non-registrants" or discipline specific assistants under Part 9 of the Bylaws.</p>	<p>Regulation is being considered. See 2006 <i>Support Worker Regulatory Framework and Preferred Option</i></p>	<p>Physiotherapy is a protected term in BC. College trained support personnel in physiotherapy use the term Rehabilitation Assistant (RA).</p> <p>Programs: Okanagan College (Kelowna), Vancouver Community College; Capilano University; and CDI, which is private (Surrey, Abbotsford and Burnaby).</p>	<p>- 2009 BC College revised Practice Standard titled, <i>Assignment of Task to a Physical Therapist Support Worker</i>. 14 guidelines.</p> <p>- 2003 PABC <i>Position Paper on Physiotherapist Assistants' Roles in Public Practice</i>. (physiotherapist support personnel in hospitals). Recommendations on supervision. Also notes importance of determining ratio of PT to PTAs.</p> <p><i>2007 Researching the Role of Therapy Assistants to Support the Delivery of Paediatric Therapy Services</i>. Recommends specific role in paediatric service delivery.</p> <p>Health Employers Association of 'BC – has developed job descriptions or benchmarks for RAs.</p>
Alberta	<p>Both the new proposed <i>Health Professions Act</i> and the <i>Physical Therapy Profession Act</i></p> <p>Under the new <i>HPA</i>, the College of Physical Therapists of Alberta plans to create a non-regulated category of membership for support personnel.</p>	<p>Physical therapy support workers are not regulated in Alberta (although there is some discussion of this).</p> <p>The Therapy Assistant Association of Alberta has formed a Regulation Committee to work towards regulation of therapy assistants in Alberta</p>	<p>PT/OTA, PTA, and PT/OT/SLPA</p> <p>Four educational programs in Alberta (Grant MacEwan College; Medicine Hat College; Nor Quest College and SAIT Health Sciences Dept.)</p>	<p>2008 College of Physical Therapists of Alberta <i>Supervision Resource Guide for Physical Therapist</i>.</p> <p>2005 College of Physical Therapists of Alberta - Position Statement, <i>Supervision and Delegation</i>.</p> <p>New and Draft <i>2010 Standards of Practice for Alberta Physical Therapists</i>: Section on supervision and Appendix A: Assignment of services to support personnel under the supervision and direction of a physical therapist.</p> <p>Alberta Health Services (AHS), <i>Therapist Assistant Role Optimization Project: Literature Review Executive Summary</i>, April 2010.</p> <p>AHS – Developed a generic competency profile for support personnel (PT, OT, SLP, Audiology)</p> <p>AHS – developing standardized job description for above support personnel.</p> <p>Therapy Assistant Association of Alberta at www.thaaa.ca</p>

Saskatchewan	<i>Physical Therapy Act, 1998</i>	Not regulated and no discussion to do so.	PTA No physiotherapist assistant programs presently. One program was terminated in 2006.	College Position Statement, revised in 2006, <i>Direct Care Physiotherapist Support Workers in Saskatchewan</i> –provides guidelines for delegation and supervision. Saskatchewan Association of Therapist Assistants Contact: Avril McCready E-mail: AvrilWirth.McCready@rqhealth.ca
Manitoba	New revised <i>Regulated Health Professions Act</i> Legislation has been passed but not enacted.	Not regulated.	PTA/OTA/SLPA; RA One program – Winnipeg Technical College – 10 months, PTAs and OTAs (one of shortest programs in Canada).	College of Physiotherapists of Manitoba Policy titled - <i>Physiotherapist Assigning Physiotherapy Care</i> . Dept. of Labour and Immigration in partnership with the Winnipeg Technical College – <i>Job Roles and Responsibilities in Canada: Rehabilitation Assistants</i> .
Ontario	<i>Regulated Health Professions Act, 1991</i> , including Schedule 2, <i>Health Professions Procedural Code</i> <i>Physiotherapy Act</i> , 1991 and regulation 532/98 (and <i>Professional Misconduct</i> – Ontario regulation 388/08)	- Not regulated. Earlier discussion (2004-2007) of regulation but no further interest at present by the College or Ontario government.	Common use in province of terms PTA, PA and RA - College uses PSP (physiotherapist support personnel) A number of educational programs including: Everest College (in Toronto area and Ottawa); La Cité Collégiale (Ottawa); Collège Boréal (Sudbury); Conestoga College (Kitchener); Humber College (Toronto); and Kingston Learning Centre.	- Supervision is described in <i>Physiotherapists Working with Physiotherapist Support Personnel</i> with 12 performance expectations (performance expectations 4-6). Revised 2010. - <i>Physiotherapist Working with Physiotherapist Support Personnel: Guide to the Standards for Professional Practice</i> . Assignment and supervision are major topic areas for performance expectations. (2010). In Appendix A and B of the Guide - factors to consider when assigning and supervising care to PSP. Clinical Education Standard for Professional Practice – lists performance expectations for the supervision of physiotherapist support personnel students. - 2010 - CPO also released a <i>Support Personnel E-Learning Module</i> – learning objectives (in main report) support and facilitate relationships between physiotherapists and physiotherapist support personnel. Video chapters are: understanding the environment; communications; ensuring quality care; and practice scenarios. - College of Physiotherapists of Ontario is supporting a survey by the University of Ottawa and La Cité collégiale - Competencies for Intradisciplinary Practice Validation Survey (summer 2010). - 2008, Ministry of Education, Occupational Therapist Assistant and Physiotherapist Assistant Program Standards.

Quebec	<i>Order in council respecting the integration of physical Rehabilitation Therapists into the Ordre professionnelle des physiothérapeute du Québec, 2003</i>	Regulated. Physical Rehabilitation Therapists (PRTs) or technician en readaption physique (TRPs)	TRP, PRT 5 French programs at CEGEP community colleges (3 year program). 1 English program being planned for Dawson College. Common accredited program set by Ministry of Education.	Order of Physiotherapists in Quebec (OPPQ) through the <i>Order in council respecting the integration of physical Rehabilitation Therapists into the Ordre professionnelle des physiothérapeutes du Québec, 2003</i> . Article 4 sets out four categories for scope of practice for PRTs. - OPPQ - <i>Code of Ethics</i> for Physical Therapists and Physical Rehabilitation Therapists. - OPPQ is developing a Competency Profile for PRTs (TRPs). - OPPQ developed a <i>Portfolio of Continuing Competency: A Practical Guide to the Creation and Maintenance of a Portfolio for Physical Rehabilitation Therapists</i> .
New Brunswick	<i>Physiotherapy Act</i> , revised in 2010 3.9 – addresses assigned tasks and supervision 6.1 – record keeping	Not regulated. College in 2010 appointed a Task Force to examine regulatory options for physiotherapist support personnel 2010 report – <i>Discussion Paper Examining the Regulatory Options and Preferred Regulatory Framework for Physiotherapist Support Workers in New Brunswick</i> . Includes a preferred regulatory framework.	PTA Term Support Worker– covers everyone and is commonly used. 2 programs - 2 yr. CCNB- Campelton 4 in 1 PT/OT/SLPA/Audiology French only program with federal government funding. Possible English program in future. 2 yr PT/OT assistant program at Compu College (now Eastern College)	Informal College practice standard for delegation and supervision. In 2010, College appointed a Task Force to examine regulatory options for physiotherapist support personnel. 2010 report – <i>Discussion Paper Examining the Regulatory Options and Preferred Regulatory Framework for Physiotherapist Support Workers in New Brunswick</i> . Includes a preferred regulatory framework. Department of Health policy statement, 2010 – new hires of support personnel in public facilities must be PTAs or RAs from a 2 year education program. Also provincial government is soon releasing job descriptions for PTAs.
Nova Scotia	<i>Physiotherapy Act, 1998</i> Protected title and no mention of support personnel.	Not regulated.	PTA; PTA/OTA 2 programs developed in past 3 years: - Eastern College (in cooperation with Medicine Hat in Alberta: dual diploma with Medicine Hat) , PTA and can do extra months for PTA/OTA designation) - Nova Scotia Community College – 2 year program; combined PTA/OTA	Nova Scotia College of Physiotherapists, Practice Guideline, <i>Use of Physiotherapy Support Personnel – Delegation, 2006</i> .
Prince Edward Island	<i>Physiotherapy Act, 2009</i>	Not regulated..	PTA	No standards or policy statements regarding support personnel. Uses the

			No educational programs. One planned for RA in near future	2002 Competency Profile. New Model of Care strategy being developed where all health care workers will work to full scope of practice. All new support personnel hired now must have the PTA designation or equivalent.
Newfoundland/Labrador	<i>Statutes of Newfoundland and Labrador, and Chapter P-13.1, An Act Respecting the Practice of Physiotherapy, 2006</i>	Not regulated and reported to not being considered.	PTA College of the North Atlantic has a PTA program and an OTA program. Considering a RA program.	Newfoundland and Labrador College of Physiotherapists, <i>Guidelines for Use of Support Personnel in Physiotherapy</i> Includes sections on ratios and delegation of electrical and mechanical modalities.

I Introduction

In the summer and fall of 2010, the Canadian Physiotherapy Association (CPA) conducted a broad environmental scan to examine the status of physiotherapist support personnel in Canada and to describe trends affecting practice, education, regulation, and membership of support personnel in the National Support Worker Assembly. Physiotherapist support personnel include those from formal education programs (e.g., Physiotherapy Assistants, Rehabilitation Assistants) and those that are trained on-the-job (e.g., Physiotherapy Aides). These two groups are described in detail in the *Competency Profile: Essential Competencies of Physiotherapist Support Workers in Canada*. This final project report will serve as a resource document for revision of this Competency Profile, which was published in 2002 and is scheduled to be up-dated. The project findings will also be used in the development of recommendations regarding appropriate policies and activities to facilitate the development of an effective support personnel strategy in the delivery of physiotherapy services within an evolving health care environment.

2 Background

Physiotherapist support personnel assist physiotherapists in ensuring that physiotherapy services are delivered in a safe, effective and efficient manner. They are employed in a variety of practice settings and are responsible for providing care within the limits of their knowledge and skill. While physiotherapist support personnel work under the supervision of a registered or licensed physiotherapist, they are accountable for their own performance.

Physiotherapists maintain responsibility for patient assessment, interpretation of findings, determination and initiation of treatment, progression of treatment, re-evaluation, and discharge planning. The definitions of delegation (assignment of tasks) supervision, accountability and responsibility concerning physiotherapist support personnel vary among physiotherapy regulators, and, for example, may include indirect supervision.

The shortage of health professionals globally is impacting all health professions, including physiotherapy. At the same time there has been increased demand on health services provided by physiotherapists due to demographic shift, changing patterns of health and disease, improved technology and changing consumer expectations and resources. One consequence has been an increase in the utilization of physiotherapist support personnel to augment the role of physiotherapists.

Change in the health care system in the past three decades has resulted in a continuously evolving model for the delivery of physiotherapy services in Canada. During this time, physiotherapists have been delivering care in new work environments, often to different clients, and establishing new relationships and partnerships with their colleagues and with other health professionals. Physiotherapists are utilizing physiotherapist support personnel in growing numbers to meet increasing demand for their services, as well as in response to different provincial health reforms across the country.

Historically, there is wide variation across Canada with regard to the education, training, regulation, title and roles of physiotherapy support personnel. However, there are similarities in descriptions of groups of support personnel, in titles being assigned, in descriptions of delegation (assignments of tasks) and supervision and in the practice standards of the various regulatory Colleges.

In 2004, CPA established the National Support Worker Assembly (NSWA), which is a national forum for physiotherapist support personnel to network, communicate, and grow under the umbrella of the CPA. This project also examines the motivators and barriers regarding engaging support personnel in the NSWA.

The project steering committee includes representatives from the following groups:

- Canadian Physiotherapy Association
- CPA National Support Worker Assembly
- Canadian Alliance of Physiotherapy Regulators (The Alliance)
- Physiotherapy Education Accreditation Canada (PEAC)
- Canadian Occupational and Physical Therapist Assistant Educators' Council (COPEC)

3 Methodology

This qualitative research consisted of several information gathering phases for the environmental scan, which were generally conducted in parallel and are described in the sections below.

3.1 Document and Literature Review

This review included an examination of existing project documents from the CPA and other key stakeholders, as well as information available from the web-sites of key physiotherapy groups and associations. Also, a review of recently published literature (emphasis on the past 10 years) was conducted to explore areas with respect to physiotherapist support personnel.

More specifically, this targeted document and literature search included those resources from both international (limited search), national and provincial sources that information regarding support personnel, including those related to the following specific areas:

- Statements and policies on physiotherapy support personnel from key international, national and provincial physiotherapy stakeholder groups including the CPA, The Alliance of Physiotherapy Regulators, CPA Branches and Divisions, regulators and educators.
- Research publications about physiotherapist support personnel in Canada and internationally, including task shifting, education, training, regulation, certification and licensing, competencies, scope of practice, supervision, delegation, variation among practice settings, nomenclature or title differences, ethics, liability, membership in associations, and communication factors.
- National statements and policies about occupational therapist support personnel, as the educational programs for these workers and physiotherapist support personnel are often combined to varying degrees across Canada.

3.2 Key Informant Interviews

A series of key informant interviews was conducted to gather information on physiotherapist support personnel in Canada. Key informants were identified by the project steering committee and included representatives of the following groups:

- CPA Branches (or provincial physiotherapy associations)
- Physiotherapy regulators
- CPA National Divisions
- Educators of physiotherapy support personnel
- National Support Worker Assembly members
- Project Steering Committee members
- A sample of employers of physiotherapy support personnel

A total of 19 interviews were conducted during September and October 2010; interviews ranged in length from 35 to 60 minutes. An Interview Guide was developed (Appendix 1) with a series of questions to guide the interviews. Questions were semi-structured and open-ended so that stakeholders could respond freely.

Potential interview respondents were advised of the project by the CPA (by e-mail) and of the upcoming interview. Interviews were scheduled and conducted by the consultant. Potential interviewees were asked a second time if there was no response to the first request. All interview candidates were sent the Interview Guide by email prior to their appointment to allow them to prepare for the Interview

3.4 Questionnaire

To maximize opportunity for input to this project, and to ensure that a representative selection of stakeholders was consulted, a questionnaire was sent to 47 stakeholders from the groups listed in the section above. These stakeholders were identified by the project steering committee. The survey included the same open-ended questions used in the interview process above (Appendix I); the questionnaire was sent electronically with accompanying project background material. A total of 21 responses were received for a response rate of 45%.

3.5 Analysis and Reporting

All information gathered from the sources above was synthesized, analyzed and summarized and is presented in the following report. Web-site links are provided when available. It is beyond the scope of this report to describe fully each initiative regarding physiotherapist support personnel, but instead to highlight and summarize initiatives and research at this point in time.

4 Findings: Environmental Scan of Physiotherapist Support Personnel

The various stages of this environmental scan were conducted from August through to October of 2010 and the results are reported in the remaining sections of this report. It should be noted that this report consistently uses the term 'physiotherapist support personnel', although it is recognized that this term may change with time. For example, it is noted in section 5 that several participants preferred the term physiotherapist assistants (PTA). Section 4 includes a small sample of the literature with respect to physiotherapist support personnel internationally; it examines this literature and initiatives only in the United States, the United Kingdom and Australia.

The report then presents literature and initiatives at the national level in Canada, followed by a summary description of what is occurring in each province concerning physiotherapist support personnel. Section 5 of the report presents over-riding issues with a sample of comments from study participants to illustrate specific points.

Note -This study does not report on the large amount of literature in the area of skill mix in the health care workforce or on interprofessional issues concerning unregulated health workers.

4.1 International Research and Initiatives

4.1.1 World Health Organization (WHO)

As noted earlier, there have been a number of driving forces internationally that have led to the adoption or expansion of a task shifting approach to ensure enough health care workers to provide health services to populations. One of these driving forces is the demographic shift to a larger percentage of seniors in countries world-wide and the need to deliver greater community health services to the elderly in their homes, retirement homes, assisted care or long-term care facilities. Similarly, there has been a concomitant emergence of health human resource shortages in many countries as their health care systems struggle to provide services to those in their populations with conditions such as HIV/AIDs.

In 2008, the World Health Organization (WHO) released a report titled, *Task Shifting: rational redistribution of tasks among health workforce teams: global recommendations and guidelines*.¹ Although written as a direct response to health human resource shortages due to stresses on health care systems from HIV/AIDS, and with no direct discussion or recommendations about physiotherapy services, it mirrors efforts by others to look at pragmatic ways to solve the increasing problem of human resource shortages. The report authors stress that task shifting is proposed as an efficient approach that will require significant investment but should not be seen as a substitute for other investments in human resources for health.

The WHO report states that task shifting involves the rational redistribution of tasks among health workforce teams. In particular, some tasks are shifted from highly qualified health professionals to those with fewer qualifications and shorter training. The report has a set of 22 recommendations to provide guidance for this approach. The recommendations identify and define the key elements that must be present if task shifting is to be safe, efficient, effective and equitable. They include: consultation, national endorsement, an enabling regulatory framework and quality assurance mechanisms, including standardized training and supervision, and assessment and certification.²

Similarly, the Global Health Workforce Alliance released a report in 2007 titled, *Systems Support for Task Shifting to Community Health Workers*³, and noted that task shifting accomplishes four goals:

- Share and assign tasks among health workers in the most efficient manner in order to take advantage of different competencies of the existing mix of health care workers.
- Take advantage of simplified health promotion and treatment protocols that permit task shifting to less intensively trained and specialized cadres of health workers.
- Shift more health promotion and treatment and care delivery to the community level by introducing new or strengthening cadre of community health workers.
- Increase access to health care and advice in under-served communities, particularly rural communities.⁴

This 2007 report highlights though that there is a risk of neglecting education and training, selection, referral and other support systems that are critical to maintaining quality health care services. As noted

“without adequate planning and monitoring, the danger exists of generating a fragmented and disjointed system that fails to meet the total health needs of the patient.”⁵

In response to the WHO report and other similar initiatives, a joint 2008 report⁶ by World Confederation for Physical Therapy (*Joint Health Professions Statement on Task Shifting*) and a number of other health professionals states that task shifting may lead to a fragmented and inefficient system. The group made numerous recommendations including the following, which are particularly pertinent to this CPA project:

- Roles and job descriptions should be described on the basis of the competencies required for service delivery and constitute part of a coherent, competency-based career framework that encourages progression through lifelong learning and recognition of existing and changing competence.
- Regulations for assistive personnel and task-shifting need to be set with the professions involved. It should be clearly stated who is responsible for supportive supervision to assistive personnel. In any case, the curriculum development, teaching, supervision and assessment should always involve the health professionals from whom the task is being shifted.
- Deploying assistive personnel will increase demand on health professionals in at least three ways: (1) increased responsibilities as trainers and supervisors, taking scarce time away from other tasks; (2) higher numbers will be needed to take care of new patients generated by successful task-shifting; (3) health professionals will be faced with patients who have more complex health needs (the simpler cases will be covered by task-shifting) and thus require more sophisticated analytical, diagnostic and treatment skills.⁷

4.1.2 United States (US)

The United States has a long history of educating, regulating and employing physical therapist assistants. For example, the American Physical Therapist Association (APTA) offers physical therapist assistants membership in their association and provides a number of resources on their web-site at www.apta.org for physical therapy assistants, under their membership and leadership site. It was reported by a representative of the APTA that

The physical therapist is the professionally trained individual who may hold a certificate, bachelor, masters, or doctoral degree as the entry-level degree depending on from where and when they graduated. Physical therapists are licensed in all jurisdictions and have ultimate responsibility for the management of the patient from evaluation through discharge. The PTA is educated at the associate degree level (two years of college education) and is regulated through licensure or certification in all jurisdictions except Colorado and Hawaii. PTAs assist the physical therapist in the provision of patient interventions. The physical therapy aide/technician is trained on the job; is not regulated; and is primarily responsible for preparation of the treatment area and transport of the patient.

The APTA represents both physical therapist and PTA members. As members, PTAs contribute to the Association through service on APTA-wide groups as well as through PTA specific groups. APTA has a number of policies and positions related to the role and utilization of the PTA, including:

- [DISTINCTION BETWEEN THE PHYSICAL THERAPIST AND THE PHYSICAL THERAPIST ASSISTANT IN PHYSICAL THERAPY HOD P06-01-18-19](#)
- [PROVISION OF PHYSICAL THERAPY INTERVENTIONS AND RELATED TASKS HOD P06-00-17-28](#)
- [PROCEDURAL INTERVENTIONS EXCLUSIVELY PERFORMED BY PHYSICAL THERAPISTS HOD P06-00-30-36](#)
- [DOCUMENTATION AUTHORITY FOR PHYSICAL THERAPY SERVICES HOD P05-07-09-03](#)
- [DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT HOD P06-05-18-26](#)
- [LEVELS OF SUPERVISION HOD P06-00-15-26](#)

In addition to the services and products available to both physical therapists and PTAs, APTA also has numerous initiatives, groups, and products specifically for PTA members and PTA educators, including:

- [Recognition of Advanced Proficiency for the PTA](#)
- [PTA Clinical Performance Instrument \(PTA CPI Web\)](#)
- [PTA Caucus](#)
- [Advisory Panel of PTAs](#)

In the US, PTA programs are accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). PTA Programs must demonstrate ongoing compliance with the [Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants](#). CAPTE provides a number of resource materials for PTA Programs, which can be accessed by clicking [here](#). The required curriculum for a PTA program is contained within the Evaluative Criteria referenced above.

The expected skill competencies of PTAs graduate in the US can be found in the APTA document, [MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST ASSISTANT GRADUATES AT ENTRY-LEVEL BOD G11-08-09-18](#). The expected clinical problem solving skills and processes of a PTA graduate are illustrated in APTA's algorithm, [Clinical Problem Solving of the PTA](#).

Physical therapy aides are not required to complete any educational program and are typically trained on-the-job.

PTAs are regulated in all jurisdictions (states) via licensure or certification with the exception of Colorado and Hawaii. PTAs are required to pass the National Physical Therapy Examination for PTAs provided by the [Federation of State Boards of Physical Therapy](#) to obtain licensure. Each state has its own [initial licensure](#)

and licensure renewal requirements, which may require jurisprudence examination and/or demonstration of continued competence.

APTA endorses the concept of licensure for all physical therapists and PTAs in the interest of public protection. Additionally, APTA endorses mandatory continuing education as a requirement for licensure renewal as an effort to assure ongoing competence of licensees.

As members of the APTA, PTAs have two electronic communities for networking and communication purposes: one for all PTAs and one for the members of the PTA Caucus. PTAs also use Facebook, LinkedIn, and other social networks to communicate

In the US, the role of the PTA is the same regardless of the practice setting. PTAs provide selected interventions under the direction and supervision of the physical therapist. PTAs may assume additional roles and responsibilities as their careers' develop, but these additions are typically in areas of education and/or management. For example, after obtaining additional knowledge and experience, the PTA may assume the role of coordinator of employee orientation, daily operations manager, billing assistant, etc.

The following are APTA guidelines concerning delegation and supervision:

- DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT HOD P06-05-18-26
- PROCEDURAL INTERVENTIONS EXCLUSIVELY PERFORMED BY PHYSICAL THERAPISTS HOD P06-00-30-36
- LEVELS OF SUPERVISION HOD P06-00-15-26

APTA has recently developed several algorithms to assist physical therapists as they consider when to direct interventions to a PTA and how to supervise to assure patient care standards are met. These algorithms are available to members [here](#).

Although it is beyond the scope of this present project to examine research studies from other countries on support personnel in depth, it is important to note that many other countries are addressing similar issues. For example, a 2006 study⁸ in the US looked at the relationship of state regulation and the delivery of physical therapy service, and, in particular, delivery by PTAs. Although the results cannot be assumed to be similar to the Canadian context, the authors noted that, after controlling for patient, therapist and clinic characteristic, the presence of state regulation regarding PTA supervision was not associated with the likelihood of high PTA utilization. In addition,

High PTA utilization and regulations requiring full-time onsite supervision was associated with more visits, whereas regulation of PT/PTA ratio was associated with fewer visits. Supervisory regulations were associated with better discharge functional health status.⁹

However, interprofessional issues persist despite a long history of PTAs working in the profession in the US. For example, a US study¹⁰ of 2006 points to the continued controversy about the ethical and legal implications of the delegation of patient care from physical therapists to physical therapist assistants in the US. This is despite efforts by the APTA to define the roles and responsibilities of the physical therapist and physical therapist assistant within the preferred relationship.

4.1.3 United Kingdom (UK)

The Chartered Society of Physiotherapy in the United Kingdom provides a number of benefits for support personnel being involved in the association, as listed on its web-site at www.csp.org.uk and includes the following member benefits:

- Representation and legal support from the only trade union dedicated to the people who deliver physiotherapy services
- A voice for support workers through all CSP Committees, including your own national board, plus voting rights at CSP Council and the Annual Representative Conference.
- Professional guidance from all areas of the Society, our Enquiry Handling Unit, and a dedicated Associate Member Officer.
- Career development support including our free Annual Associates' Conference* and specialist CPD advisers
- Funding for accredited courses relevant to your work.
- Downloadable learning resources from the member-only area of the CSP website, including publications, information papers, newsletters and articles.
- Online CPD ePortfolio to record and evidence your professional knowledge and skill.
- Support workers' communication network on our easy-to-use interactiveCSP website www.interactivecsp.org.uk.
- The latest physiotherapy news, features and jobs delivered direct to you in CSP's Frontline magazine, e-news bulletin, and associate's newsletter.
- Access to the members' benevolent fund should you need financial assistance in times of hardship.

As in other countries, various studies have been undertaken to examine physical therapy support workers. A 2006 study investigated the development of rehabilitation and intermediate care services to meet the needs of the growing older population, and in particular the new role of the rehabilitation assistant, who is a generic support worker trained at a basic level in nursing, physiotherapy, occupational therapy and social work. The results showed that patient, professionals and the rehabilitation assistants expressed satisfaction with the new role but that barriers to effective rehabilitation were reported that could cause inconsistencies in rehabilitation care.¹¹

In 2009, the Health Foundation in the UK released a report titled *Revising Health Professionals' Roles* and discussed specific types of changes in roles, or substitution and supplementation.¹² The Foundation cautions that a number of factors influence successful implementation of role revision including:

- Have clearly defines functions, levels of autonomy, lines of accountability, and levels of experience and qualifications.
- Benefit from specially developed training programs.
- Operate within clear systems of accreditation and licensing.
- Have clear regulations regarding their scope of practice.¹³

Similarly a study in 1998¹⁴ examined the roles, training and job satisfaction of physiotherapy assistants in the UK. The authors stated that there had been significant changes in the work undertaken by physiotherapy assistants in the 10 years since another similar study had been conducted in 1991. For example, the authors noted that there had been increased scope of specific tasks undertaken by physiotherapy assistants through improved models of delegation and specialized training. They found that there had been an increase in the complexity of tasks undertaken by some physiotherapy assistants and that there was a high use of physiotherapy assistants in the care of the elderly. Importantly, they noted a change in the level of supervision and an increase in the level of responsibility due to these factors: a shortage of physiotherapists; development of staffing needs analysis in elderly care; increased analysis of skills giving greater confidence in task delegation, and locally based training programs with assessments.¹⁵

4.1.4 Australia

The Australian Physiotherapy Association (www.physiotherapy.asn.au) provides membership to physiotherapy assistants, whom they define as a health care worker who work under the supervision of a physiotherapist and holds a Certificate IV in Allied Health Assistance (Physiotherapy) or equivalent. Membership benefits include the following as listed on the Association's web-site:

- Access to a large range of APA member services including money-saving commercial benefits and discounts.
- Networking opportunities to receive information about, and contribute, to issues specific to PTAs.
- Monthly *inmotion* magazine to keep informed about what is happening in the profession.
- Demonstration of professionalism and commitment to contributing to health care, both to colleagues and to the people being cared for.
- Helping advance the careers of those who work in the physiotherapy and physiotherapy assistant arena by adding a voice to the APA advocacy agenda.
- The APA thrives on active participation by members. As PTA membership and contribution grows, so will the advantages of membership.¹⁶

4.2 National Research and Initiatives

4.2.1 Canadian Research Studies

A search of the research literature regarding physiotherapist support personnel in Canada in the past 10 years yielded a small number of studies concerning these workers in Canada. A relevant sample of these results is summarized below.

As the use of physiotherapy assistants and other support personnel increased in the 1990s, there was growing pressure to look more closely at education and training, roles and responsibilities, and the relationship of physiotherapists to support personnel, including delegation and supervision. Although much has been accomplished in the past decade, it is useful for this present study to examine the findings of studies in the late 1990s, when there was increased interest in these issues. These factors remain today but in differing degrees due to advancements in the past decade and to the changing practice environments.

In 1997, an article in *Physiotherapy Canada*¹⁷ described the results of a large multidisciplinary national survey that investigated the training, responsibilities and supervision of physiotherapist support personnel in four rehabilitation disciplines (occupational therapy, physical therapy and speech-language pathology, audiology).

The research group offered the following recommendations based on the results of this study.

- Standardized training programs should be established for support workers and minimum education standards should be developed.
- The roles of physical therapy support workers should be defined from the roles of the physical therapist.
- Physical therapy education programs should include in their curricula methods of supervision of physical therapy support personnel.¹⁸

In a companion article¹⁹ in 1998, the authors note that prior to expanding the use of support personnel as a means of reducing rehabilitation service delivery problems, rehabilitation practitioners should be in general agreement regarding preferred training, job responsibilities and supervision of support personnel. The findings of the large national survey and structured interview process concerning physiotherapist support personnel demonstrated the following:

The training models for support workers recommended by physiotherapy unit heads and by physiotherapists was a one-year vocational training beginning with 1) general training in rehabilitation followed by specific training in physical therapy 2) academic preparation followed by clinical placements. Educators of post-secondary institutions agreed with this training model but proffered a longer program...No clear model of supervision was advocated but supervision of a support workers' client care was recommended.²⁰

The authors also noted that regulation of physiotherapist support workers was viewed by physiotherapists as important in the development and monitoring of the new groups of health workers. They also recommended that

support workers have a professional affiliation in a support worker association and in the national physical therapy association. The study findings suggested no regional differences in opinions about these factors.²¹

A 2001 study reported in *Physiotherapy Canada* collected information on physiotherapist assistants (college trained) in Ontario to look at their utilization²². The study demonstrated that physiotherapists and physiotherapist assistants disagreed in the number, type and level of independence physiotherapist assistants had in performing assigned tasks. The finds also show that physiotherapy assistants fulfill many roles in a variety of practice settings. The authors state that, for the physiotherapy profession to move forward, there must be acknowledgment of the changing and evolving nature of the relationship between physiotherapist and physiotherapist assistants. They note that the optimal skill mix in the provision of physiotherapist services requires that both physiotherapists and physiotherapist assistants are aware of the scope of services, roles, training and skills.²³

More recently, a 2010 study published in *Physiotherapy Canada*²⁴ investigated the perceived impact of a paired 5-week clinical placement on physiotherapist and physiotherapist assistant student skills where a collaborative peer-coaching model was used. A 2:1 model of supervision was used and the authors reported that incorporating a peer-coaching model can result in improvements in the students' competencies in communication, consultation, and assignment of tasks within the physiotherapy team.

4.2.2 Initiatives by Physiotherapy Groups in Canada

The following section summarizes initiatives by the CPA and other groups representing the interests of the physiotherapy profession.

4.2.2.1 Canadian Physiotherapy Association (CPA)

This section presents the work of the CPA in recognizing and representing physiotherapist support personnel as an integral part of the physiotherapy profession.

Pan-Canadian Planning Committee

On a broad national front, CPA has been involved in the Pan-Canadian Planning Committee on Unregulated Health Workers, which includes the Canadian Nurses Association, Canadian Homecare Association, Canadian Pharmacists Association, Canadian Council for Practical Nurse Regulators, Registered Psychiatric Nurses of Canada and the Canadian Psychological Association. In the coalition's 2008 discussion paper titled, *Valuing Health-Care Team Members: Working with Unregulated Health Workers*²⁵, the authors note that several themes emerge across professions with the integration of unregulated health workers. These themes include: position, title, lack of research and statistics, education, regulation, standards of practice, delegation, liability and staff mix.²⁶ For example, this joint discussion paper identifies some of the challenges that face regulated and unregulated health providers who work together including:

- Multiple and inconsistent titles
- Widely varying educational preparation
- Non-standardized roles and standards
- Inconsistent understanding of delegation
- Liability
- Lack of research on staff mix
- Enhancement of cultural competence
- Factors in effective teamwork: trust and respect, appropriate knowledge base, responsibility and accountability, combination.²⁷

In addition, the joint statement also states the following:

In Canada, collaborative practice involves regulated providers. Unregulated workers are on the health-care team in assistive roles. Facilitating effective teamwork that encompasses regulated and unregulated health workers will not only maximize health human resources but will improved outcomes for clients, providers and systems...But this is new terrain. There are still many unknowns that need to be addressed. Any reforms will require the full participation of all stakeholders, including regulators, employers, providers, governments, unions, associations and educators, as well as members of the public.²⁸

At the 2009 Pan-Canadian Symposium, this same coalition released a report, titled, *Maximizing Health Human Resources: Valuing Unregulated Health Workers (UHWs)*. The following five priority areas were identified with associated key actions:

- Clarity of roles and responsibilities
Key action: Develop and implement standardized job descriptions and titles for UHWs.
- Competencies and work standards
Key action: Develop common core and discipline-specific competencies for UHWs that can be used across jurisdictions and practice settings.
- Education
Key action: Develop educational programs based on established/identified competencies.
- Delegation, liability and accountability
Key action: Develop common definitions for delegation, assignment and supervision, addressing liability and accountability across jurisdictions, disciplines and practice settings.
- Staff mix and outcomes
Key action: Examine existing models and best practices across disciplines and practice settings that support appropriate staff mix decisions and evaluation of outcomes.²⁹

CPA Position Statement

CPA's position statement on *Physiotherapist Support Personnel*³⁰ of 2008 notes that the Association values the contribution that physiotherapist support personnel bring to the provision of quality physiotherapy services in Canada. The statement highlights that physiotherapist support personnel, working under the supervision of registered physiotherapists, play an important role in the delivery of physiotherapy services that address client needs. It states

CPA promotes the development and implementation of national standards for physiotherapy support personnel that provide basic consistencies across training programs, develop a common understanding of practice and competencies, and facilitate mobility on a national basis.³¹

CPA Code of Ethics

CPA's *Code of Ethics* (under responsibility to the Client) lists the following rules of conduct that are relevant to this research and include:

4. Physiotherapists must give clients or surrogates the opportunity to consent to or decline treatment or alterations in the treatment regime.
6. Physiotherapists shall assume full responsibility for all care they provide.
10. Physiotherapists shall respect all client information as confidential. Such information shall not be communicated to any person without the consent of the client or surrogate except when required by law.
11. Physiotherapists, with the client's or surrogate's consent, may delegate specific aspects of the care of that client to a person deemed by the physiotherapist to be competent to carry out the care safely and effectively.
12. Physiotherapists are responsible for all duties they delegate to personnel under their supervision.³²

National Support Worker Assembly

In 2004, CPA approved a series of bylaw changes, including ones that created the National Support Worker Assembly (NSWA). Through the NSWA, CPA welcomes active participation by support personnel in CPA events and activities. As with other CPA components, the NSWA has a formal governance structure that dictates how it

elects its leadership, who may join, how they relate to CPA and its components, and the roles and responsibilities of various individuals involved in running the organization. In May 2005, at the inaugural NSWA Annual General Meeting, NSWA members approved a constitution, which included the following governance elements:

- A two-year term of office, staggered for the first election to avoid 100% turnover
- A seven-person Administrative Council
- An internal elections process for Officer positions, for a one-year term of office
- A built-in review clause, ensuring that the constitution will be reviewed three years after its ratification to ensure that it is working effectively for the Assembly ³³

Prior to the NSWA, there was no national group for physiotherapy support personnel. The NSWA addresses the interests of physiotherapist assistants and physiotherapist aide members and includes access to malpractice insurance exclusively designed for physiotherapist support personnel. It also provides opportunities to participate in continuing education programs.

Role and benefits of the NSWA as stated include:

- Supports personnel seeking opportunities for networking, information updates, professional development, and leadership roles within the physiotherapy profession are encouraged to participate fully.
- Addresses the unique interests and needs of Physiotherapist Assistant and Physiotherapist Aide members.
- Provides malpractice insurance, group life, disability, health and dental insurance programs at reduced rates
- Provides continuing education opportunities and programs & CPA publications.
- Provides opportunities for members to participate in regional discussion and decisions affecting the support personnel in Canada.

To-date, there are 71 members in the NSWA, with 16 of these being student members. The president of the NSWA participates in CPA activities and attends CPA Congress and some Branch and Division meetings to advocate for support personnel.

NSWA News is the newsletter of the NSWA and it was last published in 2009. The NSWA has also contributed to *Contact* in the past in the form of an up-date on the Assembly's activities, with the last up-date being in 2009.

Membership barriers and motivators are discussed under Section 5.8.

Competency Profile: Essential Competencies of Physiotherapist Support Workers in Canada

In 2002, there was a significant milestone for physiotherapist support personnel in Canada with the publication of the document entitled, *Competency Profile: Essential Competencies of Physiotherapist Support Worker in Canada*. The document was jointly published by the CPA and the Canadian Alliance of Physiotherapy Regulators after two years of research and consultation. The Competency Profile, which is due for review, notes the diversity among support personnel in physiotherapy and describes two categories of support workers from various perspectives with summary statements being as follows:

Group 1 physiotherapist support workers have acquired knowledge, skills, attitudes wither through post-secondary education or another equivalent process. Group 1 physiotherapist support workers will include physiotherapist assistants (PTAs) and thérapeutes en readaption physique (TRPs). The tasks and interventions assigned by the physiotherapist to Group 1 physiotherapist support workers are more complex than those assigned to Group 2 physiotherapist support workers, with an emphasis on direct patient care.

Group 2 physiotherapist support workers have acquired knowledge, skills and attitudes through formal, and/or on-the-job training. Group 2 physiotherapist support workers may include physical therapist aides, auxiliary personnel or

rehabilitation assistants. The range of tasks and interventions assigned by the physiotherapist to Group 2 physiotherapist support workers are more technical in nature with an emphasis on supporting the operation of the physiotherapy service.³⁴

Five units of competency are currently identified for each group as follows:

- Accountability
- Collection of Client Information
- Intervention
- Communication
- Organization of the Delivery of Physiotherapy Services³⁵

As noted above, the Competency Profile is due to be reviewed and possibly revised; this present report is intended to be a resource for such a review. One focus in this review will be the extent of change in areas such as the education, training, regulation and practice patterns of physiotherapy support personnel since the Competency Profile was developed and then released in 2002.

Essential Competency Profile for Physiotherapists in Canada

The development of the *Essential Competency Profile for Physiotherapists in Canada* (the *Profile*), which was published in 2009, was made possible through the collaboration of numerous organizations and individuals. This National Physiotherapy Advisory Group initiative was led by the Canadian Alliance of Physiotherapy Regulators (The Alliance). Contributing organizations included the Accreditation Council for Canadian Physiotherapy Academic Programs, the CPA and the Canadian Council of Physiotherapy University Programs.

The Profile for physiotherapists was adapted from the competency framework for physicians or “the CanMeds Roles”, which was developed by the Royal College of Physicians and Surgeons of Canada in 2005. The 2009 Competency Profile describes core competencies around seven roles including: Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional.

Although this Competency Profile does not mention physiotherapy support personnel specifically, it defines personnel as follows:

Includes individuals whose role is to assist the physiotherapist in ensuring that physiotherapy services are delivered in a safe and effective manner, and achieve and maintain optimal client outcomes. Examples include students, administrative staff, physiotherapy assistants, and rehabilitation aides.³⁶

Under the role of Manager, the following reference to personnel is made.

4.1 Key competency: Manages and supervises personnel involved in the delivery of physiotherapy services.

Enabling Competencies:

- 4.1.1 Assesses, orients, and provides ongoing feedback and continuing education to personnel involved in the delivery of physiotherapy services.
- 4.1.2 Assigns tasks to, and monitors personnel acting within established regulatory guidelines.
- 4.1.3 Accepts responsibility for actions and decisions of those for whom the physiotherapist is accountable.³⁷

The Competency Profile above can be found at the web-sites of all the project partners.

4.2.2.2 Canadian Alliance of Physiotherapy Regulators (The Alliance)

In 2000, the Canadian Alliance of Physiotherapy Regulators (The Alliance), www.alliancept.org developed the document, *National Guidelines for Support Workers in Physiotherapy Practice in Canada*, to consolidate the regulatory perspective on the role of support personnel in physiotherapy practice. This work facilitated the

development of the Competency Profile for support personnel, described above. As stated in the conclusion of these guidelines:

It is in the best interests of patient care that there is a positive working partnership between physiotherapists and physiotherapy support workers. The physiotherapy profession must continue to work towards defining, influencing, encouraging and promoting this partnership... The development of the working relationship between physiotherapists and support workers should be based on clear guidelines as they apply to the practice environment and population, taking into account the skill set of the support worker.³⁸

In 2004, The Alliance published *Guidelines on the Role and Utilization of Physical Therapist Support Workers in Physical Therapy in Canada* to further assist physiotherapy regulators in Canada. The document focuses specifically on the regulator's perspective of the role of the college-level prepared Physical Therapy Assistant (PTA) or the Group 1 physiotherapist support personnel. The 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 domain of a PT
- Discusses tasks that can be appropriately assigned to a PTSW
- Presents factors influencing appropriate task delegation.³⁹

The Guidelines state that there are two essential components, supervision and communication, that must exist in the relationship between the physiotherapist and the physiotherapist support personnel. Under supervision, the following important guidelines are highlighted:

- 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:
 - o practice setting;
 - o type and the nature of the task (Lee, 1998);
 - o acuity of the patient's condition;
 - o complexity of the patient's needs; and
 - o 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.⁴⁰

Similarly communication guidelines are as follows:

- 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.⁴¹

With respect to specific task assignment, the guidelines note:

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.⁴²

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.⁴³

Tasks that are considered to be the exclusive domain of the physiotherapist and must not be assigned to a physiotherapy support personnel 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).⁴⁴

4.2.2.3 Physiotherapy Education Accreditation Canada (PEAC)

The Accreditation Standards for Physiotherapist Education Programs in Canada were revised in 2009 by Physiotherapy Education Accreditation Canada (PEAC). To address the absence of such educational standards for physiotherapist support personnel, an accreditation program, including educational standards, is presently being developed jointly by PEAC, the Canadian Association of Occupational Therapists and the Canadian Occupational and Physical Therapist Assistant Educators' Council (COPEC) - the Occupational Therapist Assistant & Physiotherapist Assistant Education Accreditation Program (OTA/PTA EAP).

The following factors have contributed to the decision to develop the OTA/PTA EAP:

- The growth of OT/PT support programs across Canada.
- An expanded role and use of OT/PT support personnel under the supervision of occupational therapist and physiotherapists.
- An increased number of combined OTA/PTA specific programs which facilitated discussion for potential collaboration in the development of the accreditation program.
- Ongoing discussions since 2003 between PEAC and COPEC regarding the development of an accreditation program.⁴⁵

The framework for the educational accreditation standards is based on the 5 plus 1 model, which includes five standards considered common to professional education programs and a sixth standard, which is discipline specific. The sixth standard relates specifically to the occupational therapist assistant and physiotherapist assistant competencies and is based on the following documents:

- The CanMeds 2005 Physician Competency Framework (Royal College of Physicians and Surgeons, 2005).
- The Practice Profile for Support Personnel in Occupational therapy (Canadian Association of Occupational Therapists, 2009).
- The Competency Profile: Essential Competencies of Physiotherapist Support Workers in Canada (The Alliance and CPA, 2002).⁴⁶

A survey was recently completed on the present draft of the OTA/PTA EAP accreditation standards to seek feedback about clarity of standards and evaluation criteria and to request comment on the comprehensiveness of the professional competencies. It is intended that the accreditation standards, developed through this process, will be voluntary, whether programs are offered in publicly funded community colleges or by private colleges or schools.

Several key informants noted that the development of an accreditation program for the education programs of physiotherapist support personnel is an important step in addressing the variations of these programs across Canada. In addition, it was stated by several study participants that accreditation was a critical component if regulation of PTAs is considered and implemented across Canada.

4.3 Overview of Education Programs

Education programs for physiotherapy assistants are relatively new in Canada, with the first program starting at Humber College in Toronto, Ontario, in 1993-1994; this was a combined PTA/OTA program.

Prior to that, there was a 6 month rehabilitation assistant course in British Columbia which was a combined course with several rehabilitation specialties including physiotherapy. Also, In Ontario, prior to 1993, a part-time program for physiotherapy Aides (PAs) was offered in the evenings, where PAs could up-grade their skills and become a PTA. This program was reported to have graduated 150 students but the pool of PAs wishing to follow this route dwindled and the program ended when the 1993 Humber College program for PTAs was launched.

Now, educational programs for physiotherapist support personnel are delivered in both publicly funded community colleges and in private colleges or schools. The author was unable to locate a comprehensive list for all educational programs for physiotherapist support personnel, and, in particular programs at private colleges or schools. Section 4.6 on provincial initiatives provides some information on the educational programs available in particular provinces.

In general, many programs offer combined PTA/OTA certification, while others offer combined certification, including PTA/OTA /SLP. The length of programs also varies considerably, with the duration being from 10 months to a 2 year program. Certification upon graduation includes: PTA or combined trained (e.g., PTA/OTA, Rehabilitation Assistant (RA)).

The Canadian Occupational and Physical Therapist Assistant Educators' Council (COPEC) consists of physiotherapist and occupational therapists who are program directors or representatives from the therapy assistant educational programs in Canada. COPEC's overall goal is to

- Provide a forum for communication and discussion of common issues and concerns of Therapist Assistant Program in Canada;
- Be a resource for new, developing programs; and
- Liaise with professional organizations in matters that impact the education and recognition of Therapist Assistants.⁴⁷

Due to the limited scope of this study, this report does not describe each educational program in detail. It was highlighted by many study participants, though, that most programs are evolving to meet the needs of the profession in their province. For example, in Ontario, it was reported that, in 2008, the Ministry of Training, Colleges and Universities in Ontario developed the *Occupational Therapist Assistant and Physiotherapist Assistant Program Standard*, which is available at http://www.edu.gov.on.ca/eng/general/college/progstan/health/OTA_PTA.pdf. A key informant reported that these program standards are more comprehensive than the CPA's 2002 Competency Profile for support personnel. All publicly funded educational programs in Ontario for PTAs are now legally bound to comply with these program standards. It was reported that the Ontario members of COPEC worked closely with the Ontario Ministry of Education throughout the lengthy process of developing these standards and that these are likely the only such program standards developed by provincial governments in Canada.

Each program standard includes the following elements:

- Vocational standard (the vocationally specific learning outcomes which apply to the program of instruction in question).
- Essential employability skills (the essential employability skills learning outcomes which apply to all programs of instruction).
- General education requirement (the requirement for general education in post secondary programs of instruction).⁴⁸

4.4 Employment of Physiotherapist Support Workers across Canada

Six employers responded to requests to participate in this study. Therefore, there is a paucity of direct feedback from this group and some of the information in this section reflects the comments by others, such as representatives of CPA Branches, regulators and educators.

Physiotherapist support personnel are employed in a variety of settings across Canada, with their employment reported to be higher in publicly funded acute care and rehabilitation settings. Employment in long-term care facilities is rising across the country as is their employment in some home support settings. Also, there are indicators that they are being employed increasingly in rural areas to supplement human resource shortages.

There was a lack of information regarding their employment in private physiotherapy clinics except for comments by a few study participants who suggested that private practice settings use both groups (1 and 2) of support personnel. For example, it was reported that they frequently employ more group 2 support personnel, such as kinesiologists, rather than PTAs. One large private practice employer, LifeMark, noted that they considered both groupings to be still valid; a representative provided guidelines for delegation (assignment of tasks) and supervision discussed below in this section.

It was also noted by some informants that there were differences in the supply of formally trained PTAs across Canada. For example, provinces such as Saskatchewan, New Brunswick and Prince Edward Island do not have a ready supply of formally trained PTAs, whereas Ontario, British Columbia and Alberta have many educational

programs and greater availability of PTAs. It was reported by one participant from Saskatchewan that internationally educated physiotherapists, who are awaiting licensure, often work as PTAs before they are licensed to practice as physiotherapists.

In addition, it was reported that there were wide variations in how employers use support personnel, including both formally educated (e.g., PTAs) and those with on-the-job training. Many participants noted that more employers are hiring PTAs, when there is attrition of those with on-the-job training, as PTAs can assume more responsibility and require less training.

Employer participants in publicly funded facilities noted that unions play a large role in defining the relationship between physiotherapists and support personnel in many practice settings. As noted by one employer of physiotherapists and PTAs in a large city hospital, there were two unions in that facility that employ PTAs and RAs and this adds complexity to the management of physiotherapy staff.

Our PTAs belong to CUPE; our RAs (which consist of OTA and PTA) are part of OPSEU. So we have 2 unions owning the work of the PTA. So some of our PTAs are part of one union and the others part of the second. For the past 4 years, we have been only taking students (with some minor exceptions) and hiring candidates that have both their PTA and OTA schooling done. IN 10-15 years, all of our staff will have this dual training. Until then we will continue to have: 1) dual trained PTA-OTA from 2 year programs; 2) dual trained from private Colleges 6-18 month training; 3) only trained as a PTA; 4) on the job trained. That being said, all 4 categories have been grandfathered into the PTA category (under CUPE) and our RA are all formally dual trained (OPSEU).

Others noted that employers of support personnel in their jurisdiction used a variety of resources to guide them in developing job descriptions, including providing guidelines on delegation and supervision. For example, a participant from LifeMark provided their guideline titled, *Delegation, Assignment of Tasks or Transfer of Function* from their Policy and Procedure Manual (guideline was last revised in 2009). In addition to describing tasks that may be delegated or assigned and those that cannot be assigned, the guideline notes that when indirect supervision occurs, the supervising primary therapist must be available by phone or fax.

Some employer participants pointed to the provincial College standards or guidelines, as well as the 2002 CPA *Competency Profile: Essential Competencies of Physiotherapist Support Worker in Canada* to guide therapists and support personnel. Others stated that their provincial governments were becoming more involved as is described in the section 4.6 in Alberta, Ontario and New Brunswick and in other sections of this report.

4.5 Occupational Therapy

Occupational therapy has been closely aligned with physiotherapy for many decades. Until the early 1970s, many physiotherapy education programs were dual physiotherapy and occupational therapy programs. Separation was inevitable given the evolving nature of both professions and separate needs concerning education and licensure.

Many publicly funded education programs for physiotherapist and occupational therapist support personnel are combined (and sometimes with other disciplines, such as speech and language pathology, audiology and recreation therapy) and this report presents a brief overview of recent initiatives at the national level concerning occupational therapy. The following is restricted to describing major documents that often parallel the work that has been conducted at the national level in physiotherapy.

Most recently, in 2009, the Canadian Association of Occupational Therapists (CAOT) developed the document titled *Practice Profile for Support Personnel in Occupational Therapy*, which is available on the CAOT website at www.caot.ca. The Support Personnel Profile follows the structure of the *Profile of Occupational Therapy*

Practice in Canada (2007), which utilizes an adapted role-based CanMeds model; this document is also available on CAOT's website, cited above.

Background documents that outline the history and supporting work and analysis for these two documents can be found in the following reports, also available on the CAOT web-site

- Prepared for CAOT by Management Dimensions. *Support Personnel in Occupational Therapy, Background Paper: Development of a Practice Profile for Support Personnel in Occupational Therapy in Canada*, April 2007.
- Prepared for CAOT by Management Dimensions. *Practice Profile for Support Personnel in Occupational Therapy in Canada: Project Summary, Conceptual Design and Design Elements*. October 2007.

In 2007, CAOT also developed a position statement titled *Support Personnel in Occupational Therapy Services*. This statement supports the inclusion of support personnel in the delivery of occupational therapy services in situations where their inclusion enhances the effectiveness of occupational therapy services. The position statement also describes the wide range of titles in the workplace (e.g., rehabilitation assistant, occupational therapy assistant, occupational therapy aide, educational assistant, vocational assistant, health care assistant and health care worker).

In addition, in 2003, CAOT developed *Guidelines for the Supervision of Assigned Occupational Therapy Service Components*, available on the CAOT web-site. This guideline indicates that occupational therapy services may be assigned to another individual, such as occupational therapy support personnel, but the responsibility of an occupational therapist for the supervision of assigned occupational therapy services remains the same regardless of the individual to whom the service component is assigned. Supervision may refer to family caregivers, teaching assistants, support personnel in occupational therapy or technical support workers. The following three steps of the supervision process should be followed for the provision of occupational therapy services:

1. Task Identification and Analysis
2. Development of Supervision Plan
3. Monitoring and Evaluation of Task Completion.⁴⁹

4.6 Provincial Environment and Initiatives

A summary of the information provided in this section is available as Appendix II and is titled, *Summary of Provincial Environment and Initiatives*.

4.6.1 British Columbia (BC)

Regulation of physiotherapists in British Columbia (BC) is through the *Health Professions Act*, 2004. In 2004, the BC Ministry of Health Service Services also released a template to assist regulatory Colleges (who fell under the *Act*) in revising their bylaws to establish classes of "non-registrants, or discipline specific assistants (under Part 9 of the Bylaws in BC). The bylaws template allows regulatory colleges

to assign title, set education and training requirements, define the aspects of practice that can be delegated and gives authority to the College to establish a quality assurance, inquiry and discipline provision for the class.⁵⁰

In BC, the term "physiotherapy" is protected; therefore, the term Rehabilitation Assistant is used for support personnel (i.e., PTA or PA cannot be used).

In 2008, the College of Physical Therapists of British Columbia (CPTBC) revised its practice standard titled, *Assignment of Task to a Physical Therapist Support Worker*, which sets out 14 guidelines that physical

therapists in BC must follow when delegating tasks to support workers and also in supervising support personnel. The specific standard and its guidelines are located at www.cptbc.org/pdf/practicestandards. A summary of the main areas addressed in this Standard for support personnel are as follows:

- Those under direction and supervision of physiotherapist
- Informed consent and roles
- Support personnel competence for task
- Part of Clinical Record
- Appropriate level of supervision
- Physiotherapist role in assessment & treatment
- Types of tasks that MAY NOT be assigned to support personnel

In 2005, the CPTBC appointed a task force, which made recommendations to the College Board that physiotherapist support workers be regulated under the College bylaws. Under this initiative, a report was developed in 2006 and is titled, *Support Worker Regulatory Framework and Preferred Option*⁵¹. The report makes recommendations on the regulation of support personnel in physiotherapy in BC. In summary, the CPTBC Board approved the following recommendations:

- CPTBC endorses and creates a class of Physical Therapy Support Workers (PTSW) under the Physical Therapy regulation of the Health Professions Act.
- The specific Title for the regulated PTSW be designated as Physical therapy Assistant (PTA).
- CPTBC develops specific bylaws for regulating PTA: in consultation with the government and in alignment with the proposed Bylaws: Part 9 – Delegations, Authorization and Supervision (Health Professions Act, 2003).
- CPTBC adopts a certification approach to PTA regulation based on an educational standard. To be inclusive and facilitate transition during the first year, a grandfathering process should also be implemented.⁵²

Principles and recommendations for governance concerning physical therapist support personnel have also been discussed recently at the CPTBC including protected title, voting rights on the Board, discipline and a code of conduct that would need to be developed for this class of registrants.

In addition, a study by the BC Office of the Provincial Paediatric Therapy Consultant was undertaken in 2006-2007 to investigate the use of rehabilitation assistants in pediatric settings in BC. The study report, released in early 2007 is titled: *Researching the Role of Therapy Assistants to Support the Delivery of Paediatric Therapy Services in British Columbia*. The final recommendations from this BC project are as follows and apply to all therapy assistants (occupational therapy, physiotherapy and speech pathology) in BC:

- Require therapy assistants to join the support personnel membership category of a provincial professional association.
- Set supervision guidelines in pediatrics that stipulate a therapist can supervise a maximum of 2 therapy assistants at once, and must perform a re-evaluation of their clients being followed by TAs every 3 months.
- Establish tasks and activities specific to pediatrics in accordance with regulatory body guidelines.
- Develop a document and workshop or teleconferences on strategies to effectively incorporate therapy assistants in pediatric rehabilitation.
- Develop strategies with Aboriginal communities to support the use of therapy assistants.
- Strengthen communication and collaboration between BC therapy assistant education programs and agencies delivering pediatric rehabilitation services.⁵³

An additional resource is the 2003 position statement of the Physiotherapy Association of British Columbia titled, *Position Paper on Physiotherapist Assistants' Roles in Public Practice*. This statement relates only to those physiotherapist support personnel working in public practice, which were the majority at that time. Support personnel were grouped in the following four areas: acute care; rehabilitation; long-term/continuing/residential care and community care. This statement was intended

to benchmark the role of the physiotherapy assistant in public practice and to achieve consistency and coherence in the appropriate use of PTA's in physiotherapy service provision.⁵⁴

The position paper made a number of recommendations in the areas of competency; education and hiring, nomenclature, and supervision model recommendations. It also addressed the issue of ratios of physiotherapists to physiotherapist support personnel as follows:

It is of paramount importance that PTs be involved in the determination of ratios of PTs to PTAs in their specific areas of practice, in order to ensure that professional roles and responsibilities regarding assessment, planning, assignment of tasks and inter-professional interfaces are maintained for optimum outcomes and safety in the delivery of physiotherapy services. Factors affecting the ratios will include, amongst others, type and acuity of clientele, and the level of responsibility and type of supervision of the PTA.⁵⁵

Physiotherapist support personnel in BC (RAs) work primarily in the public sector (acute care, long-term care, rehabilitation and to some extent in community care, particularly in rural or remote settings); they are generally not employed in private practice as they are not able to engage in the application of some modalities as in provinces such as Alberta. For example, in BC, NMES and TENS is permitted but not ultra sound. It was reported that kinesiologists are more likely to be hired in private practice in BC to supplement the services provided by physiotherapists.

Recently, the Health Employers Association for BC has developed a job description or benchmark statement for RAs in the province. This may present an issue for the profession in BC as the terminology in this document is thought to go beyond the scope of practice set out in the assignment of task standard described above. For example, inclusion of a statement allowing RAs to evaluate a patient's progress presents a level of assessment that is not assigned presently to RAs under the College's standard.

In BC there are four main post-secondary education programs for physiotherapists support personnel (RAs) in BC. (Okanagan College in Kelowna, Vancouver Community College, Capilano University (Vancouver), and CDI (Surrey, Abbotsford and Burnaby). A fifth program is under development on Vancouver Island.

4.6.2 Alberta

Presently, legislation for physiotherapists in Alberta is through the *Physical Therapy Profession Act*.

Once the proposed regulation governing physiotherapy practice is proclaimed under the Health Professions Act (HPA) of Alberta, the profession will be governed in accordance with the HPA and accompanying Schedule and regulation. Both the *Physical Therapy Act and the HPA protect physical therapy/physiotherapy titles*.

The *Government Organization Act (GOA)* in Alberta (Schedule 7.1) lists restricted activities involving a significant degree of risk to the public. Physiotherapists may only perform the restricted activities authorized by their profession specific regulation, provided that they have the competency to do so. There is overlapping scope of practice with other professions who may be authorized to perform the same restricted activity(s). This allows for more efficient and effective delivery of health services. The GOA also permits regulated health professionals to supervise unregulated providers for the performance of restricted activities if the College of the regulated provider allows such supervision and has regulations in place regarding supervision.

The regulatory body governing physiotherapy practice has the authority under the HPA to enact specific requirements within Standards of Practice and other guiding documents for the supervision of unregulated support personnel by its regulated members. Once under the new *Alberta Health Professions Act*, the College of Physical Therapists of Alberta (CPTA) plans to create a non-regulated category of membership for support personnel. Under this category, it is envisioned that the designations of Groups 1 and 2 support personnel will no

longer apply and membership will be linked to certification status and educational qualifications as a therapist assistant.

Physiotherapist support personnel are not regulated in Alberta although there has been preliminary discussion, as outlined below in this section.

The College of Physical Therapists of Alberta (CPTA) has created a non-regulated member category of registration that could be used under the new health professions legislation, which will offer voluntary registration with CPTA. The CPTA has produced a number of resources to guide physiotherapists and physiotherapist assistants in their interactions. For example, a 2005 CPTA position statement titled *Supervision and Delegation* provides specific guidelines for physiotherapists concerning supervision, delegation and assignment of tasks or transfer of function as they relate to physiotherapy support personnel. This statement is available at www.cpta.ab.ca/resources (under supervision and delegation).

In 2008, to provide clear guidance to physiotherapists in this area, the CPTA developed a resource guide titled, *Supervision Resource Guide for Physical Therapists*, located at http://xur.liquidweb.com/~cptaab/sites/default/files/Supervision_guide_web.pdf. As stated in the Guide

Supervision is a dynamic and evolving process involving the oversight of another's work (e.g., physical therapist support workers, physical therapy students or another physical therapist). While no one supervision model can apply to all contexts of physical therapy practice, this guide provides a framework to support the provision of effective supervision in clinical practice, which will help ensure that College practice standards are met and maintained.⁵⁶

The supervision Resource Guide includes sections on other resources including: supervisor self-assessment; elements of an effective supervision plan; when and why supervision goes wrong and a series of questions and answers on topics such as co-sharing supervision, off-site supervision, practice settings and co-signing of physical therapist support personnel patient records.⁵⁷

Most recently, to be in line with the *Health Professions Act*, the CPTA has developed *Draft Standards of Practice for Alberta Physical Therapists*, which will be available on the College's web-site (www.cpta.ab.ca/resources), when they are approved in the fall of 2010. These standards include a revised standard for supervision and Appendix (A) of the standard is titled *Assignment of services to support personnel under the supervision and direction of a physical therapist*. The new Standards are principle based and not intended to be prescriptive.

There are four community college programs in Alberta to educate support personnel in physiotherapy - Grant MacEwan College, Medicine Hat College, NorQuest College and SAIT Health Sciences Department.

Alberta Health Services (AHS) is undertaking a major project presently to look at ways to optimize the role of therapist assistants in Alberta. This Therapist Assistant Role Optimization project focuses on assistants supporting physical therapy, occupational therapy, therapeutic recreation, audiology, and speech language pathology. The four key goals of the project were reported to be:

- To develop provincial standardization in competencies, hiring practice, job descriptions, performance evaluation, and classification.
- To develop an infrastructure of support for paraprofessional practice.
- To develop strategies to optimize collaborative practice.
- To develop strategies to optimize the role of therapist assistants in client-focused, integrated services across the health continuum.

An extensive literature review for this AHS project was completed in early 2010 looking at the role of therapy assistants under a number of areas including: impact of using an assistant; role, competencies, continuing

competency program, a bridging program, job description, staff mix, skill mix; models of practice; task shifting and economic drivers. The findings indicate the following benefits, challenges and gaps:

Benefits

- Generally, assistants add value, increase contact time with clients, and improve use of professional time.
- Benefits relate to freeing practitioner's time, increasing efficiency, and expanding service availability.
- There may be some cost-savings when using Therapist Assistants. Caution should be taken regarding generalizing the findings from these few "studies".
- Use of Therapist Assistants allows Therapists more time to deal with the more complex, quickly changing client.
- Potential to improve the rehabilitation "ethos" on the units.
- Progressive thinking – to achieve the best service, creativity is needed to find new ways to perform existing task and to deliver more services to greater numbers.

Challenges

- Some challenges identified were with skill and opportunity of the Therapist to provide supervision as well as the demand on the Therapists' time to provide that supervision and support.
- Challenges for the Therapist Assistant include knowing their scope of practice and activities they should be engaging in, independence within their role (controlling their own caseload, documentation, expanding their knowledge and skill), feedback to the supervising Therapist, and ethical practices.
- Challenges for the professional include following ethical practice, knowing what the Therapist Assistant learns in school and their scope of practice, feeling comfortable with the skill and competency of the Therapist Assistant and appropriately delegating, assigning, supervising and communicating.

Gaps

- Current literature only suggests some trends in staff-mix. It does not offer clear direction.
- The staff mix perspective emphasizes numbers and types of personnel and gives less attention to the conditions that determine how staff members' skills are used.
- There was little research related to the economics of using Therapist Assistants and task shifting or that increasing the use of TAs creates cost savings for a program or system.⁵⁸

The literature review stated that there is a lack of research that evaluates client outcomes when treatment is done by a therapist assistant rather than by (or in addition to) a physiotherapist. Completion of this project is estimated to be at the end of 2010.

AHS has also recently developed a generic competency profile for support personnel (PT, OT, SLP, Audiology and Recreation) in Alberta and the document is titled, *Alberta Health Sciences Competency Profile for Therapist Assistants: A Description of the Required Skill, Knowledge and Abilities of Therapist Assistants in Audiology, Occupational Therapy, Physiotherapy, Speech Language Pathology, and Recreation Therapy*. This Competency Profile is behaviour based and has four key roles with competencies and performance criteria for each role. The Profile has been validated and was sent to all allied health professional in the provinces (over 1650 responses were obtained with feedback), as well as too many regulatory bodies in the involved disciplines across Canada. The Profile is now in a pilot stage and will be tested on a voluntary basis by physiotherapists and PTAs across Alberta before it is formally adopted.

Similarly, AHS is in the process of developing standardized job descriptions for support personnel in the disciplines stated above, and the draft job descriptions have presently been sent out for feedback. The new competency profile, described above, relates closely to the new job descriptions and will be used in publicly funded facilities (e.g., hospitals, home care, LTC, etc.).

To complement and build on the initiatives above, AHS has also developed a continuing competency program for all therapy assistants titled, *Therapist Assistant Continuing Competence Program*. This program is presently being piloted with physiotherapists and physiotherapist support personnel across Alberta.

In addition, AHS is looking at bridging the gap between those support personnel that are formally educated and those that have only on-the-job training and has developed a survey to investigate the learning needs for this latter group to potentially bring those support personnel in line with PTAs. It has not been decided to-date

whether this will be a formal or informal learning process, although it is planned that a curriculum will be developed to address this need.

It was reported that the challenge in Alberta remains to balance the need to recruit and retain support personnel in all the various practice settings across the province, while still ensuring that the highest standards are met to provide quality care to the public.

There is an active association in Alberta for therapy assistants, called the Therapy Assistant Association of Alberta (THaaa). Its mission statement is as follows:

To ensure that Physical Therapy Assistants, Occupational Therapy Assistants and Speech-Language Pathology Assistants are an integral part of health care in Alberta.⁵⁹

The Association's web-site, www.thaaa.ca notes that the Association is committed to ensuring in the future that Therapy Assistants become a regulated/licensed profession to ensure the highest level of quality therapy. The following membership information is also available on the Association's web-site:

Full Membership is held by a Person who must:

- a) Support the purpose and objects of the Th.A.A.A.
- b) Submit a completed application form to the Executive
- c) Pay the annual membership fee for a Full Membership.
- d) Have a Diploma from a Recognized Institution in O.T., P.T., S.L.P. Assistant or Rehabilitation Assistant
AND/OR
- e) Have worked a minimum of 3000 hours of supervised practice over 3 years.

It was also reported that Thaaa hosts an annual Education Conference. In addition, representatives of THaaa have been meeting with the Alberta regulatory colleges of OT, PT and SLP regarding regulation. It was reported that THaaa keeps in contact with other "assisting" professions such as dental assistants and pharmacy technicians and has representatives speak to the PT, OT and SLP students at the University of Alberta. It was also reported that THaaa works with the Saskatchewan Association of Therapy Assistants and has a committee working towards a provincial "therapy assistant week" and therapy assistant recognition awards.

Similarly, a study participant noted that the rehabilitation Colleges (including Physical Therapy) and THaaa are meeting to share information in light of the THaaa's interest in exploring regulation. THaaa's current activities in this area are reported to include consideration of certification models for members, including criteria for obtaining certification and ongoing maintenance.

4.6.3 Saskatchewan

Legislation regarding physiotherapy in Saskatchewan is through the *Physiotherapy Act, 1998*. Physiotherapist support personnel are not regulated in Saskatchewan and it was reported that there is presently no discussion to do so.

The Saskatchewan College of Physiotherapists has a position statement, titled, *Direct Care Physiotherapist Support Workers in Saskatchewan*, located on the College's member web-site at www.scpt.org. This statement was originally approved in 1987, and most recently approved in 2006. The position statement's purpose is stated below.

1. This position statement is to provide direction to employers, physical therapists and educational institutes regarding the role and supervision requirements for direct client care physiotherapist support workers.
2. It is recognized that building a strong and productive relationship between the physical therapist and the

physiotherapist support worker depends on clear guidelines for their respective roles and responsibilities. Delegation of clinical tasks provides an opportunity to increase access and expansion of physical therapy services.

3. All physical therapy treatment and therapeutic intervention are administered under the direction and immediate supervision of a licensed physical therapist.

The statement set out the responsibilities of licensed physiotherapists in relationship to physiotherapist support personnel in the province under the following headings: delegation of duties, including task that shall not be delegated; supervision; and the employer as an integral part. Under supervision, the statement notes:

The methods of supervision should be determined before the tasks are delegated and they should be periodically re-evaluated for effectiveness. Supervision may be a combination of direct observation and indirect monitoring such as through phone contact. It is recommended a minimum of 20 % of direct client care activities be supervised by the therapist. At least half of this supervision (10%) shall be through direct observation or interaction versus indirect monitoring. The supervising therapist must be accessible and within reasonable access to provide indirect monitoring and support to the physiotherapist support worker. Access can be by tele-health, video cam, digital pictures via computers etc. If the physical therapist is frequently away from the premises then a designated on-site reporting mechanism should be established to guide the physiotherapist support worker should emergency or general concerns of a non-physical therapy nature. Specific concerns related to physical therapy procedures must be reported to and dealt with by the physical therapist.

The number of physiotherapist support workers per supervising therapist, whether they are formally or non- formally trained, will depend on:

- The competency of the individual physiotherapist support worker.
- The type of facility or service in which the individual is employed.
- The full time equivalent worked by both physical therapist and the physiotherapist support worker.

Presently, there is no educational program for PTAs in the province of Saskatchewan. A combined PTA/OTA program at the Saskatchewan Institute of Applied Sciences & Technology, which was established in 1995, was suspended in 2006 due to a decline in the number of positions for graduates of the program. It was reported that there were 14 grads in 2005, and in 2006, there were only 9. Full-time employment was a challenge and most obtained either part-time or casual employment upon graduation. Other than past graduates of the above program, presently, those PTAs working in Saskatchewan are from a program outside the province, such as the program at Medicine Hat College in Alberta. This program offers a distance learning program for out-of-province students.

It was been reported that the need for PTAs is acute in rural areas of the province. In these areas, it was noted that there was some reliance upon on-the-job trained support personnel to fill the gaps. Also students on PTA internships from other neighbouring provinces, such as Alberta's Medicine Hat program, fill a need. In addition, another source of support personnel is from internationally educated physiotherapists, who do not yet meet physiotherapy licensing requirements in the province. Some are working to meet licensure requirements, while others chose to remain PTAs.

The Saskatchewan Association of Therapist Assistants was recently formed and is independent of the physiotherapy regulatory or professional groups in the province. This therapist assistant association is for PTAs, OTAs and SLPs. The contact is Avril McCready and she can be reached at E-mail:

AvrilWirth.McCready@rqhealth.ca. As noted by the chair of this Association when responding to the study questionnaire

Our association members are Occupational Therapist/Physical Therapist Assistants, or Speech Language Pathologist Assistants. We have bylaws, and are incorporated as a non profit organization. We have had contact

with the College of Physiotherapy in Saskatoon, SK. regarding our membership lists, and participated in the review of education programs for Assistants with CAOT and ACCPAP. In 2008/2009 we met with the Saskatchewan Government Department of Learning and Resources and Advanced Education, and the Saskatchewan Institute of Applied Arts and Sciences regarding the OTA/PTA Program at SIAST in Regina. Meetings are ongoing regarding this program. As a professional association we work to promote our profession as an integral part of a multidisciplinary team.

4.6.4 Manitoba

New legislation has been recently passed in Manitoba, but not yet enacted. This revised Act, which is titled, the *Regulated Health Professions Act* will permit the inclusion of support workers under the jurisdiction of the College of Physiotherapists of Manitoba (CPM). However, it was reported that the College has not entered into discussion about this matter presently as there are many other areas of priority to consider with the new legislation.

CPM currently has a practice statement titled, *Physiotherapists Assigning Physiotherapy Care*. This statement is located on the CPM website at www.manitobaphysio.ca, under the member site at http://www.manitobaphysio.com/pdf/reference%20guide/Contents%20of%20Binder/4/4ps8_support_personnel_.pdf

The policy's preamble states:

The physiotherapist shall ensure that no service that requires the skill, knowledge and judgment of a professional physiotherapist is delegated to support personnel.

In providing effective client care, physiotherapists may *assign* part of the client's treatment plan to support personnel. When tasks are assigned, the physiotherapist maintains responsibility and accountability for the safety and quality of the entire treatment plan including the assigned components. The physiotherapist must be confident that the individual being assigned tasks has the knowledge and skills to carry out the task.

This position statement applies only when support personnel are performing part of the physiotherapist's treatment plan NOT when another practitioner is providing services independently of the physiotherapist (e.g. athletic therapist).

This practice statement outlines physiotherapist accountability and outlines physiotherapist responsibilities under the headings of: ability, communication, initiating and modifying treatment, identification, supervision and billing. It also lists what physiotherapists must not assign.

With regard to regulation, a key informant from Manitoba stated that the Manitoba Government has in the past expressed the desire to hold physiotherapists accountable for the care provided by support personnel and to not regulate support workers.

There is only one educational program in Manitoba for physiotherapist support personnel at the Winnipeg Technical College. This program is 10 months in duration, one of the shortest programs in Canada, and it educates students to become PTAs and OTAs and has a small component for SLP assistants. It was reported by a key informant that the program at this College suits the needs of Manitobans. There is also representation of the Winnipeg Technical College on the CPM's Advisory Committee for Rehabilitation Assistants. It was reported that this link between the regulatory college and the program is a huge benefit in that the College has input into curriculum

Manitoba is one of the few provinces that have not moved yet to a Masters program for physiotherapists.

In 2008, the Department of Labour and Immigration of Manitoba in partnership with the Winnipeg Technical College developed a document titled, *Job Roles and Responsibilities in Canada: Rehabilitation Assistants*.⁶⁰ This document is geared to prospective students in the 10 month rehabilitation program at Winnipeg Technical College. It defines Rehabilitation Assistant as a paraprofessional who works as a member of a health care team under the supervision of and with occupational therapist, physiotherapists and speech-language pathologists and audiologists. The report notes that Rehabilitation Assistants are classified under the National Occupational Classification (NOC) #3414. It outlines briefly where they can find work, their work environment, language requirements, required skills, main duties, and salary expectations. For example, it states that Rehabilitation Assistants work in hospitals, rehabilitation centres and physiotherapy clinics.

4.6.5 Ontario

In Ontario, there are two pieces of provincial legislation governing the physiotherapy profession as listed below:

- *Regulated Health Professions Act 1991* including Schedule 2, the *Health Professions Procedural Code*
- *Physiotherapy Act 1991* including Ontario regulation 532/98, General, and Ontario regulation 388/08, *Professional Misconduct*. The regulations do not specifically mention support personnel but sections 8 and 41 of the Professional Misconduct regulation do refer to delegation and supervision generally and section 1 refers to failing to maintain the standards of practice of the profession.

The College of Physiotherapists of Ontario (CPO) does not register, roster or regulate physiotherapist support personnel and regulation is not being considered in Ontario at this time. Between 2004 and 2007, the CPO examined the possibility of certification and regulation of physiotherapist support personnel and concluded that a strong case for public protection could not be made. There was concomitantly no specific interest by the Ontario provincial government to extend regulation to physiotherapist support personnel, who work in a number of different roles and in a variety of practice settings.

The CPO has developed a proactive program to extend an invitation from the profession to physiotherapist support personnel to actively use resources that are now available to them at the College's new resource centre for physiotherapist support personnel, located at <http://www.collegept.org/Physiotherapists/PhysiotherapistSupportPersonnel> . The centre has the following stated objectives:

- To promote increased understanding of role expectations.
- To promote increased dialogue between physiotherapists and physiotherapist support personnel on safe, quality physiotherapy care.
- To provide resources accessible and meaningful to all practice settings.⁶¹

This web-site highlights three resources related to support personnel (a standard for professional practice, a guide to the standard and an online learning module) that were revised in 2010; all are available on the web-site above. The Standard for Professional Practice titled, *Physiotherapists Working with Physiotherapist Support Personnel* describes the College's expectations for physiotherapists working in all practice settings and areas of practice when they utilize and assign physiotherapy care to physiotherapist support personnel.⁶² The standard provides the following directive:

Physiotherapists are personally responsible and accountable for each of their patients' physiotherapy treatment. This includes those aspects of care that are assigned to physiotherapist support personnel who are working under the direction and supervision of a physiotherapist. Physiotherapists have an obligation to put the needs of their patients as primary.⁶³

Twelve performance expectations are listed that describe how a physiotherapist demonstrates the standard and include the following performance expectation concerning supervision:

A physiotherapist demonstrates the standard by:

4. Assessing the type and appropriate level of supervision required for each patient for whom care is assigned and ensuring that support personnel are adequately supervised.

Performance expectations in this same Standard regarding assignment of care are:

5. Assigning only those tasks that the physiotherapist is competent to perform him or herself.
6. Not assigning any physiotherapy intervention that has an evaluation component that immediately influences the treatment program.

Definitions for Physiotherapist Support Personnel found in this document are as follows:

Group 1: Individuals who have successfully completed and fulfilled all the requirements of a post secondary program designed to educate the participants in acquiring the knowledge, skills and abilities required to assist a physiotherapist in the delivery of a physiotherapy treatment plan. This group most usually has a designation as a Physiotherapist Assistant (PTA).

Groups 2: Individuals who have completed on-the-job training that is physiotherapy specific. This may include individuals who may have a diploma or degree in a health-related field such as athletic therapy, individuals who are internationally educated in physiotherapy and have not yet completed their registration process, or worker with no health background.

Support and a description of the performance expectations under the Standard are provided in a 2010 revised Guide, titled, *Physiotherapist Working with Physiotherapist Support Personnel: Guide to the Standards for Professional Practice*. In addition to answering frequently asked questions, it describes the performance expectations in detail and provides practice scenarios to help ensure appropriate assignment, supervision, communication, etc.⁶⁴

The Guide also has two Appendices. Appendix A is titled "Factors to Consider when Assigning and Supervising Care to Physiotherapist Support Personnel" and lists the following:

- *Patient Factors:* patient's needs, best interests, consent, acuity, stability, and complexity of condition(s) including physical, mental and social aspects, predictability of change of condition(s), patient's ability to direct care and communicate needs.
- *Physiotherapist Support Personnel Factors:* knowledge, skill, and experience with task, experience with patient population and environment; working relationship with the physiotherapist and other team members, maturity, judgment, dependability, and level of trust.
- *Environmental Factors:* availability of resources, degree of independence or isolation, size of caseload or workload demands.
- *Physiotherapy Treatment Factors:* technical skill required, advanced training and complexity of tasks, potential risk of harm related to intervention.
- *Physiotherapist Factors:* ability to provide supervision, scope of practice, sphere of competence.⁶⁵

Appendix B is titled "Options for Care When the Physiotherapist is Absent from the Workplace " and the preamble and options are cited below.

There are three options for care during an absence. Before making a decision physiotherapists should evaluate each patient individually. Primary importance should be given to ensuring the needs of each patient can be met while minimizing any potential risks. Additionally physiotherapists will need to factor in the length of the absence when making care decisions that are in the best interests of their patients. It is likely that all three of the following options

could be used during a short-term absence but only options 2 and 3 would apply to longer term absences. The options are as follows:

1. After considering all factors, the physiotherapist could decide that it is safe and appropriate for the physiotherapist support person to continue to provide patient care to certain patients. In this case, the physiotherapist retains accountability for the patient's care.
2. After considering all factors, the physiotherapist could decide that the patient's care requires the expertise of a physiotherapist (or other care provider) and cannot be safely provided by a physiotherapist support person. In this case, the patient's care should be transferred to another physiotherapist (or alternate care provider). The accepting physiotherapist takes accountability for the patient, reassesses the condition and determines the appropriate treatment (this could include assignment of care to a physiotherapist support person).
3. After considering all factors, the physiotherapist could decide it would be in the patient's best interest to discontinue treatment until the physiotherapist returns.⁶⁶

The Clinical Education Standard for Professional Practice, located at <http://www.collegept.org/Physiotherapists/College%20Documents/Registrants%20Guide/RegistrantsGuide> lists "Common Performance Expectations for the Supervision of both Physiotherapy Students and Physiotherapy Support Personnel Students". The performance expectations include the following:

- 12 Ensuring that physiotherapy services are assigned to physiotherapy support personnel students in keeping with the College Standard for Professional Practice: Physiotherapists Working with Physiotherapist Support Personnel. This includes ensuring that these services are only performed under the direction and supervision of a physiotherapist.
13. Ensuring that he or she supervises physiotherapy support personnel students in keeping with the College Standard for Professional Practice: Physiotherapists Working with Physiotherapist Support Personnel.
14. Ensuring that physiotherapy support personnel students do not perform controlled acts.
15. Maintaining professional accountability for all aspects of physiotherapy care assigned to physiotherapy support personnel students.

In the spring of 2010, CPO also released a *Support Personnel E-Learning Module* with the purpose of supporting and facilitating strong working relationships between physiotherapists and physiotherapist support personnel. The Module, which can be accessed at www.collegept.org/Physiotherapists/PracticeAdvice, has the following learning objectives:

- To promote understanding of the roles expectations for physiotherapists and physiotherapist support personnel.
- To facilitate dialogue between physiotherapists and physiotherapist support personnel.
- To enhance awareness of resources accessible and meaningful to all practice settings.⁶⁷

Video chapters are as follows:

- Understanding the environment
- Communications
- Ensuring quality care
- Practice scenarios.⁶⁸

In addition, the CPO's new site for physiotherapist support personnel also notes that new resources anticipated in the future include case-based scenarios, frequently asked questions, checklists and other learning tools. For example, the CPO plans to release study scenarios, every other month, which will highlight specific issues and encourage discussion among physiotherapist support personnel and physiotherapists. The College will also use the website to highlight tools for competency of physiotherapist support personnel and to describe and discuss risk management strategies for practice.

In another project that is of interest to this present CPA initiative, the CPO is supporting a survey (Competencies for Intradisciplinary Practice Validation Survey) by the University of Ottawa and La Cité collégiale of clinicians and support personnel of various disciplines, including physiotherapy, to investigate the competencies required for an effective and efficient relationship between clinicians and support personnel within the same discipline.

The survey asks participants various questions on the topics of intradisciplinary communication, collaboration, roles and responsibilities, consultation, delegation and assignment of tasks and conflict and management resolution. The survey, which went in the field in June 2010, will provide useful information for future initiatives concerning physiotherapist support personnel.

4.6.6 Quebec

Presently, Quebec is the only province that regulates physiotherapist support personnel although this term is not used in Quebec. Physical Rehabilitation Therapists (PRTs) or *thérapeute en réadaptation physique* (TRPs) were incorporated into the *Ordre professionnel des physiothérapeutes du Québec* or the Order of Physiotherapist in Quebec (OPPO). This regulation and its legislation was provided in the *Order in council respecting the integration of physical rehabilitation therapists into the Ordre professionnel des physiothérapeutes du Québec* and was published in the *Gazette officielle du Québec* in September 2002. It was enacted in early 2003.

The legislation sets out the reserved titles and outlines the activities that may be carried out by PRTs and the conditions they can treat; the activities performed in the field of physiotherapy by the PRT's are defined in Article 4 of the Order in Council.⁶⁹ It sets out four detailed categories for scope of practice for PRTs.

These categories range from category 1, where PRTs have maximum autonomy with supervision if required from a doctor or a physical therapist, who provide PRT's with the diagnosis and the complete medical file, to category 4, where the PRTs require direct supervision from a physical therapist, or under strict condition, from a doctor. The OPPO is presently in the process of replacing the Order with a new College regulation. This regulation will be similar in content to the 2002 legislation but will include wording that provides clearer direction to physical therapists and PRTS on their relationship in practice. The specifics of the four categories are listed in the table below.

<p>Four categories of scope of practice for PRTs (TRPs)</p> <p>Physical rehabilitation therapists may carry out the following activities among those provided for in section 3: where they have a prior assessment that was made by a physical therapist or a medical diagnosis that is not restricted to symptoms and specifies the type of structural disorder, if applicable, with a file documenting the disorder, determine a treatment plan and carry out the necessary interventions in order to obtain the optimal functional performance, to the extent, under the conditions and in the following cases :</p> <p>(1) determine a treatment program, make decisions regarding the means of treatment and provide the treatment for a patient, where <i>(a)</i> there is a recognized treatment plan in an establishment within the meaning of the Act respecting health services and social services (R.S.Q., c. S-4.2) ; <i>(b)</i> sequelae require rehabilitation to recover functional autonomy or second-stage rehabilitation or maintenance of level of autonomy ;</p> <p>(2) take part in a treatment program, make decisions regarding the means of treatment and provide the treatment for a patient <i>(a)</i> who has an orthopedic or rheumatic disorder other than those referred to in subparagraph <i>a</i> of paragraph 3</p>	<p><i>(b)</i> who requires treatment to prevent complications resulting from peripheral vascular disorders. Where the therapist has the required etiology or biomechanic information on the disorder and on possible contra-indications, and, if applicable, an indication of the summary, the therapist may establish the treatment program.</p> <p>(3) make decisions regarding the means of treatment and provide the treatment for a patient with <i>(a)</i> an orthopedic or rheumatic disorder the treatment of which interferes with normal growth ; <i>(b)</i> a disorder for which the intensive period of functional rehabilitation has ended ; <i>(c)</i> a chronic and controlled respiratory disorder ; <i>(d)</i> a peripheral vascular disorder ; <i>(e)</i> a burn or wound ; <i>(f)</i> peripheral nerve damage ;</p> <p>(4) provide a general treatment prescribed by a physician or treatment as a result of a degenerative disease ; <i>(e)</i> who requires orthopedic or rheumatic treatment involving a specialized approach or therapy ; <i>(f)</i> who has an uncontrolled or acute respiratory disorder ; <i>(g)</i> who requires treatment for a central vascular disorder.</p>
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The field of physiotherapy is therefore shared between physiotherapists and PRT's; PRT's can work independently and do not always require supervision by a physiotherapist. Also, PRT's may supervise PRT students during clinical placements. Presently, most PRTs are employed in private clinics or in long term care facilities, however, it was reported that they are beginning to be integrated into rehabilitation and home care practice settings. It was also noted that there are present pilot projects being developed to introduce PRTs into hospital settings.

Most recently, the OPPQ is in the final stage of developing a Competency Profile for PRTs. This Profile is modeled on the 2009 *Essential Competency Profile for Physiotherapists*, which was cited earlier in this report. Both are modeled on the CanMeds framework for competency. This new competency profile for PRTs will be translated and is expected to be completed and approved in the later part of 2011.

The 2002 Competency Profile for physiotherapist support personnel places PRTs in the Group 1 physiotherapist support personnel category. At the time that this Competency Profile was developed, regulation for the official recognition of PRTs in Quebec's professional system was still pending. However, as PRTs are now regulated, they are technically no longer classified as support personnel or Group 1 "Physiotherapist Assistants" as outlined in the *Competency Profile*.

As noted above, the practice of PRTs is directed to specific conditions, measures, and cases. Always, PRTs must receive a written diagnosis not limited to symptoms, for a specific anatomical structure accompanied by the complete medical file from a physician or a physiotherapist's diagnosis and evaluation before they can initiate treatment.

The OPPQ has a Code of Ethics titled, *Code of Ethics for Physical Therapists and Physical Rehabilitation Therapists*, as required in Section 87 of the Professional Code of Quebec. Duties of physiotherapists and PRTs are outlined under the following sections: Duties to the Public; Duties towards customer; Duties towards the profession; Access to and correction of document; Determination and payment of fees; Advertising, enterprise and sales; and Research.

All PRT educational programs require three years of full time study in the CEGEP level and all programs are presently delivered in French only at five institutions. They use a common accredited curriculum set by the Ministry of Education. Although presently in the planning stage, it is anticipated that an English educational program for PRTs will be delivered at Dawson College by 2012. It should be noted that the three year educational program does include some general arts credits.

It was reported that there are no private colleges or other schools educating PRTs in Quebec. As all educational programs are delivered presently in French, clinical placements for PRTs (TRPs) are primarily in French speaking practice environments. This will likely change with the addition of an English speaking PRT program at Dawson College. Most of the teachers are physiotherapists, although it was stated that, in some cases, PRTs are taught by other PRTs in the educational programs,

The OPPQ has developed a continuing competency program for PRTs in Quebec titled, *Portfolio of Continuing Competency: A Practical Guide to the Creation and Maintenance of a Portfolio for Physical Rehabilitation Therapists (reference Period 2010-2013)*. This program is the same as the continuing competency program for physiotherapists in Quebec and some of the learning activities are common to both professions. This document is available on the OPPQ website at www.oppq.ca at the "Documentation Centre".

In Quebec there is no parallel category of the PRT for occupational therapy.

4.6.7 New Brunswick

Regulation of physiotherapists in New Brunswick is through the *Physiotherapy Act*, which was revised in 2010. There is no direct mention of support personnel in this *Act* although *Act* defines physiotherapy as a field of practice and is therefore, in theory, not restricted to physiotherapists but includes physical therapy students and support personnel.

In 2001, the College of Physiotherapists of New Brunswick developed *Standards of Practice for Physiotherapists*, which are based on principles reflecting beliefs and values intrinsic to the profession. Those that are associated with the relationship between the physiotherapist and physiotherapist support personnel are as follows:

Section 3.9

Ensures tasks assigned to auxiliary staff, students and volunteer personnel are appropriate, and supervised in accordance with regulations and guidelines.

Section 6.1 on record keeping notes that

iii) the treatment plan for the client, including the specific treatment protocol, an indication of whether, and to whom, treatments might be delegated, a record of any home treatments, and the particulars of any referral.⁷⁰

The College does not have formal practice standards for delegation and supervision of support personnel, however an informal guide on these topics has been developed and is available to physiotherapists in New Brunswick through the College. It was reported that this document reflects common practice across Canada and is not presently available through the College's web-site, as it is not a formally approved standard or position statement of the College.

In 2010, the College appointed a Task Force to examine regulatory options for physiotherapist support personnel. An environmental scan of physiotherapy support personnel was conducted, in addition to an analysis of the advantages and disadvantages of regulatory options.

A discussion paper was developed by the College in the spring of 2010 titled, *Discussion Paper: Examining the Regulatory Options and Preferred Regulatory Framework for Physiotherapist Support Workers in New Brunswick*. This report includes: key issues, regulatory approaches and options in New Brunswick and presents a preferred regulatory framework. The Working Group or Task Force on the project reached consensus on the following:

1. Development of standards of practice for physiotherapists including delegation, assignment and supervision, liability and accountability, and documentation.
2. Development of required orientation program for PT's and P.T.S.W.'s to better understand the PT-P.T.S.W. relationship
3. Rostering of P.T.S.W.'s
4. Establishment of specific classes of P.T.S.W. registrants with grandparenting provisions and title protection for P.T.S.W. classes
5. Entry to practice educational requirements for P.T.S.W.'s that:
 - o Includes academic and clinical components
 - o Supports the need for GROUP 1 P.T.S.W.'s (> 1 year PT-specific training) and GROUP 2 P.T.S.W.'S (< 1 year PT-specific training)
6. Strong support for full-time/physiotherapy-specific education for P.T.S.W.'s that are based the competencies of GROUP 1 P.T.S.W.'s (> 1 year PT-specific training)⁷¹

This would require a number of changes in the *Physiotherapy Act* (section 5.2) including the following: member categories with rights, privileges and fees; recognition of physiotherapy education programs, training and exams; register and state qualifications of members; establish standards of practice for support personnel; and regulate, control and prohibit the use of terms, titles or designation by members.⁷²

A survey of physiotherapist support personnel and occupational support personnel was also carried out in 2010 by the New Brunswick Physiotherapy Association to look at hiring practise, satisfaction and concerns with the present educational programs available in New Brunswick for support workers in the fields of physiotherapy, occupational therapy, speech pathology and audiology. The findings from this survey indicate greater levels of satisfaction with the 2-year PT/OT combined program.

Recently, two educational programs have been developed for support personnel in New Brunswick. The 2 year support worker program at Campelton at CCNB offers a 4 in 1 (PT/OT/SLP/Audiology) support personnel program in French only. This program was developed with some support from the federal government and an English program is planned in the future. It was reported that the French program, with its four discipline focus, was beneficial for those in rural areas in New Brunswick where it was not cost efficient to send in different discipline specific assistants to meet client needs; an extra-mural approach was preferred.

There is also a 2-year PTA/OTA program at the private Eastern College (formerly Compu College). Discussion continues by the Task Force on regulation in New Brunswick about how much physiotherapy specific training is necessary for PTAs, as needs vary considerably from the rural home care settings to acute care hospital settings.

In early 2010, the Department of Health in New Brunswick released a policy statement on Rehabilitation Support Service. It states that

The integration of formally trained rehabilitation support personnel resources will assist in rethinking how rehabilitation services are delivered and ensuring that the system design allows for the required care to be delivered in a collaborative model, by the optimal service provider, in the right setting.

It was reported that the next step will be meetings with the respective Colleges, with senior management teams responsible for rehabilitation services in organizations, and with the government on how this can be implemented in practice. One intention is that all new hires will have to have attained education through a formal community or private program, which is two years in length. It was stated by a study participant that this presents a concern to the College as most physiotherapist support personnel in New Brunswick presently have had only on-the-job training. Also, as new hires now have to be RAs or PTAs, or equivalent, there is discussion though about what 'equivalent'; means in practice.

It was reported that the government in New Brunswick is soon releasing new job descriptions, which will address Group 1 or PTA job responsibilities. It was noted by a key informant that the majority of support personnel in New Brunswick work in the public service as private clinics in New Brunswick tend to be small, comprised generally of one or two physiotherapists.

It was also reported that the biggest impact of the new Ministry of Health requirement may be the need to develop further standards or guides for physiotherapists as they are required to manage support personnel in new ways. For example, some modalities such as electrotherapy will now need to be delegated and supervised as this is not presently the case in public facilities.

4.6.8 Nova Scotia

Legislation for the physiotherapy profession in Nova Scotia is through the *Physiotherapy Act* of 1998; there is protected title and practice in the Act and no mention of support personnel.

The Nova Scotia College of Physiotherapists developed a practice guideline in 2006 titled, *Use of Physiotherapy Support Personnel – Delegation*, located at

<http://www.nsphysio.com/resources/Practice+Guidelines+Support+Personnel+2006.pdf>. This practice guideline includes descriptions of Group 1 and 2 support personnel and presents the following general principles:

- Support personnel must work under the supervision of a physiotherapist.
- Physiotherapists maintain responsibility and accountability for the quality of the supervision provided.
- Physiotherapists are required to make a judgment about the knowledge, skills and abilities of the support personnel prior to assigning tasks.
- Delegation to the support personnel includes education, training, competence, the environment and the patient/client needs.
- Physiotherapists are to obtain informed consent from each patient for the involvement of a physiotherapy support personnel in the delivery of the physiotherapy treatment plan.⁷³

In addition to responsibilities that the physiotherapist must always assume, the document lists the following

The physiotherapist is accountable for the appropriate assignment of duties to the physiotherapy support personnel under his/her supervision, and *shall not delegate* to a less qualified person:

- any task that the physiotherapist has not observed the support personnel perform competently or
- any task that requires the unique skill, knowledge and judgment of a physiotherapist or
- a task or procedure in a situation where risk requires the continuous clinical judgment of a physiotherapist.⁷⁴

The Nova Scotia Physiotherapy Association (NSPA) provides information for physiotherapist support personnel on its website at www.physiotherapyns.ca. This includes a welcome to support personnel in Nova Scotia to join the NSWA and links to the CPA's website (http://www.physiotherapyns.ca/index.php/site/About_Support_Personnel/). The association does not have policies concerning support personnel but it was reported that NSPA plans to collaborate closely in the future with those that are running the two educational programs for physiotherapist support personnel, described below.

Support personnel are not regulated in Nova Scotia. However, NSPA participated briefly on a Nova Scotia College of Physiotherapists committee (Physiotherapy Support Worker Advisory Council) looking at the role of assistants, potential regulation, and how the College and Association could work together to communicate with physiotherapists about the role of assistants. The committee determined that regulation was not an immediate option, and the committee ceased to meet about a year ago, pending further specific direction.

Two educational programs for physiotherapist support personnel have been developed in the past three years in Nova Scotia; prior to that there were no programs. One education program is at Eastern College (private), which is partnered with the Medicine Hat community college program in Alberta. Graduates receive a PTA diploma after 16 months and for an extra few months students can also achieve a combined PTA/OTA diploma. The second program is at the Nova Scotia Community College and offers a two year program with a diploma in PTA /OTA. The first cohort of these programs is just starting to graduate and will be integrated into the profession in Nova Scotia.

4.6.9 Prince Edward Island (PEI)

Legislation of the physiotherapy profession in Prince Edward Island is through the *Physiotherapy Act* of 2009.

Support personnel are not regulated on PEI although there is a new Model of Care strategy being developed where all health care workers, including physiotherapist support personnel, will be required to work to their full scope of practice. All new positions being hired by the public sector must have graduated from a PTA program.

There is no educational program for physiotherapist support personnel on PEI. Presently, there are plans to have a new Rehabilitation Assistant program through a local community college in the near future. It was reported though that PEI has PTAs from formal educational programs across Canada and from Africa.

4.6.10 Newfoundland/Labrador (NL)

Legislation for physiotherapy in NL is through the *Statutes of Newfoundland and Labrador*, and Chapter P-13.1, *An Act Respecting the Practice of Physiotherapy*, 2006.

The Newfoundland and Labrador College of Physiotherapists has developed *Guidelines for the Use of Support Personnel in Physiotherapy* (approved in 2002 and amended in 2010). This document also includes an Appendix, section 4.1.3 on delegation, which is from the standards for physiotherapy in Nova Scotia.

In addition to providing general guidance for what a physiotherapist may and may not delegate to support personnel, the document provides guidelines for delegation when the physiotherapist is off-site (section 7), as seen below.

The physiotherapist is responsible to ensure that:

- a) The physiotherapy treatment program, including that part of it that has been delegated to the support person, is available in writing to the support person and other relevant members of the care team;
- b) There is a person on site appointed to deal with medical or administrative issues;
- c) The support workers are fully trained in general and local policies and procedures in relation to emergencies and adverse occurrences;
- d) The support personnel have sufficient training, experience and competence and are aware of their limitations in order minimize risks to clients and to themselves;
- e) The physiotherapist receives reports from the support personnel at determined intervals;
- f) The support workers are able to contact the physiotherapist to report, seek guidance or discuss any difficulty related to the client or delegated tasks.⁷⁵

Section 5 of the document provides direction on the ratio of support personnel to physiotherapists, as seen below.

The number of support personnel that may be supervised by a physiotherapist will depend on:

- the level of training and competency of the support workers
- the type of facility or service
- the complexity of the client care required.

When the status of the clients is likely to change frequently (in an acute care setting for example), the physiotherapist may supervise a maximum of two support personnel. When the status of the clients served is not likely to change frequently, the physiotherapist may supervise more than two support personnel, depending on the above mentioned factors.⁷⁶

In addition, the document provides specific guidelines for the delegation of modalities (section 8), which is not generally found in other physiotherapy regulatory College standards or guidelines across Canada.

8. Guidelines for Delegation of Electrical and Mechanical Modalities

The physiotherapist:

- a) shall not delegate any task or procedure which puts the client at risk or requires continuous clinical judgment by the physiotherapist;
- b) may choose to delegate the set up only for modalities requiring continuous clinical judgment with a risk of injury/burns such as e.g. ultrasound, traction, short-wave diathermy and ultraviolet light;
- c) may choose to delegate the set up and use of modalities, with provision of parameters, that do not require continuous clinical judgment e.g. neuromuscular stimulation, interferential current and TENS; with recognition of situations whereby use of these modalities would not be delegated e.g. placement with neuropathies, etc;
- d) ensures that the support personnel has training, experience and demonstrates competence in the application of the modality and are aware of their limitations in order minimize risks to clients and to themselves;
- e) ensures appropriate documentation for the modality is completed;

- f) ensures the support personnel are able to contact the physiotherapist to report, seek guidance or discuss any difficulty related to the client or delegated tasks;
- g) is ultimately responsible for all the physiotherapy care of the client and must understand that delegation of a specific task is not a transfer of professional responsibility.⁷⁷

It was reported that there has been no move to regulation of physiotherapist support personnel in NL.

At present there is one educational program for support personnel at the College of the North Atlantic (CNA), which provides a 5 semester program with a certificate as a PTA. CNA also offers an OTA program and there has been discussion of a possible future Rehabilitation Assistant program at CNA.

5 Overriding Trends and Themes

This section presents and describes a number of over-riding trends and themes concerning physiotherapist support personnel that were found to be common across Canada and were also supported by the literature and document review phase of this study.

It is noted again that the information found in this report has been somewhat dependent on the feedback and participation of representatives from key physiotherapy stakeholders across Canada. Interpretation of events or situations was dependent on the perceptions and perspective of the individual providing the information. However, the author believes that the following themes or issues are a valid representation of the various factors concerning physiotherapy support personnel in Canada.

Trends and themes are summarized below and are supported by a sample of comments by study participants, either through the interview or questionnaire process.

5.1 Driving Forces in the External Environment

Evidence in the literature and the statements of those providing feedback to this study indicate that the increasing cost of health care services, the demographic shift to an aging population, and shortages of health human resources are major driving forces providing stimulus for governments and employers to look for alternate means to deliver health services. This trend is occurring both nationally and internationally and appears to be promoting the increased use of support personnel in health care settings, including in the delivery of physiotherapy services in all practice settings.

5.2 The Profession and Support Personnel

Note: Comments were similar across all participant study groups (regulators, CPA Branches and Divisions, educators, physiotherapist support personnel and employers).

Several of those participating in this initiative highlighted the need for professional physiotherapy groups and physiotherapists across Canada to promote the further integration of support personnel within the profession. In particular, this feedback was evident in discussions concerning the NSWA and regulation. For example

- The profession needs to be more forward thinking about the profession and the relationship between PTs and PTAs. If the profession and its key stakeholder groups do not do this quickly, others will do it and take some of scope of practice.
- The profession needs to be visionary not reactive. Accreditation is only one piece of integrating physiotherapists and PTAs in the profession - other pieces are resolving title, regulation, supervision and delegation issues.
- There is presently an 'unsettling feeling within the profession' about support personnel with those at the top in groups like CPA not being very positive about support personnel.

- CPA needs to play a larger role (and Congress) in working toward a collaborative partnership with PTAs.
- Physiotherapists need to show leadership in how they want support personnel to be integrated into the profession. For example, any future work on a “blueprint for physiotherapy” in Canada will need to have a major conversation on the integration of support personnel into the profession. We need to come up with a model for physiotherapists working with PTAs. The profession needs to be on the same page with regard to this important relationship.
- The biggest barrier is with the physiotherapists and their lack of willingness to integrate with support personnel.

5.3 Regulation Environment

Note: Comments were similar across all participant study groups (regulators, CPA Branches and Divisions, educators, physiotherapist support personnel and employers).

Quebec is presently the only province to regulate PRTs (TRPs) although there has been recent discussion of regulation of physiotherapist support personnel in a number of provinces (e.g., Alberta, British Columbia and New Brunswick). The study findings make it difficult to predict whether regulation will occur, or if it does, where it will occur first and how quickly other provinces may follow. As noted in the literature, and as a result of rising health care costs and scarce health human resources, governments may put pressure on some professions, such as physiotherapy, to further formalize their relationship with support personnel.

As noted earlier, there is a growing body of literature internationally looking at present trends in other countries to increased regulation of support personnel in the health care sector. This report documents that this trend has emerged within physiotherapy in Canada to some degree.

Regulation is found to be a somewhat contentious subject with some study participants expressing extremes of support or opposition to the regulation of physiotherapist support personnel. However, there was generally a higher level of support expressed for at least investigation of regulation of support personnel within the profession. It was also noted by several participants that the main focus of regulation must be public safety.

Due to the scope of this project, the author did not attempt to analyze enabling factors for the regulation of physiotherapy support personnel in depth. For example, the question of whether legislation in each province presently permits regulation was not addressed.

Many study participants recommended that there be more study of regulation of physiotherapist support personnel in Canada as seen in the following comments:

- Important that we figure out regulation with regard to support personnel across the country quickly.
- The profession has been spinning its wheels since 1995 on regulation. PTAs should be regulated. Legislation is often there but the will to change is not there. Physiotherapists should be pushing this themselves. The lack of action in this area is demoralizing for PTAs.

With the exception of the feedback of one participants, there was strong feeling expressed that, should regulation of support personnel occur, regulation should be through the provincial regulatory bodies for physiotherapy and not through independent therapy assistant groups.

Some commented on the extent of deliberation and discussion about regulation in their province, as seen in these comments:

- In Ontario, there has not been a push by the government for regulation of this group and no push from the employment sector. Biggest interest is from the educational sector or the PTA programs. Government has studied the PSP and others and all support personnel are considered to be an amorphous group and difficult to regulate.
- One of the reasons Manitoba has not considered more deeply a move to regulation (although there has been discussion) is that the education program length is only 10 months. However, to increase the length of the

As stated above, many participants expressed positive feelings toward the regulation of physiotherapist support personnel and a sample of these comments is presented below.

- Regulation is validation for the PTA as it protects them and clarifies their role. Will also help with present boundary issues between PTAs and PTs.
- Regulation of support workers can only benefit the profession. It is of benefit to all parties – workers, employers, and the public to know the standards that are being met. If they are regulated, they can be utilized more widely but always under the control of a physiotherapist.
- “Protection of the Public” is maintained by having a governing body to ensure due diligence of professional/ethical/safe practice, and consequences if these practices are not adhered to.
- I believe that regulation will standardize programs and make it easier for employers to find staff who meet the criteria they are looking for.
- From an employer perspective, it is very important that regulation move forward for PTA/RAs as this would help employers a great deal. Employers would know with more clarity that the PTA is accountable for his/her actions and liability issues would be clearer and PTs would be comfortable with delegation and supervision issues. Accreditation of education programs will also go hand in hand with this.
- CPA and other physiotherapy related groups should be pushing hard for regulation across the country.
- Regulation will force PTAs to know their scope and College requirements such as Standards and would also be a way to ensure continuing education is in place.
- Regulation would likely also encourage them to join CPA and be a true partner.
- Regulation of support personnel would be good but must be done in a very thoughtful manner. CPA should not saddle PTAs with large fees as salaries are too low. It would not be affordable. Regulation is important to guarantee quality just as accreditation of the educational programs is. They go together.
- I think it is wise for the PTs and PTAs to be regulated under the same regulatory board. An unfortunate lesson was learned in BC for example, where the Registered Nurses and Licensed Practical Nurses have different unions and different regulatory colleges.
- Having enforced regulation will require a roster of PTAs which currently does not exist. Having a roster will help CPA and the Branches find the PTAs to entice them into membership & reach them for notices of continuing education.
- There is currently liability/consequence for any negative action resulting from a task that their PTA fails to perform safely. With the PTA also being regulated, this consequence would be more applicably shared.

Others expressed concern or negative feelings about regulation of physiotherapist support personnel and much of this opinion centred on the difficulty of addressing the combined nature of most of the educational programs for support personnel.

- All except one public colleges in Canada now offer a combined OTA & PTA program. Will members be required to pay double the fees to belong to both if OTA becomes regulated?
- What will be the consequence(s) to the profession of OTA & PTA if only PTA becomes regulated?
- Depending on what regulation means (i.e. Whether support workers still need to be under the supervision of a Physiotherapist), there may be different consequences, so that information is critical to the discussion: If regulation of support personnel suggests that they are self governing and may not need to be under the supervision of a therapist, this may lead to more headaches in terms of educating the public about who is qualified to perform “physiotherapy”.
- Regulation may have the effect of taking the burden of care off the supervising therapist and directly into the hands of the support worker. For those that are in group 2 category, this is not acceptable as proper training has not been completed and could negatively impact care. For those that are in group 1 category, it may make them ultimately accountable, but I don't believe the care would improve.
- My recommendation is that this remains as is, in view of educational level and liability and risk.

As noted earlier, Quebec is the only province that regulates ‘support personnel’ in Canada and some of the comments from study participants in Quebec reflect feelings in that province about regulation.

- There are still those that are angry with the 2002 legislation regulating PRTs, however these are mainly older physiotherapists and this acceptance will likely change with time and attrition of older physiotherapists.
- Initially, there were lots of issues and panic on part of PTs and PRTs when PRTs were first regulated. In some cases it has taken a couple of years for the impact to filter down. Regulation is viewed now by most as a generally positive change although there was initial panic, which has largely been resolved. There is now a greater acceptance by all that regulation ensures public safety and that there is increased recognition of the skills of the PRTs. For example, before regulation of PRTs they were an autonomous group, not employed in hospitals or rehabilitation centres but working on their own in private clinics, assessing and treating patients. They are now being integrated more into these settings.
- Although the public is better in identifying the roles of each (PT and PRT), the public information work is still ongoing since a lot of workers are in the field of physical rehabilitation orthothérapeutes, chiropractors, kinesiologists, etc.
- The integration of the PRT into the OPPQ association still generates some degree of frustration amongst PRTs, particularly from those who were educated prior to integration, the present regulation being considered a reduction of their responsibilities.

5.4 Delegation and Supervision

Note: Comments were similar across all participant study groups (i.e., regulators, CPA Branches and Divisions, educators, physiotherapist support personnel and employers).

This report has described the professional standards and other guidelines for physiotherapists and support personnel concerning delegation (or assignment of tasks) and supervision. In provinces such as British Columbia and Ontario, the term 'delegation' refers explicitly to restricted acts and is not used to describe the assignment of tasks to physiotherapist support personnel. For example

It is important to note that in Ontario, the term delegation is not used regarding physiotherapist support personnel as delegation refers to the delegation of controlled acts of which there are presently only two – suctioning and manipulation.

With the exception of Quebec, which has legislative and related regulatory obligations, professional standards are presently the seminal documents, setting down requirements by the regulatory bodies for physiotherapists and support personnel concerning their relationship in patient or client care. The degree of specificity varies across these documents, although there are many common elements in the content of each and most draw upon CPA's 2002 *Competency Profile: Essential Competencies of Physiotherapist Support Workers in Canada* and the Alliance report of 2004 titled, *Guidelines on the Role and Utilization of Physical Therapist Support Workers in Physical Therapy Practice in Canada*.

Also, some employers and unions have established documents that guide employers, managers, physiotherapists and support personnel in the area of delegation (assignment of tasks) and supervision as noted in these comments of participants,

- Each site and/facility also has guidelines that they choose – to fit what works best for their delivery method to show how the delegation is happening, what tasks are delegated etc.
- The Hospital Employee Union, or any employer/union for that example, also has guidelines related to their assistant's practice.
- Internal policies exist, but we found that they are not consistent across facilities.

Some commented that it was important to not be proscriptive but to keep standards for delegation and supervision at the highest level of execution and therefore applicable to a variety of practice settings. For example, in Ontario

A physiotherapist demonstrates the standard by:

4. Assessing the type and appropriate level of supervision required for each patient for whom care is assigned and ensuring that support personnel are adequately supervised. e.g. from Ontario Standards for Professional Practice, Physiotherapists Working with Physiotherapist Support Personnel

As stated above, Quebec physiotherapists do not delegate to PRTs in the same manner as other physiotherapists across Canada. One participant from Quebec stated

The term delegation is an irritant and is not really used with relation to TRPs. The scope of the TRP is carefully set out in the regulation documents and TRPs must work within the four categories that are stipulated. This is a matter of regulation and for the Order not for TRPS relating to PTs. As long as the criteria are met for each category, there is no need for delegation or supervision.

It was also reported that some educational programs also provide guidelines on delegation and supervision for their educators and students.

Some noted delegation may present issues or problems in the practice environment.

- Get a sense that delegation is a big issue within the profession. For example, there is variation in how comfortable old diploma physiotherapist graduates are from new graduates with a Masters. Older graduates may not have the same comfort level...but also newer graduate do have to get their own clinical skills honed even though they may be more comfortable with delegation to support personnel.
- PTs need to be fully educated re their liability with respect to supervision and delegation. Also PTAs need to be educated on their responsibilities. When informant teaches this she tells her students – if you do not feel you have enough supervision, ask for it.
- Can never underestimate the role that the comfort level /skill level of both PT and PTA play in delegation. Much of this is negotiated and evolves over time as familiarity with skill level increases.
- PTs are struggling with issues like delegation and supervision. Some PTs have trouble assigning tasks to PTAs as they have concerns about liability issues. Others delegate too much and are not conscious enough of scope of practice boundaries and possible liability problems.

Standards for delegation and supervision vary somewhat across regulatory bodies but there are many consistencies. For example, most note what may be delegated or assigned and most state what may not be delegated or assigned. Grey areas exist though concerning direct and indirect supervision, especially with more PTAs working in long-term care facilities and some in rural setting where off-site supervision is the norm.

Most College standards or guidelines across Canada concerning delegation and supervision do not offer specific direction concerning ratios or indirect supervision, although there are exceptions. For example, as described earlier, the guidelines of the Newfoundland and Labrador College of Physiotherapists does provide directives to physiotherapists and support personnel on ratios and indirect supervision. In Nova Scotia, the College is revisiting its guidelines for support personnel (*Guidelines for the Use of Support Personnel in Physiotherapy*) but presently, there must be a physiotherapist on site, with the exception of those support personnel in long-term care (physiotherapist usually onsite weekly).

The following is a sample of comments from respondents to illustrate some of the issues regarding direct and indirect supervision of support personnel by physiotherapists.

- Whether the supervision is direct or indirect depends on a number of things, including the practice environment. However, the responsibility for directing the work of the PWS is incumbent on the PT. It is the PT who must ensure that the tasks being directed to the PWS are within the competencies of the PWS, that mechanisms for communication are established in case of emergency or for further direction from the PT. If the PT is unsure about the competencies of the PWS, he/she may direct that direct supervision is necessary before allowing the PWS to work under indirect supervision.

- Choice of task delegated drives type of supervision used, Supervision can be direct and/or indirect. Direct supervision suggests that the supervisor is in the immediate vicinity of the worker and can observe the activity or task. Indirect supervision suggests that the supervisor is nearby, perhaps in the same building, and observes the task through surrogate information: the client, documentation, observation of others, etc. There always needs to be a designated supervisor and there always needs to be a line of communication designated if the PT is out of the immediate area.

As demonstrated in the literature presented earlier in this report, developing ratios of number of physiotherapists to support personnel is complex. Most study participants supported the conclusion reached by researchers that it is not possible to develop standards or guidelines for specific ratios as there are too many variables. For example

- What a grey area, and I'm sure everyone wishes there was an easy answer to this equation which has so many variables for both the level of supervision and ratio questions.
- Historically, employers have hired more PTs than PTAs and ratios have been more like 1 PTA to 4-5 PTs. But with new PTA graduates, this may change and more PTAs will be hired with a likely change in that ratio.
- The optimum ratio of PT to PT support workers depends upon many factors that need to be assessed by the supervising therapist including; the complexity of clients' condition, the care environment eg: acute setting vs rehab setting, PT support personnel's competency & experience, risk to the patient, quality of care to be provided, patient's unique characteristics and circumstances, need for physiotherapist intervention.
- Do not agree with setting formal ratios for specific practice settings although present ratios by practice setting in my large city hospital are as follows: total number of physiotherapists is 170 and total number of RA/PTAs is 40. In the acute care settings the ratio is approximately one PT to 2 RA/PTAs. Whereas in the rehabilitation section of the hospital, there are 25 PTs and only 5 PTAs.
- Re determining ratios is premature and too big of a challenge given lack of regulation and credentialing and research to determine recommended ratios for PT to PTA s. As noted in the position statement of the Physiotherapy Association of British Columbia on the *Physiotherapist Assistants' Role in Public Practice*. It is of paramount importance that PTs be involved in the determination of ratios of PTs to PTAs in their specific areas of practice, in order to ensure that professional roles and responsibilities regarding assessment, planning, assignment of tasks and inter-professional interfaces are maintained for optimum outcomes and safety in the delivery of physiotherapy services. Factors affecting the ratios will include, amongst others, type and acuity of clientele, and the level of responsibility and type of supervision of the PTA.⁷⁸

Also, as noted earlier, the 2007 BC study titled, *Researching the Role of Therapy Assistants to Support the Delivery of Paediatric Therapy Services* recommended

Set supervision guidelines in pediatrics that stipulate a therapist can supervise a maximum of 2 therapy assistants at once, and must perform a re-evaluation of their clients being followed by TAs every 3 months.

5.5 Education Environment

Note: Comments did not vary substantially on this topic by category of study participant although more specific comment was elicited from educators and from those representing physiotherapy support personnel.

Presently, the impact of the variation in education programs for physiotherapist support personnel can make it difficult for employers to know with certainty the competencies of these workers upon graduation. This is also true of those that have been trained on-the-job. Variation was reported to be greatest in private programs and participants noted the anticipated positive impact of the new accreditation program, despite the fact that accreditation will still be voluntary.

Many commented on the impact that the new accreditation program will have on the educational programs for support personnel and the future 'positioning' of support personnel within the physiotherapy profession.

- Accreditation will be an important milestone in developing strategies to more fully integrate support personnel into the profession and in ensuring that there is less variation in education and training programs and more stress on ensuring quality care and public safety.
- I do believe an accreditation process will provide employers with more credibility of training programs with regards to their content and expected abilities/skill sets and particularly with regards to self-directed decision making skills.
- Accreditation of programs is a natural step and necessary to come before regulation.
- In order to move forward on regulation there would first need to be completed accreditation of educational programs for support personnel at the national level, which is presently ongoing. This is a critical piece.
- The new accreditation program for educational programs will have an even further positive impact. It will make the programs more homogenous; it will encourage portability across Canada; and it will make a more level playing field.
- Accreditation will have a large impact in the public sector but not the private sector.

Some concern was expressed about the cost of accreditation.

I worry that the cost of the CPA accreditation of PTA programs will mean the end of several programs as it is highly expensive. These programs are already costly to their institutions and programs tend to be small. It would be sad if our attempts to improve training standards means the elimination of some public programs.

Although some participants, and particularly educators, noted many similarities in educational programs (especially publicly funded programs) for support personnel in Canada, many commented on the differences and the impact of this variation.

- Variation exists across Canada in type, duration and content of the educational programs. ...and this impacts directly roles and responsibilities of PTSWs and delegation and supervision.
- Educational programs range from on-the-job training, less than one year, and between 1-2 years and programs can be PT specific or more generic and focused on rehabilitation.
- Winnipeg Technical College - It is the only program in Manitoba and the program is only about 10 months in duration, one of the shortest programs in Canada.
- There is a huge variation in educational programs from publicly funded community colleges to private colleges and standards and quality varies widely among these. This participant notes that the 'stars: from a private college, (usually are older workers with other life skills and experience) can be as good as a good student from a 2 year community college. However, in general this employer hires mostly community college graduates.

It was noted that inconsistencies in educational programs can lead to problems as noted in the following comment:

The inconsistency in training leads to difficulty in the clinical setting, for example, when it comes to the ability to be able to perform modalities. This is required in our clinical setting, but not always able to be done for the client if training has not been received.

Several participants noted the impact of government involvement in publicly funded community college versus private schools for physiotherapist support personnel. For example, as cited earlier in New Brunswick, the provincial government has recently decreed that all newly hired physiotherapist support personnel in publicly funded facilities in that province must be from a PTA program. Similarly, in Alberta, AHS is developing a competency profile for physiotherapist support personnel. And, in Ontario

The publicly funded community college programs and the private schools are under different silos. The public funded colleges must comply with the Ministry of Education programs standards, while the private programs do not have this same requirement.

Study participants overwhelmingly spoke of the benefits of formal educational programs for physiotherapist support personnel (as opposed to on-the-job training), irrespective of the program combination (e.g., PTA or PTA/OTA) as exemplified in these comments:

- I think it is very important to have support personnel trained at the college level and to standardize training for support personnel. As we move more into therapists assessing more and treating less, we must be confident that our assistants know what they are doing, and be aware of any precautions or safety factors/risk factors that can impact patient care.
- I find value in the PTA programs having been lengthened to accommodate additional skills, as long as the programs meet/beat the minimum standards of PTA skill education which the accreditation will create as a national standard.
- There will be a generally positive impact on care as Aides are phased out and college trained Assistants are brought in. Skill and expertise should be more consistent, and this will be positive from a care perspective.
- I believe that we should strive for the 2 year diploma standard. I also believe that grandfathering in those trained on-the-job is fair.

Some commented that private schools or colleges often do not provide programs that are equivalent to those provided through publicly funded community colleges across the country. As one participant stated:

There are often sad stories about those students who have to go to the private programs – less time required but a substantially larger fee (often 2 to 3 times the cost for the program) and often the quality of the education offered is sub-par. There are good private schools but many are not of the same quality as the publicly funded programs.

Some noted, that in some practice settings, on-the-job trained physiotherapist support personnel will continue to play a role despite the trend to formally trained PTAs.

- In remote areas, access to formal in-person education is limited or non-existent. Is on-the-job training better than no training? Of course. Perhaps it should be supplemented with online training.
- Rural sectors often have to hire who they can get and are often less likely to wait until a formally trained PTA can fill the position. In the urban setting, employers tend to wait more for the PTA to fill vacancies.

Many others though stated that the reality is that many physiotherapy Aides will be eventually grandfathered across the country as attrition occurs.

5.6 Competency Profile

Note: Except where indicated, there was no significant variation across participant study groups in response to this question (i.e., regulators, CPA Branches and Divisions, educators, physiotherapist support personnel and employers).

Question 5 of the questionnaire and interview guide asked participants to comment on whether there are areas of CPA's 2002 *Competency Profile: Essential Competencies of Physiotherapist Support Worker in Canada* that require revision, and in particular, whether the two groupings of support personnel are still valid.

Overall, it was concluded by most participants that the 2002 CPA document is in need of revision. Most participants stated a strong preference for only one group of support personnel (Group 1) and that this group should not include Aides but only graduates from the equivalent of the 2 year community college program. Many suggested that Aides should be grandfathered in physiotherapy departments and that workers required for administrative or other tasks not directly associated with the delivery of physiotherapy services should be called by another title (e.g., department employee, patient support worker).

A few study participants described other competency profile initiatives. For example, as described earlier in the section on initiatives in Quebec, the OPPQ is in the final stage of developing a Competency Profile for PRTs.

This Profile is modeled on the 2009 *Essential Competency Profile for Physiotherapists* and on the CanMeds framework for competency. It was also noted by participants from Quebec that any revisions of the 2002 CPA Competency Profile will require recognition that regulation has changed the relationship between PRTs and physiotherapists in Quebec and that these workers are no longer considered support personnel.

Similarly, it was highlighted earlier that Alberta Health Services has developed a generic competency profile for all categories of support personnel.

It was recommended by some participants that those revising the 2002 Competency Profile should also use the CanMeds framework. For example

The recently developed Competency Profile for OTAs uses the CanMeds framework while the 2002 PT Competency Profile does not use this framework. It is strongly recommended that those revising the 2002 Competency Profile for Support personnel use the CanMeds framework as well. This will facilitate understanding of the roles from a broader perspective and will also facilitate a better understanding of the respective roles of the physiotherapist and the physiotherapist assistant.

Some commented that there has been significant change in the external environment and in the practice environment since the 2002 Profile was developed.

- There has been a lot of change in the context of practice since 2002. Need to be attentive in the revisions that need to be made to address this change in the practice environment. Importance of looking careful at how those changes relate to the risk in care delivery.
- There has been significant change – for example with Group 2 – kinesiologists will be regulated in Ontario under Ontario Bill 171 – a College of Kinesiologists of Ontario will be formed and is expected to take its first registrants in 2011 and they will have protected title. Therefore, grouping them with Group 2 may be problematic, depending on the role they perform or their place on the health care team.

Across all participant groups, there was broad support for only one group of physiotherapist support personnel to be addressed in the Competency Profile (e.g., PTAs or RAs in some provinces such as BC).

- Prefers to see one group only of support personnel, based on a certification and educational model.
- Prefers to see one group only in BC (RAs) and there are not many on the job trained support personnel left - and as they retire only RAs to be hired.
- Should just have one group – PTAs. Inclusion of Aides in this competency profile degrades physiotherapy. Aide could be called patient support workers or be classified as departmental employee, in some other manner.
- Physiotherapists need to be able to feel comfortable in passing off their work to assistants, and I don't believe that Aides have sufficient training for most physiotherapists to do this with.
- Group 2 should be definitely eliminated and the profession needs to say that we only acknowledge PTAs as working with PTs as part of the profession.
- We do feel that the time has come to go with one title, and one descriptor, with any outliers managed through grand-parenting rather than separate classification.
- Huge difference between Group 1 and 2 – dealing with apples and oranges. Therefore it is important to distinguish between these two groups - important for employers to understand distinction and very important from the perspective of ensuring public safety.

However, a few respondents noted that they had many Group 2 workers and that the two groupings were still relevant for them. These participants noted the benefits of retaining two groupings in the Competency Profile for support personnel.

- We make no distinction between the 2 groups with respect to the services they provide or their competencies since the physiotherapist is responsible for what is delegated to support personnel.
- I believe the grouping is still valid in our case (private practice).

- Still sees the benefits of having two levels of assistants – sees no sign now of following the US path.

One employer noted that

From the general small employer and public's point of view, not many people know the difference or make a distinction between the two groups.

Some employers stated that they and their facility relied on the Competency Profile for guidance as noted in the following comment

Employers do look at the Competency Profile and use it to make job descriptions. It is presently very out-of date and needs revising badly. Group 2 has been highly debated. Should not be included....only PTAs . Others are workers and departmental employees who are not delivering physiotherapy services.

Other participants offered comments about other possible areas for revision. For example

- It is also recommended that there be an inclusion in a revised Profile of the concepts of interprofessional care and collaboration, which is referred to in Standard 6 in the new Accreditation Standards for educational programs for physiotherapist assistants.
- I believe the "Unit" sections could be updated to reflect current terminology and be more specific and detailed in nature

5.7 Title and Role

The title of physiotherapist support personnel varies widely across Canada. For example, in some provinces, such as British Columbia, title is enshrined in legislation (Rehabilitation Assistant for Group 1 physiotherapist support personnel). In others, title is not consistent within a province and may vary from employer to employer, or be dependent on the credential of a community college or private educational program. The following comments illustrate this variation:

- The issue of title can be confusing as there is little consistency: support worker, PT support worker, Rehab Assistant, PTA, PA. etc.
- Many employers have different titles from Rehabilitation Assistant, Rehabilitation Aide, Support Worker, Physiotherapist Assistant, Occupational Therapy Assistant, SLP Assistant. Often the skill levels and job requirements are similar.
- Unfortunately, it appears some facilities in the GTA/Toronto area are starting to use Aide as the title for their OTAs &/or PTAs.

There was also significant comment from study participants that the title of physiotherapy Aides should not reflect an association with the profession in the future. Also, many participants noted that they did not like the term "support personnel" and preferred to use PTA (or an equivalent that represents those that have had formal education), as highlighted in the following comments:

- The name support personnel is demoralizing. They are PTAs and a growing and important part of the profession. Perhaps physiotherapists are threatened by this.
- Change the title used in the document to the title used consistently across the country, "Physical Therapy/ist Assistants".
- Strongly support the term PTA vs. support worker or support personnel as PTA accurately identifies the role of the worker and the training (education, practical) he/she has received.

Question 6 of the interview guide and questionnaire asked study participants to comment on the role of physiotherapist support personnel in different practice settings and whether this present role should change or remain the same.

Note: Again, the responses to this question crossed participant categories with no measurable distinction among the comments of different groups.

Many commented that the role of physiotherapist support personnel is evolving, and the pace of this evolution varies across the country. As has been described in this report, this evolution has often been dependent on the involvement of the profession, educational programs, government, employers and unions in this area. The following comments demonstrate this role evolution.

- I believe this role will naturally evolve more. Therapy Assistants not only work in hospitals, private clinics and continuing care centres, they work in universities and colleges.
- It will be interesting to see how the role of PTAs evolves. In particular, with demographics and cost as drivers, there will be even more demand for physiotherapy services in the community – will see if PTAs play a larger role in this service delivery.
- The role of the PTA is still evolving and they are generally not being used up to their potential in many settings. For example, some are working to their potential but many are not as they are barely accepted by some PTs. For example, some older PTs find it hard to change their ways and are not comfortable delegating. Therefore PTAs are generally underutilized.

Most participants spoke positively about support personnel and the role they play within the physiotherapy profession.

- I believe that support personnel are very important to the delivery of care by physical therapists. We know that there are many tasks that lend themselves well to transfer to an assistant. I believe the way of the future will be to have PTs who mostly act as consultants and PTAs to do the hands on work.
- Although we have very few physiotherapist support personnel on PEI, they are greatly valued members of our team and we have an excellent working relationship. We look forward to having a PTA program on PEI and are constantly lobbying for additional PTA support in public practice.
- PTAs are cost-effective in offering additional treatments on behalf of the PT, and no doubt decrease the patient length of stay. PTs' caseloads are increasing, and as mentioned above, having an assistant can free up time for the PT to manage their new admissions, reassessments and discharges.

However, many study participants from all respondent groups noted that support personnel presently are not working to their full scope of practice. For example

- Most PTAs are not presently working to full scope of practice. And this will change with accreditation and as the new graduates with their skills become more fully integrated into practice settings. We will also see them used more in the community. In the hospital, they have been used more for basic things under the medical model, but the community model is more patient centred and their use will grow.
- The public system is already requiring that physiotherapist support personnel be trained and work to their full scope of practice and I see this as very beneficial to the physiotherapists.

Some participants (i.e., particularly educators or those representing physiotherapist support personnel) suggested that physiotherapists should be educated or encouraged to facilitate Group 1 support personnel working to their full scope of practice.

- Important to educate PTs about the role and scope of PTAs as this is generally not done now. PTs are not comfortable delegating to PTAs and we need to increase this confidence. This is a huge trust issue. Used the example in nursing of RNs having to integrate the skills of LPN. Physiotherapists need to look at this from the view point of decision-making not just delegation. PTAs presently do some components of assessment in their everyday work and this should be expected (e.g., progression of distance walked by patient). This is not about the task of delegation but about problem solving around a situation. Often hard to specify with a guideline.
- I am regularly contacted by PTs and health care administrators to help them understand the roles of the PTAs. PTAs contact me to help them educate their employers and/or PTs in these competencies.

- I believe there is a fair amount of education that needs to take place so that the 2 roles (PT and PTA) maintain their integrity and have the right care giver doing the right job. PT's are in my opinion underutilized in our system as they are (not unlike RN's) buried in the tasks of patient care instead of using their skills to develop treatment plans that can be carried out by other caregivers (PTA's). We are trying to move the system to embrace patient centered care addressing the needs of the patient with a team approach and putting the right team members around the patient to address those needs. With this approach it becomes very important that every team member knows and optimizes their full scope of practice.

Many commented on the various roles that support personnel assume across the country as seen in this sample of comments.

- I (PTA) have worked in nearly every practice setting as a PTA from paediatrics to 'step-down' (one step less acute than ICU) trauma & neurology wards. I do know of PTAs who do/have worked in critical care areas. Our role is at a higher ratio as the acuity lessens. More in geriatrics than ICU.
- In our Region, only trained, or PTA's (group 1) can be hired into the acute care settings. If untrained (group 2) support workers are in the acute setting, it is because they are grandfathered. In long term care and rehab settings, both groups exist and are still being hired.
- Here in Manitoba the use of Support Personal is steadily growing in the Field of Rehabilitation; the school system is also utilizing the RAs in the delivery of professionally developed programming in all three disciplines; PT, OT, SLP – this is cost effective and uniformed client centered delivery of services. Also using community based RAs in homecare stroke program across all three disciplines with the same client in need of these services.
- PTAs are used in ICUs and in palliative care and increasingly in long term care facilities, where shortages of physiotherapists are common.
- A PTA working in out-patient ortho is going to have a very different role than on an in-patient stroke ward. This will always be an issue, and any description of their practice will need to acknowledge this.
- PTAs are being used in the community in Ontario, particularly in rural areas and by private companies.

A few participants used charting as an example of differences in the expectations of physiotherapists and formally educated support personnel.

- It was felt that PTAs can and should be charting but not all choose to do so (or some therapists may prefer to do it). But if the PTA is doing the day-to-day care, they should be responsible for the documentation.
- Another issue regarding this working relationship is differences in expectations between different PTs on what are appropriate charting responsibilities for PTAs. For example, PTAs are generally taught specific charting skills but some PTs are not comfortable delegating some of this responsibility.

Although there is presently insufficient data from this study to determine the extent of employment of support personnel in private physiotherapy practice settings, there was some indication from participant comments that the use of formally educated support personnel in private practice was much less than in the public sector across Canada.

- Private Practice is probably the slowest growing area of use of Rehabilitation Assistants.
- Private practice is a whole different area than public practice. The profession needs to look at promotion of PTAs in private settings. Private practitioners are not always aware of the benefits a PTA can bring to the clinic.
- Some PTAs are working with private agencies or in pilot projects with the Community Care Access Centre. The government continues to be lobbied and educated about the valuable role of PTAs for community health care.

Others stressed that the unique role of the physiotherapist should not be lost in the increasing use of support personnel and a few others addressed a public safety concern with the use of support personnel.

- PT has "unique value" and is involved in assessment, critical thinking and planning...not roles for the physiotherapist support personnel.
- Present concern is coming from the physiotherapists in public facilities – concern regarding safety and risk re support personnel. Also scope of practice and taking of scope away from them.

Across the country, study participants highlighted the health human resource challenges of ensuring enough physiotherapists and support personnel to provide physiotherapist services in all practice settings, particularly those in the community and rural practice settings.

- The challenge in Alberta remains to balance the need to recruit and retain support personnel in all the various practice settings across the province and still to ensure that the highest standards are met to provide quality care to the public while also protecting the public. Although, there is a great need in rural Alberta for support personnel, there is some resistance from PTs.
- In long-term care, the PT assesses, sets the program and reassesses – PTA does day to day treatment. Same in rural settings. Practicality takes precedence over anything else.
- Support Workers need to be ready to work in a variety of practice settings – and perhaps grow their ability to practice with more indirect or varying methods of supervision (telehealth, webcam, texting, email) so that remote, rural, and other locations where Therapist numbers are low can function.
- Must be cognizant of the different sites. e.g., rural areas where there is no full time PT in sites. PTAs become managers and PTs are consultants.

A few participants commented on the advantage to employers of having combined trained support personnel in practice settings, especially those positions in the community of rural settings.

Having a separate PTA and OTA in the delivery of present delegated services would mean that many of the employers would have higher costs and less uniformed service delivery. Employers would have to redesign their delivery of service method and use of Support Personnel.

As described in this report, the practice situation for PRTs (TRPs) in Quebec's is unique as seen from this sample of comments by Quebec study participants.

- In Quebec, TRPs work in different clinical settings but largely in private orthopedic clinics and long term care or geriatric institutions. Optimization of the resources in physiotherapy and recognition of the tasks and responsibilities of the TRP would probably result in better use of their competencies by the employers.
- The educational program of TRP emphasizes interdisciplinary work with physiotherapists as a clinical reality. We wish the same emphasis could be put in the educational program of physical therapists in Quebec to have a better understanding of the regulation by the physiotherapy students of the regulated roles of TRPs and that this should be taught in class and practiced in clinical placement.
- TRP should work in "intradisciplinarité" in every clinical setting, which is not the case presently, with some TRPs working on their own following detailed medical prescription.

5.8 National Support Worker Assembly (NSWA)

Question #4 of the interview guide and questionnaire asks study respondents to identify barriers to physiotherapist support personnel engaging in the NSWA and also to suggest motivators to enhance future involvement in the NSWA.

Unlike most other questions, where responses were generally evenly distributed across participant categories, this topic elicited significantly more detailed response from physiotherapist support personnel educators and those PTAs involved in the NSWA, or in the other therapy assistant programs in Alberta and Saskatchewan. Comments from these two groups were similar in their content and described barriers in detail and a number of motivators to address these perceived obstacles to support personnel membership in the NSWA.

As stated earlier, there are presently 71 physiotherapist support personnel members in the NSWA members, with 16 of these being student members.

Some mentioned that the title of the NSWA is not appropriate and is a concern for many PTAs.

- In Alberta, therapy assistants strongly prefer to be called “assistants” or “aides”, not “support personnel”. Support Personnel does not accurately or clearly describe our role and the name NSWA should be changed.
- Change the title of the NSWA to have the role's be identified as a “Physiotherapy Assistant”... the title is demeaning and not respecting their role.
- Name ‘support personnel’ – do not see an identity with CPA and identity is important.

The comments below represent the range of barriers outlined by all participants, with cost being cited frequently as a barrier.

- The prime issue is financial. Our grads are triple trained and can't afford to join national associations for OT, PT and SLP.
- Cost and no employer support for assistants to join associations.
- Benefits are not significant enough to justify the cost.
- Students should have free membership like PT students. They can be offered electronic resources to save expenses as the potential numbers are very high. Division membership may be excluded as well.
- No “reason” or incentive in the eyes of the PTA.
- CPA mails NSWA information packages to each school, but without a representative at each school to ‘talk it up’, the message does not always end up in the hands of the students. It is logistically and financially not feasible to attend each school in person.
- PTAs have informed the NSWA executive that they struggle to find information about the NSWA's existence. These barriers have been identified to CPA frequently in the last year(s).
- Acknowledgement within CPA as valued members? PT students were provided free membership last year but this option was not presented to PTA students. As well, a select number of PT students were sponsored to attend Congress 2010 - no consideration was allotted to NSWA students.
- There is a powerful perceived differential between the power of PTs and PTAs - this leads PTAs to be hesitant in hooking up to the wagon. They would rather have a support association of their own, which is not good.

One respondent spoke of the low Branch membership of physiotherapists in general, except of those in management positions. The participant noted a possible apathy to professional obligation and a perceived lack of need for further liability protection also means that support personnel in these practice settings may also have similar views towards membership in the NSWA.

Some noted the lack of support from the profession in general.

Presently there is little support for the NSWA from the profession and this is not good. There is a need for strong mentorship and integration within the profession.

A few respondents noted concern with CPA commitment and communication with those involved with the NSWA.

- NSWA itself has barriers with inefficient/ineffective communication/liaison with CPA for actionable items.
- On the main CPA webpage, there are no indications of the NSWA (it is under the “About CPA” link; it used to appear as a header/tab).
- In the Congress 2010 promotional material, there is no mention of PTAs being invited/included.
- Need for improved signage of the NSWA at conferences/Congress.
- There has been a lack of embracing of PTAs by CPA in the last couple of years and this may be a reason that some PTAs seek acceptance elsewhere. ...need to encourage a parallel paths for PTs and PTAs and not divergent paths.
- CPA and Congress is ignoring and distancing PTAs.

Most respondents in all categories noted that low cost or free membership would be a good motivator to capture PTAs during their educational phase.

- Make membership affordable and keep cost down, e.g., free to students and then a nominal fee.

- Provide free membership and electronic communication vehicles – e.g., regular newsletters; continuing education opportunities, etc.

Others suggested a number of other motivators. Many of these suggestions were put forth by educators in PTA programs across the country or by those involved in therapy assistant associations.

- Where there is a PT, there may be a PTA. Encourage PTs to tell PTAs they work with about the NSWA.
- Regulation would certainly increase the sense of professionalism, which would potentially drive membership. It would also probably increase the need for malpractice insurance.
- All branches/divisions could benefit by increased membership. Some divisions/branches do not even mention PTAs on their website. Some of the branches and divisions have been very responsive, some not.
- CPA has a great opportunity to garner this market.
- If there can be a revamping of the NSWA website, as there was for the students, the profile and/or existence of the NSWA would heightened/acknowledged.
- One success story was the creation of the “National Physiotherapy Month” (NPM) badge for PTAs.
- Re-establishing a NSWA column in “Contact” would improve the NSWA’s visibility.
- Include PTA title, where clinically appropriate in CPA literature/website.
- A membership paid by employers would be a motivator, but also educational and networking opportunities would also be of interest.
- NSPA does “Town Hall” meetings across the province once per year, and we encourage PTs to bring PTAs to those meetings to learn about the association.
- The CPA needs to entice PTAs to join the NSWA as they presently do not see benefits for themselves. For example, offer every school (community college or private schools) 10 free student memberships and the school could have a lottery or other means for distributing. Another means of integrating PTAs in membership would be to have a pre-conference day for PTAs so there would be part of Congress that would be unique to them.
- As the number of on-the-job trained aides decline, there will be a more defined group that might be more inclined to associate and they may be more inclined to affiliate with each other, rather than with the employer.

Some educators and therapy assistants commented on the hypothetical combination of an association for PTAs and OTAs.

If there could never be a conceivable national OT/PT association, how could an OTA/PTA assembly be considered feasible? Each of the OT/PT regulatory boards differ in their stances on supervision and assignment of task

Only one respondent expressed negative feelings about the NSWA as seen in this comment.

The NSWA is a bad idea.

In Quebec, the NSWA is not thought to apply to PRTs, who now have compulsory, regulated membership in the OPPQ.

5.9 Effect of Shift to a Masters Degree

Question 9 of the interview guide and questionnaire asked study participants to comment on the possible effect of the move to a Masters degree and whether this change has made (or will make) an impact on the relationship between physiotherapists and support personnel.

Note: As with many other questions, there was little variation in responses across participant categories (i.e., regulatory groups, CPA Branches, educators, support personnel representatives, CPA Divisions and employers).

Many study participants stated that it was too early to predict with certainty the impact of the Masters on the relationship between physiotherapists and support personnel. Approximately one third of participants noted (either from direct experience or predictions for the future) that physiotherapists will play a more consultative

role in the future and physiotherapist support personnel will be more integrated into the profession and routinely more involved in the delivery of physiotherapy services. For example

- There will be an impact and physiotherapists will play a more consultative role, especially where there are established PTA programs and physiotherapists and PTAs are aware of each others' scope of practice and work together more in different settings.
- The perception is that 1/3 of Masters students will go into research, 1/3 will go on to other endeavours (e.g., medicine) and the remaining 1/3 will practice physiotherapy. Therefore, there will be shortage of physiotherapists who want to do the hands on physiotherapy clinical treatment and this opens the way for PTAs to fill an even greater role within the profession. They should be embraced and integrated in the profession as they have been in the US for many decades. PTAs need to be treated with respect by PTs and by CPA.
- Hope that Masters grads will have a good understanding of what assistants have to offer as part of the treatment team. In my opinion, college trained assistants are a perfect fit to carry out the treatment programs.
- I believe Masters level PTs expect that the assistants they work with will have a certain level of formal education. For the PTA/PT relationship to be effective, especially with the Masters level of education, PTAs need to have post secondary education and training.
- Appears that practical skills, 'hand on tasks' are being assigned to PTAs on a more regular basis – therefore, many PTAs have practical skills which can be better refined than PTs (in some circumstances).

Some study participants expressed general negative comment on the change to a Masters degree and its effect on the relationship between physiotherapists and support personnel.

- Hearing back from other PTs that in general Masters graduates are not as clinically prepared.
- With the move to the Masters level, I have found these new students to be great at research, but only 'good' at clinical skills.
- Universities pushed for this, adding more research and not as much basic science...new role of more delegation and less hands on. Will perhaps lead to PTAs with higher levels of skill than they now have in the future.
- Some of these students have minimal exposure to PTAs, which is unfortunate and unwise since they are responsible for assigning tasks to us.
- Personally feels that physios may be costing themselves out to the market.

A few participants expressed concern that this shift in responsibilities may lead to changes in delegation and supervision, or more scrutiny of related standards.

PTs are less involved in the day to day care of client which is concerning especially with consideration to delegative model and fact that PT is legally responsible for delegated tasks.

Some anticipated that the shift to a Masters degree may lead to an upgrading even further of PTA education and training as noted in this sample of comments.

- Perhaps there a need for a degree program for PTAs (perhaps not a PTA degree, but a health-related degree) given this gap in knowledge (primarily critical thinking, in-depth knowledge, etc.).
- One concern was that the move to a Masters for PT could prompt a move to BSc for PTAs. It was felt that a move to a degree for PTAs would not be affordable for the health system or for the individual. Too much investment for little return.

A couple of employers noted that cost may play a role in the future hiring of Master educated physiotherapists and PTAs. For example

At present there has not been a big impact on financial management in departments or an impact on their funding envelope. However, Masters graduates are being paid at a higher rate, and as their numbers in practice increase, employers are going to be squeezed and have to make hard choices – in some cases, that may be hiring more PTAs instead of PTs to balance the facility PT funding envelopes.

6. Conclusion

This report presents the results of a broad environmental scan of the many factors regarding physiotherapist support personnel in Canada. Findings from all three study components revealed the evolving nature of the role of physiotherapist support personnel within the Canadian health care system. This report documents the environmental context for these workers, including their education, title and the various roles and responsibilities they assume within the physiotherapy profession, as well as variations in provincial approaches to issues such as possible regulation of this group in the future.

As noted earlier, limitations of this study include the nature and content of data collection. Study findings are limited to the input of 40 participants (through the key informant process or by completing the study questionnaire); response was high among regulatory groups and CPA Branches, as well as from educators and from those representing physiotherapist support workers (e.g., NSWA representative, THaaa and Saskatchewan Association of Therapy Assistants). It is believed that these participants represent the key stakeholder groups in the physiotherapy profession on this issue and their input, as detailed in this report, will help inform future initiatives concerning the further integration of physiotherapy support workers within the profession.

Overall general feedback suggested that CPA and the physiotherapy profession may provide more support to formally educated physiotherapy support workers and could increase efforts to integrate them into the profession, and in particular to facilitate their ability to work to full scope of practice. As noted by many, this will take further discussion on many levels. For example, it will require collaboration with educators, with regulators, Branches, Divisions and employers to implement proactive adjustments to legislation, education programs, regulation and related standards and guidelines to continue to ensure quality physiotherapy care, while further integrating these health workers into the evolving physiotherapy profession.

APPENDIX I



Canadian Association
Physiotherapy Association
canadienne de
physiothérapie

Physiotherapist Support Personnel Environmental Scan

Background for Interviews

September 2010

A Introduction

The Canadian Physiotherapy Association (CPA) is conducting an environmental scan on the status of physiotherapist support personnel in Canada. The CPA has contracted Mary Colbran-Smith, an independent health policy consultant, to conduct the environmental scan and to write a report to describe the findings, along with an analysis of the over-riding issues. This information will serve as a resource document for revision of the 2002 document titled, *Essential Competencies of Physiotherapist Support Workers in Canada* (attached). It will also provide the physiotherapy profession with useful information to facilitate the development of an effective strategy for physiotherapist support personnel in the delivery of physiotherapy services within the changing health care environment.

An important part of the environmental scan is a series of interviews to gather information from the perspective of those who have important roles in the physiotherapy profession in the following groups:

- Provincial Branches and Divisions of the CPA
- Provincial physiotherapy regulators and the Canadian Alliance of Physiotherapy Regulators
- Physiotherapist support personnel educators
- National Support Worker Assembly
- Accreditation Council for Canadian Physiotherapy Academic Programs
- Employers of physiotherapist support personnel

Mary Colbran-Smith will contact the identified key informants and conduct the interviews, which will be scheduled in the first two weeks of September.

B Guide to Questions

The Essential Competencies of Physiotherapist Support Workers in Canada describes Group 1 and Group 2 physiotherapist support workers or personnel, which are referred to in the questions. Specifically please refer to the 2002 key role statements for Group 1 and Group 2

Group 1 physiotherapist support workers have acquired knowledge, skills and attitudes either through formal post-secondary education or another substantially equivalent process. Group 1 physiotherapist support workers will include physiotherapist assistants (PTAs) and thérapeutes en readaptation physique (TRPs). The tasks and interventions

assigned by the physiotherapist to Group 1 physiotherapist support workers are more complex than those assigned to Group 2 physiotherapist support workers with an emphasis on direct client care.

Group 2 physiotherapist support workers have acquired knowledge, skills and attitudes through formal, informal and/or on-the-job training. Group 2 physiotherapist support workers may include physical therapist aides, auxiliary personnel or rehabilitation assistants. The range of tasks and interventions assigned by the physiotherapist to Group 2 physiotherapist support workers are more technical in nature with an emphasis on supporting the operation of the physiotherapy service.

Questions should be answered dependent on the perspective of the group represented by the key informant. Interviewees are free to respond to all questions, or only to those questions they feel are pertinent to their background or expertise.

Questions concerning this process or the content of this document should be directed to Sal Patten, Project Manager, CPA Research and Practice, (613) 564-5454 or 888-474-9746, ext. 217, or Sheila Lennon, Associate Director, CPA Component and Member Relations at ext. 224.

C Questions for Interviewees

1. Describe the statements or policies that your association or group may have regarding physiotherapist support personnel? For example, are there past or present initiatives in this area? Are there initiatives planned for the future? Is your association or group working with others (e.g., regulators, provincial Branches, Divisions, other health care provider groups, local academies of physiotherapy, educators) to discuss initiatives concerning support personnel?
2. Presently, there is a combination of educational programs for physiotherapist support personnel, including programs at community colleges, private colleges and on-the-job training. From your perspective, comment on these variations in the education of physiotherapist support personnel across Canada and the possible positive or negative impact(s) this may have on the delivery of physiotherapy services to Canadians.
3. Presently, physiotherapist support personnel are regulated in Quebec (thérapeutes en readaption physique or TRPs) and consideration is being given to regulation of these workers in New Brunswick, Alberta and British Columbia. From your perspective, comment on the regulation of support personnel and any positive or negative impact this may have on the delivery of physiotherapy services to Canadians. Has there been legislative change(s) that impacts physiotherapist support personnel in your jurisdiction?
4. The National Support Worker Assembly (NSWA) is a national forum for physiotherapist support personnel to network and communicate under the umbrella of the CPA. Do physiotherapist support personnel belong to other organizations or groups in your jurisdiction? Presently, are there barriers to physiotherapist support personnel engaging in the NSWA? Can you suggest motivators to enhance future involvement in the NSWA?
5. The 2002 Competency Profile document provides guidance and standards of practice for physiotherapist support personnel in today's health care delivery environment. As noted above, this

- Group 1 with the job title of Physiotherapy Assistant (PTA)
- Group 2, a heterogeneous group with several titles, including the title of Physiotherapy Aide (PA)

From your perspective, is this grouping still valid?

6. Comment on the role of physiotherapist support personnel and their employment in different practice settings. For example, should this role change, or remain as it is now?
7. Comment on delegation (assignment of tasks) as it relates to physiotherapists delegating to support personnel. What guidelines or policies are you aware of to guide physiotherapists and physiotherapist support personnel in this area?
8. Comment on supervision as it relates to physiotherapists supervising support personnel – for example, direct and in-direct supervision and the optimum ratio of physiotherapists to physiotherapist support personnel. What guidelines or policies are you aware of to assist physiotherapists and physiotherapist support personnel in this area?
9. In your opinion, has the move to a Masters degree for physiotherapists led to changes in the relationship of physiotherapists to physiotherapist support personnel? If so, please describe.
10. Are there any other comments you would like to make concerning physiotherapist support personnel?

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