

**Supervision in Physiotherapy Regulatory  
Entry to Practice Matters Project**

**Final Summary Report**

Prepared for the  
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by

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## EXECUTIVE SUMMARY

In the fall of 2011 the Canadian Alliance of Physiotherapy Regulators established a project to examine the use of supervision in regulatory entry to practice matters at a national level. The key project deliverables included:

- a five-year review of the various entry to practice supervision models currently used by physical therapy regulators in Canada and selected international countries (i.e., Australia, Great Britain, New Zealand, and United States);
- a literature review with an analysis considering models of entry to practice supervision and quality practice outcomes;
- a review of regulatory entry to practice supervision models used by selected other professions, including non-health in Canada (i.e., architecture, chartered accounting, chiropractic, dietetics, engineering, law, occupational therapy, and pharmacy);
- an analysis of current physiotherapy entry to practice supervision models in Canada against the findings/evidence; and
- a final report outlining the findings, analysis and recommendations for consideration.

The results of the review of entry to practice supervision models used by physiotherapy regulators in Canada and selected international countries indicated that entry to practice supervision is currently used for three groups: new graduates, internationally educated physiotherapists and physiotherapists wishing to re-enter practice. A number of elements to describe the entry to practice supervision models were identified and overall the practices of physiotherapy regulators in Canada demonstrated areas of consistency, as well as areas of differences in approach.

The literature review identified a number of specific needs/issues associated with each of the three target groups. For new graduates, the transition to practice can lead to feelings of stress, insecurity and potential safety issues. This period also involves a number of important stages necessary for the development of the professional. Internationally educated health professionals entering the workforce also experience challenges including: language/communication and differences in practices (e.g., technology, autonomy, accountability and scope) that can affect professional relationships and potentially patient safety. Re-entry candidates have special issues/needs when they return to work that include feelings of anxiety and low self esteem, as well as desire for flexible programs. In terms of trends/best practices in entry level supervision, programs involving role models and mentors can play an important role in facilitating entry or re-entry to practice and a shift towards more structured transition programs for new graduates and internationally educated health professionals was noted.

The review of selected other professions revealed that regulatory entry to practice supervision models are used quite extensively, particularly in professions outside of health care. Generally, within each of the professions, the requirements for entry level supervision are the same for Canadian and internationally educated professionals. The length of the supervision period varies between professions from a few months to four years. Four of the selected professions have some type of national guideline or framework for entry level supervision.

Based on the findings of this inquiry and consultations with the Supervision Advisory Committee and Registrars of Canadian physiotherapy regulatory authorities, a proposed “*Framework for Entry Level Supervision for Physiotherapy in Canada*” has been developed. The proposed Framework includes a statement of purpose, guiding principles, and elements for entry level supervision including: target groups; parameters; selection/training of supervisors; supervision approach and responsibilities; and evaluation/monitoring.

The Framework also outlines eight recommendations for future action including:

- *Recommendation 1:* The literature suggests that internationally educated health practitioners have diverse and varied backgrounds and many experience specific challenges when transitioning to practice (e.g., language/communication, technology, autonomy, accountability and scope). It is recommended that regulatory bodies which have Fairness Commissioners initiate new discussions about what fairness means and how to ensure an appropriate level of support to facilitate the transition of internationally educated physiotherapists to practice in Canada. This discussion may include the suggestion that the supervisees be evaluated on a case-by-case basis to consider how to best address the diverse needs.
- *Recommendation 2:* That the Alliance examine and develop a framework for evaluating re-entry candidates and identifying the specific requirements based on the needs of each individual.
- *Recommendation 3:* That the Alliance explore with relevant partners the development of a “Continuum of Supervision Approaches Used across the Lifecycle of a Physiotherapist” that promotes a common understanding and use of designations for the individuals involved, and differentiates entry to practice supervision from that used with students in an entry level education program.
- *Recommendation 4:* That Canadian physiotherapy regulatory authorities consider the possibility of a minimum period of entry to practice supervision, given the requirement in some professions and the shift in others towards mandatory supervision at entry to practice to ensure safe practice and facilitate the transition.
- *Recommendation 5:* Given that the duration of the period of supervision may vary greatly between supervisees, it is recommended that the Alliance explore with CPA their mentorship program and other opportunities to provide support for the transition of new graduates, internationally educated physiotherapists, and re-entry candidates.
- *Recommendation 6:* That the Alliance and Canadian physiotherapy regulatory authorities explore developing and sharing “model” information, supervision agreements and manuals about entry to practice supervision based on materials that are already in use by physiotherapy regulatory bodies in Canada.
- *Recommendation 7:* That the Alliance and Canadian physiotherapy regulatory authorities monitor and examine standardized evaluation tools designed to evaluate entry-level competence of physiotherapists to ensure the most appropriate tool is used.
- *Recommendation 8:* That data related to entry to practice supervision be collected by the regulatory authorities and tracked nationally by the Alliance. Potential data could include: the number and types of applicants involved in entry level supervision by jurisdiction, the percentage of candidates who participate in entry to practice supervision situations prior to full registration, the performance of Master’s and Bachelor’s entry level educated physiotherapists in the supervised practice and on the examinations, and the performance of internationally educated candidates in the supervised practice and on the examinations.

In conclusion, there are a number of opportunities to move forward in the area of physiotherapy regulatory entry to practice supervision in Canada, as described in the proposed Framework and recommendations. As with any regulatory policy, there is a need to monitor and evaluate key trends and developments in this area on a regular basis. However, the results of this study indicate that physiotherapy regulators in Canada have a strong foundation to build on.

## **1.0 INTRODUCTION/BACKGROUND**

Various supervision models are used by Canadian physiotherapy regulators within the registration process for entry or re-entry to physiotherapy practice. Such examples include supervisors for new graduates who have not yet completed the Physiotherapy Competency Examination and supervisors for experienced physiotherapists wanting to return to practice after a lapse of time that falls outside the minimum required practice hours for registration. Past discussions about these models revealed varied satisfaction of the regulators with the supervisor selection process, the accountability mechanisms for the supervisor and the supervisee, the actual quality of the supervision, the best method of evaluating the supervisee, and finally the credibility of decision-making based on such models.

Given the importance of an evidence-based approach to policy making, and the benefit of policies that support labour mobility, the Canadian Alliance of Physiotherapy Regulators established a project and hired a consultant, Dianne Parker-Taillon, to study this matter at a national level. The Supervision in Regulatory Entry to Practice Matters Project Advisory Group (SAG), chaired by Brenda McKechnie, Registrar for the College of Physiotherapists of Manitoba, was established to provide oversight of the work (See Appendix A for members). Katya Duvulko, CEO of the Canadian Alliance of Physiotherapy Regulators was the key contact for the project and a member of the SAG.

The key deliverables for this project included:

- a five-year review of the strengths and weaknesses of the various supervision models currently used by physical therapy<sup>1</sup> regulators in Canada and four selected international countries (i.e., Australia, Great Britain, New Zealand, and United States);
- a literature review with an analysis considering models of entry level supervision and quality practice outcomes;
- a review of regulatory entry to practice supervision models used by eight selected other professions, including non-health in Canada (i.e., architecture, chartered accounting, chiropractic, dietetics, engineering, law, occupational therapy, and pharmacy);
- an analysis of current PT supervision models against the findings/evidence; and
- a final report outlining the findings, analysis and recommendations for consideration.

The term “supervision” is used in this report to refer generally to the relationship that is established between a registered physiotherapist and an entry to practice physiotherapist who has met the first stage of requirements of registration, but has not met all the requirements for full registration (independent practice) to ensure the protection of the public. Similarly, the terms “supervisor” and “supervisee” are used generically to describe the two participants in the supportive relationship. The specific terms used by individual regulatory authorities varies across jurisdictions and are described more fully in this report.

This Final Summary Report includes summaries of the key findings for the first three deliverables, the analysis, a proposed “Framework for Entry to Practice Supervision by Physiotherapy Regulators in Canada”, and recommendations for consideration. The detailed findings are included in a separate report entitled “Supervision in Regulatory Entry to Practice Matters Project Final Report of Findings”.

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<sup>1</sup> The terms physical therapy/physiotherapy and physiotherapist/physical therapist are considered synonymous and are used interchangeably in this document.

## 2.0 APPROACH

The project work was divided into five phases including:

- *Phase 1: Project Initiation and Management*

This phase involved meeting with the Key Contact and SAG Chair to finalize the work plan. Meetings were held with the Advisory group via teleconference four times during the project. Ongoing updates were provided to the Registrar's Committee by the SAG Chair and the project was also discussed at Registrar's meeting in May 2012.

- *Phase 2: Review of supervision models used by physiotherapy regulators in Canada and internationally*

Websites of 11 Canadian physiotherapy regulatory organizations and four international physiotherapy regulatory organizations were reviewed to gather information about current entry-level supervision models. An interview guide for the Canadian physiotherapy regulators was developed by the consultant and reviewed by the SAG (see Appendix B). Focused interviews of 11 Canadian physiotherapy regulators were conducted using the guide. A summary of the supervision model in each jurisdiction was prepared and sent to the respective interviewee to review. Revisions were made to the summaries based on the feedback received. Four international organizations were contacted by email and follow-up telephone conversations were used as necessary to obtain additional information. A list of key informants and international organizations contacted is included in Appendix C.

- *Phase 3: Literature review models of regulatory supervision and quality practice outcomes and supervision of adult learners*

A focused literature search for articles related to best practices in entry level supervision was conducted using Google Scholar. The following key words were used: *regulatory supervision, entry level, quality practice outcomes, internationally educated, regulation, re-entry, physiotherapy, occupational therapy, nursing, health manpower, mentoring, and supervised practice*. Reference lists of articles were also scanned for other possible references. All relevant articles were reviewed in terms of key issues and best practices.

- *Phase 4: Review of best practices in selected other professions*

Websites of regulatory organizations in Canada for eight selected professions including architecture, chartered accounting, chiropractic, dietetics, engineering, law, occupational therapy, and pharmacy were reviewed to gather information about current entry-level supervision models.

- *Phase 5: Analysis and Report Preparation*

The Consultant analyzed the findings and developed an Interim Report. The Supervision Advisory Group reviewed the Interim Report and discussed elements of a framework for entry level supervision in physiotherapy in Canada. Based on the findings and this discussion the Consultant developed a proposed "Framework for Entry to Practice Supervision by Physiotherapy Regulators in Canada" which was sent to the SAG for feedback. The Framework was revised based on the comments received and presented for discussion at the Registrar's Committee meeting in May, 2012. Following the meeting, the slides from the presentation and the proposed Framework were sent by email to the Registrars and SAG for additional feedback. The Consultant prepared the draft Final Report and submitted it to the Alliance Key Contact and Supervision Advisory Group for review. The report will be revised as required and submitted to the Alliance Key Contact in early July 2012.

### 3.0 SUMMARY OF REVIEW OF CURRENT ENTRY TO PRACTICE SUPERVISION USED BY PHYSIOTHERAPY REGULATORS IN CANADA AND SELECTED INTERNATIONAL COUNTRIES

The results of this review indicate that entry to practice supervision is currently used by physiotherapy regulators in Canada and the selected international countries examined (Great Britain, United States, Australia, and New Zealand) for three groups: new graduates, internationally educated candidates and re-entry candidates. The specific target groups for supervised practice at entry level for each country are summarized in Table 1.

Country	Target Groups for Entry Level Supervision		
	New Graduates	Internationally educated	Re-entry
Canada	√ (Prior to completion of clinical exam <sup>2</sup> )	√ (Prior to completion of clinical exam <sup>2</sup> )	√ (in four jurisdictions)
Great Britain			√
United States	√ (Exam candidates in 22 jurisdictions)	√ (Pre-licensure in 13 jurisdictions)	√ (Used in 17 jurisdictions)
Australia		√ (Prior to completion of clinical exam)	√
New Zealand			√

A summary of the key findings related to the entry to practice supervision models used by the physiotherapy regulators examined for each of the three target groups is described in this section. A detailed summary of the elements of entry to practice supervision models used by physiotherapy regulators in Canada is also provided.

#### 3.1 Entry to Practice Supervision Models used by Physiotherapy Regulators with New Graduates

In Canada, 10 of the 11 regulatory authorities have some form of supervised practice for new graduates of Canadian physiotherapy programs. In only one of these jurisdictions supervised practice is permitted before passing the written component of the PCE, and all others are after passing the written component. The length of time in practice with supervision for both new Canadian graduates and IEPTs varies from six months to two years, depending on the jurisdiction. However, the period of supervision is usually time limited dependent on successful completion of the Clinical Component of the PCE.

Only one of the international countries examined, the United States, had entry to practice supervision for new graduates in some jurisdictions. Specifically, temporary licensure is offered to first time examination candidates in 22 jurisdictions and candidates retaking the examination

<sup>2</sup> Note: In BC Canadian educated graduate candidates are eligible for entry level supervision situation prior to written examination. Quebec does not require the Physiotherapy National Examination.

in 5 jurisdictions (Federation of State Boards of Physical Therapy, 2011a). It should be noted that in the other three international comparators, new graduates of domestic education programs are not required to pass an entry to practice examination.

### **3.2 Entry to Practice Supervision Models used by Physiotherapy Regulators with Internationally Educated Candidates**

In Canada, nine of the 11 regulatory authorities have some form of supervised practice for internationally educated physiotherapists. In eight of these jurisdictions the candidate must have passed the written component of the PCE to be eligible for the supervised practice. Eight of these nine jurisdictions employ a similar supervised practice approach for Canadian and internationally educated physiotherapists.

In the international countries examined, Australia and the United States have supervised entry to practice situations for internationally educated applicants for registration. In these examples, unlike the majority of physiotherapy regulators in Canada, the approach used for the internationally educated applicants differed from that for domestic graduates.

The approach used in Australia with internationally educated graduates is similar to that used by physiotherapy regulators in Canada. The applicant must pass the written part of the APC Assessment Process, meet all of the Board's generic registration standards, and be preparing for the clinical part of the APC Assessment Process. Similar to Canada, the length of the supervised practice in Australia is dependent on the successful completion of the APC Assessment (Physiotherapy Board of Australia, 2010).

In the United States, currently 13 jurisdictions require a clinical internship for internationally educated physiotherapists seeking licensure in the USA. A total of 12 of these require the internship before licensure and one after licensure. The length of the clinical internship varies from three to 12 months, depending on the jurisdiction. However, the FSBPT Foreign Educated Standards Committee in 2011 authored a working draft of a national model. It proposes that an applicant for a license as a physical therapist who has been educated outside of the United States shall, in addition to the usual requirements, complete a supervised clinical practice period of 1000 hours in length (Federation of State Boards of Physical Therapy, 2011b).

### **3.3 Entry to Practice Supervision Models used by Physiotherapy Regulators with Re-entry Candidates**

In Canada, a variety of processes are used with re-entry candidates. Seven of the 11 regulators evaluate each applicant on a case-by-case basis and establish the re-entry requirements based on the individual's experience and needs<sup>3</sup>. Some of the regulators (four of 11) identified supervised practice as one of options they would use with re-entry candidates. The same number also indicated that they would require re-entry candidate to complete the PCE.

Similarly, all four international comparators consider re-entry candidate applications on an individual basis and the specific requirements for re-entry are based on factors such as the previous experience of the candidate, length of time out of practice, and professional development activities. Examples of re-entry requirements identified by the international comparators included a period of supervised clinical practice (identified by all four) as well as re-

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<sup>3</sup> It should be noted that re-entry candidates may have been educated in Canada or internationally and may have previously been registered in another jurisdiction in Canada.

education/formal study, informal study, continuing education, an examination, and submission of a portfolio for review.

The approaches with re-entry candidates in two of the countries examined, Great Britain and New Zealand, were similar in that the plan for the supervised practice period is developed collaboratively by the supervisor and re-entry candidate on the basis of the learning needs. However, the approaches differed in the level of supervision required. For example in Great Britain the supervisor and re-entry candidate do not necessarily have to be employed by the same employer (Health Professions Council, 2012), while in New Zealand the two must practice at the same time at the same physical address (Physiotherapy Board of New Zealand, 2011). In terms of the requirements for evaluation, in Great Britain the re-entry candidate completes the necessary forms about their updating and has them signed by someone on the registrar while in New Zealand the supervisee sends reports to the Board at pre-determined times that show work attendance, supervision carried out, full peer review, self review, report from supervisor on progress and updated professional development plan.

### 3.4 Elements of Entry to Practice Supervision Models Used by Physiotherapy Regulators in Canada

A number of elements to describe the entry to practice supervision models were identified. Overall the review of entry to practice supervision models used by physiotherapy regulators in Canada demonstrated a number of areas of consistency, as well as areas of differences in these elements. These are summarized in Table 2 and discussed in detail in Section 6.0.

<b>Table 2: Summary of Entry to Practice Supervision Models Used by Physiotherapy Regulators in Canada</b>	
<b>Elements</b>	<b>Findings</b>
<b>Parameters</b>	
Designation of supervised registration category	<ul style="list-style-type: none"> <li>• Different designation used in each jurisdiction</li> </ul>
Maximum period of supervision	<ul style="list-style-type: none"> <li>• Varies from 6 months to two years</li> </ul>
Type of Supervision Approach	<ul style="list-style-type: none"> <li>• 9 of 11 use supervised practice approach in one of their programs</li> <li>• 4 of 11 use a mentoring approach in one of their programs</li> <li>• 1 of 11 uses a monitoring approach in one of their programs</li> <li>• 3 of 11 use different two approaches depending on the situation</li> </ul>
Change in supervision with failure on exam	<ul style="list-style-type: none"> <li>• 6 of 11 change their supervision approach with failure on one of the PCE components</li> <li>• 4 of the 11 allow one failure on PCE clinical component without change in level of supervision</li> </ul>
<b>Selection/Training of Supervisors</b>	
Selection process	<ul style="list-style-type: none"> <li>• 9 of 11 require registrant to identify supervisor</li> <li>• 2 of 11 require the employer to identify supervisor</li> </ul>
Eligibility criteria for supervisors	<ul style="list-style-type: none"> <li>• All require supervisors to be on the register and no specific conditions on their license</li> <li>• 4 of 11 require have a work experience requirement, either one or two years</li> <li>• 1 of 11 has conflict of interest restrictions for supervisors</li> </ul>
Information/Training of supervisors/ Supervisees	<ul style="list-style-type: none"> <li>• 7 of 11 have information guide/booklet</li> <li>• 6 of 11 require some type of agreement or plan</li> </ul>

<b>Table 2: Summary of Entry to Practice Supervision Models Used by Physiotherapy Regulators in Canada</b>	
<b>Elements</b>	<b>Findings</b>
<b>Responsibilities of Supervisors</b>	
Same employer	<ul style="list-style-type: none"> <li>7 of 11 require supervisor to have same employer as supervisee</li> </ul>
On-site supervision	<ul style="list-style-type: none"> <li>8 of 11 require on-site for all or most of the time for one of their programs</li> <li>3 of 11 require on-site supervision for some of the time for at least one of their programs</li> <li>2 of 11 do not require on-site supervision for at least one of their programs</li> </ul>
Multiple supervisors	<ul style="list-style-type: none"> <li>10 of 11 allow more than one supervisor</li> </ul>
Supervision requirements	<ul style="list-style-type: none"> <li>8 of 11 require or suggest review of supervisee's clinical records</li> <li>Other requirements vary</li> </ul>
Supervision of restricted acts	<ul style="list-style-type: none"> <li>Approach varies</li> <li>For 5 of 11 regulators this is not applicable</li> </ul>
Reporting relationship with regulatory authority	<ul style="list-style-type: none"> <li>All require reporting of unsafe practices</li> <li>10 of 11 require supervision agreement</li> </ul>
<b>Responsibilities of Supervisees</b>	
Paid/unpaid position	<ul style="list-style-type: none"> <li>10 of 11 supervisees are usually in paid positions</li> </ul>
Full-time/part-time	<ul style="list-style-type: none"> <li>10 of 11 supervisees may be either part-time or full-time</li> </ul>
Liability insurance required	<ul style="list-style-type: none"> <li>All require liability insurance</li> </ul>
Reporting relationship with regulatory authority	<ul style="list-style-type: none"> <li>9 of 11 require supervisee to notify regulator of any changes</li> <li>8 of 11 require supervisee to sign supervision agreement/plan</li> </ul>
<b>Evaluation/Monitoring</b>	
Evaluation requirements	<ul style="list-style-type: none"> <li>8 of 11 require some form of formal evaluation</li> </ul>
Evaluation tool used	<ul style="list-style-type: none"> <li>5 of 11 do not specify an evaluation tool</li> <li>4 of 11 use CPI tool</li> <li>3 of 11 have their own evaluation tool</li> </ul>
Supervisee evaluations monitored by regulatory authority	<ul style="list-style-type: none"> <li>8 of 11 did not monitor the supervisee evaluations for at least one of their programs</li> <li>4 of 11 monitor the evaluations for at least one of their programs</li> <li>1 of 11 does random monitoring</li> </ul>
Formal monitoring of approach by the regulatory authority	<ul style="list-style-type: none"> <li>All indicated that they do not have any formal monitoring of their supervision approach</li> <li>4 do some informal tracking</li> </ul>

#### **4.0 SUMMARY OF LITERATURE REVIEW OF MODELS OF ENTRY TO PRACTICE SUPERVISION**

This section presents the results of the focused literature review. Definitions for three key terms used in models of entry to practice supervision in physiotherapy are presented. The findings related to needs/issues and trends/best practices of models of entry to practice supervision are discussed for each of the three entry to practice supervision target groups including new graduates, internationally-educated, and individuals wishing to re-enter practice.

## 4.1 Definitions

Often the terms clinical supervision, mentoring, and monitoring are used interchangeably to describe supportive relationships in entry level supervision approaches. According to Mills, Francis & Bonner (2005), each of these relationships differ in terms of level of commitment, time, context, relationship, reporting, and expected outcomes. The following includes the definitions from the literature for these three terms and is presented to facilitate future discussions.

### ***Clinical supervision***

Clinical supervision is a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and the safety of care in complex clinical situations (Department of Health, 1993). According to the CSP (2005) one of the principles of clinical supervision is that it involves a supervisor and a practitioner or group of practitioners reflecting on and critically evaluating practice.

### ***Mentoring***

The reviewed literature revealed numerous definitions of the concept and role of mentoring. According to Pederson (2008) the variance is due, in part, to the area of expertise, organizational set-up, and goal of the mentorship. Bidan (2006) found there was no one definition of the role and concept of mentoring that is applicable to all areas and organizations.

The Canadian Physiotherapy Association (CPA) (2012) defines mentorship as a reciprocal learning process involving sharing knowledge and experience between individual mentors and mentees with the mentoring relationship built outside of the workplace. The CPA definition also indicates that the mentor provides feedback but does not have any role in evaluation of the mentee and there are no overall external objectives. Levinson (1978) summarized mentoring as a process in which an older more experienced person guides and nurtures a younger one and suggested that mentors perform five functions: teacher, sponsor, host, guide, role model and counselor. Mentoring is a relationship that encompasses both professional and personal domains, spans several years, and may extend far beyond the period of the structured mentorship (Sachdeva, 1996).

### ***Monitoring***

A monitor is defined as a person who observes a process or activity to check that it is carried out fairly or correctly, especially in an official capacity (Oxford Dictionaries Online, 2012). The College of Physiotherapists of Ontario (CPO) (2006) uses the term to describe the person that oversees the practice of a physiotherapy resident with the ultimate goal of ensuring the delivery of safe physiotherapy services and the protection of the public. Monitoring may include activities such as direct observation, meetings and case reviews, chart audits and discussions with other team members (CPO, 2006).

## 4.2 New graduates

The literature reviewed indicated that the transition to practice for new graduates involves a number of important stages necessary for the development of the professional. The transition process can lead to feelings of stress and insecurity and potential safety issues. Transition programs involving role models and mentors can play an important role in facilitating the transition.

In terms of trends/best practices in entry level supervision, health institutions with transition to practice programs (TTP) for new graduates have seen a marked drop in attrition, along with improved patient outcomes. As a result, the National Council of State Boards of Nursing (NCSBN) has developed a comprehensive TTP model to assist nurses as they transition from the classroom to practical settings (National Council of State Boards of Nursing, 2012). The model involves the new graduate passing the examination then entering into a six month TTP program involving a preceptorship (mostly one on one) and completing five learning modules including: communication and teamwork, patient-centered care, evidence-based practice, quality improvement and informatics. In order for the new graduates to maintain licensure after one year in practice, they will be required to provide the Board of Nursing with a Transition to Practice Verification (TPV) form, verifying the new nurse has met all the requirements of the jurisdiction's transition program.

### **4.3 Internationally educated candidates**

This literature review identified a number of challenges for internationally educated health professionals entering the workforce including: language/communication and differences in practices (e.g., technology, autonomy, accountability and scope) that can affect professional relationships and potentially patient safety.

In terms of trends/best practices in entry level supervision of internationally educated health professionals the importance of orientation activities, well prepared, culturally competent preceptors and targeted education modules was stressed by a number of authors. In addition, two models for supervised practice at entry level for internationally educated health professionals have been proposed:

- The FSBPT Foreign Educated Standards Committee model for Supervised Practice for foreign educated physiotherapists seeking licensure in the United States involves completion of a supervised clinical practice period of 1000 hours (approximately seven months) in length, once other requirements have been met. Successful completion will enable candidates to be eligible to sit for the National Physical Therapy Examination (Federation of State Boards of Physical Therapy, 2011b).
- An evidence-based transition program for internationally-educated nurses with two major interconnected components. The first component would involve educational modules on: language and communication skills; clinical knowledge and skills; interpersonal skills and dynamics; agency policies and procedures; nursing and health care systems in comparative perspectives; and comparison of culture-based values and beliefs. The second component is a period of supervised nursing practice by a preceptor or mentor of up to 12 months (Xu, 2010b).

### **4.4 Re-entry**

The literature reviewed suggested that re-entry candidates have special issues/needs when they return to work that include feelings of anxiety and low self esteem, as well as desire for flexible programs that are tailored to their experience and educational needs, and family situations.

In terms of trends/best practices in entry level supervision of re-entry candidates some themes were identified in the literature:

- Support from well-prepared preceptors, supervisors, mentors, co-workers was a big factor in making a successful re-entry.

- A learning needs analysis and an individualized approach was recommended to provide an informed assessment of the re-entry candidate's current knowledge and experiences and help develop a plan that will assist the return to practice.
- Re-entry programs should involve both theory and clinical practice, use various modes of delivery (e.g., reading, on-line modules), and be based on individual needs.
- Some form of conditional registration is helpful so that clinical experience can be gained during the re-entry process.

In summary, this literature review identified a number of needs/issues associated with each of the three target groups: entry level, internationally educated and re-entry. Trends in entry level supervised practice programs which include elements of best practices were identified.

## **5.0 SUMMARY OF REVIEW OF BEST PRACTICES IN ENTRY TO PRACTICE SUPERVISION MODELS BY OTHER PROFESSIONS**

The entry to practice supervision models were examined for eight other professions including architecture, chartered accounting, chiropractic, dietetics, engineering, law, occupational therapy, and pharmacy. The findings are summarized in this section under the following headings: entry to practice supervision models, target groups, parameters, selection of supervisors, supervisor roles/responsibilities and evaluation/monitoring.

### **5.1. Entry to Practice Supervision Models**

The entry to practice supervision models varied across the eight professions<sup>4</sup> examined in this project.

- In five of the professions, the entry to practice supervision is part of the regulatory registration process and a requirement for licensure (A, CA, E, L, P). Four of these professions have developed some type of national framework or guideline that recognizes the independence of the individual regulatory bodies but outlines suggested national requirements related to entry level supervision. This approach has allowed for the development of "model" information and manuals that are made available to provincial regulatory authorities (e.g., A, CA, P).
- One of the professions (dietetics) has an internship requirement that may be completed in one of the following: during the undergraduate program, post degree in conjunction with a Masters program, or as a post degree internship program. This approach appears to have been developed as all undergraduate degrees do not offer a clinical practicum as part of the program. Dietetic regulators in some jurisdictions offer temporary licensure while the candidate is waiting for the next sitting of the examination but do not require supervision during this period.
- In two of the professions the entry-level supervision is required during a period of temporary licensure when all the requirements for full registration have not yet been met. In these cases the supervised practice allows the candidate to gain experience while waiting to write the examination (C, OT).

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<sup>4</sup> In this and the next section, the name of each of the professions is indicated by the first letter except for Chartered Accountants since there are two professions beginning with the letter C. Specifically the abbreviations are: architecture (A), chartered accounting (CA), chiropractic (C), dietetics (D), engineering (E), law (L), occupational therapy (O), and pharmacy (P). Since dietetics has two programs they are known as D-post grad and D-temporary licensure to differentiate the two when required.

## 5.2. Target Groups

Three target groups for entry to practice supervision were identified in the eight professions examined: New graduates from Canadian programs, internationally educated candidates, and re-entry candidates.

The requirements for entry to practice supervision for new graduates from Canadian programs and internationally educated candidates:

- Are the same in seven of the eight professions (A, CA, C, D, E, L, O<sup>5</sup>). Five of these assess the previous experience of internationally educated applications and may give credit for some experience gained outside of Canada. (A, CA, D-post grad, E, L). One of these professions specifies that a minimum of 12 months experience must be gained in a Canadian environment to ensure familiarity with Canadian codes and standards (E).
- Differ in one of the eight professions. The National Association of Pharmacy Regulatory Authorities Framework for pharmacy outlines more stringent requirements (e.g., a pre-evaluation and structured practical training program) for internationally educated applicants) (National Association of Pharmacy Regulatory Authorities, 2012).

In terms of re-entry candidates, information was available for only two of the professions. Chiropractic requires candidates who are “recertifying” to write two components of their examination process. In occupational therapy information about re-entry processes was available from four regulators and all include a period of supervised practice which varies in length depending on the individual case. In one province, the re-entry candidate requires a closer level of supervision than candidates waiting to write the examination. Other requirements identified for re-entry in Occupational Therapy include the examination, reading professional materials, obtaining letters of support, and completing a continuing competence portfolio.

## 5.3 Parameters

### *Purpose*

The entry level supervision situations in the eight professions examined appears to serve three different purposes, depending on the profession including:

- provide the opportunity to apply knowledge and gain experiences required for registration/licensure admission and facilitate the transition from education to practice (A, CA, E, L);
- ensure attainment of entry level competencies through observation in the practice setting (P, D – post grad); and
- ensure safety of the public during a period of temporary licensure when all the requirements for full registration are not met (e.g., the examination) (C, OT).

### *Timing*

The timing of the entry level supervision period in relation to the qualifying examination varies across the professions (See Table 3). In four of the professions (in at least one jurisdiction) the examination may be written during the supervised practice period (A, CA, E, L). Interestingly, two of these professions either require or recommend that the examination be written only after a set minimum period of experience (A, E). In four of the professions the examination is written after the period of supervision (C, D-post grad, OT, P) and in two of these cases the supervision is while the candidate waited to sit the examination (C, OT).

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<sup>5</sup> It appears that in one jurisdiction the occupational therapy regulator requires a closer level supervision for international candidate than for new Canadian graduates (MB).

*Duration*

The period of entry to practice supervision differs in length across the professions (See Table 3) and four categories were identified including:

- two or more years (A, CA, E),
- nine to 12 months (D-post grad, L),
- one to eight months (P), and
- variable dependent on the timing of the next sitting of the examination (C, OT).

*Designation of registration category*

The designations used for supervisees vary across the professions and also between the jurisdictions within a profession (see Table 3). However, it appears that in professions where there is a national framework or guideline in place there was more consistency in the designations used.

**Table 3: Summary of Entry Level Supervised Practice (SP) in Selected Other Professions**

Profession	Target Groups for Supervised Practice			Timing of Qualifying Examination			Description of Supervised Practice	
	Canadian graduates	Internationally Educated (IE)	Re-entry	Before SP	Concurrent with SP	After SP	Duration	Designation/Evaluation
Architecture	√	√	N/A		√(after 2800 hours of practice)		2 years (3720 hours)	-Intern -Log signed by supervisor
Chartered Accounting	√	√	N/A		√		3 years	-CA Student -Log and statement from Principal
Chiropractic	√ (in some jurisdictions)	√ (in some jurisdictions)	N/A			√ (in some jurisdictions)	-Temporary licensure until complete exam (in some jurisdictions)	-Limited registration or practicing membership -Temporary licensure category -Evaluation info N/A
Dietetics	√	√	N/A			√	-9 months if not in entry level program -temporary licensure until complete exam –not supervised	-Intern -If post grad – assessed by a preceptor -temporary licensure – no evaluation
Engineering	√	√	N/A		√		3 or 4 years depending on jurisdiction	-Engineer-in-Training -Log signed by supervisor
Law	√	√	N/A		√ (in some jurisdictions)		9-12 months depending on jurisdiction	-Student-at-law, Clerk, Articling student -Assessed by Principal
Occupational Therapy	√	√	√			√	-Temporary licensure until complete exam	-Provisional practice or register -Evaluation info N/A
Pharmacy	√	√	N/A			√	Varies: -Cdn applicant: 0-17 weeks -IE applicant: 4-32 weeks	-Intern -Assessed by a preceptor

## 5.4 Selection of Supervisors

In seven of the eight professions examined it appears that the applicant is responsible for finding their own supervisor. One profession differs in that the post grad internship is assigned by the national professional association (Dietitians of Canada, 2012).

Eligibility criteria for supervisors vary across the professions and include:

- supervisor must be registered/licensed in the jurisdiction in which the Intern is gaining the experience;
- must be able to assess the quality of work performed;
- must be familiar with the program objectives, experience requirements and documentation processes;
- must be approved by regulator;
- a minimum number of years of experience; and
- have undertaken a training program offered by an accredited university or the Regulatory Authority.

## 5.5 Supervisor Roles/Responsibilities

The number and roles/responsibilities of individuals involved in the entry level supervision process varies across the professions studied.

Three of the professions have more than one individual involved in the supervision process:

- In architecture both a supervisor and a mentor are required (with the exception of Quebec). The supervisor must have the same employer and personally supervise and direct the Intern on a daily basis. The mentor is an architect or retired architect who is not employed at the Intern's place of employment and who acts as an independent guide/advocate for the Intern. The role of the mentor involves meeting for regular reviews of experience progress, discussion of career objectives and broader issues related to the profession (Canadian Architectural Licensing Authorities, 2012).
- In chartered accounting there are three supervisory roles but one individual may fulfill one or more of these roles (Chartered Accountants of Canada, 2010). The three roles include:
  - The Training Principal is responsible to the Institute/Ordre for overseeing the training of CA Students and recommending the CA students for membership. Is usually a senior member of the management team (e.g., partner-level authority).
  - The Counseling Member is responsible for mentoring, providing oversight and guidance to the students and ensuring the experience meets the necessary requirements of the Training Program. Is normally in the same location as the student and must meet at least semi-annually to discuss progress in the development of CA competencies.
  - The Line Manager is responsible for direct supervision of the CA Student on assignments and liaising with the Counseling member to discuss the student's performance. Must be senior to the CA Student, competent in supervision and technically competent in the specific task. Is responsible for evaluating the CA Student's performance, for making recommendations to the CA Student, and providing input to the Counseling Member on the CA Student's competency development.
- In engineering the supervisor needs to be a professional engineer. However, when a supervisor is not a professional engineer, a mentor is assigned to assess the quality of

the engineer in training's work experience in light of the requirements and provide feedback through regular meetings (Engineers Canada, 2005).

Four professions appear to have one supervisor, but the designation used for the supervisor and roles/responsibilities differ:

- Two professions describe the supervisor as a preceptor. In the dietetic internship program the preceptor helps the intern apply previously acquired academic knowledge to current practice situations. In pharmacy, the preceptor is recognized by the regulatory authority and is responsible for the supervision of the intern.
- In law the articling period is generally overseen by a principal who is responsible for the instruction and supervision of the student-at-law/clerk.
- In occupational therapy during the temporary licensure period the supervisor is expected to provide "general supervision" and the regulators recognize that the supervision may be indirect.

In chiropractic no information on the designation and role of the supervisor during the temporary licensure period was available.

## **5.6 Evaluation/Monitoring**

The parties involved, the methods used and the frequency of supervisee evaluation varies across the professions. However several trends were noted including:

- At least six of the professions reviewed required some form of evaluation of the supervisee (A, CA, D post-grad, E, L, P).
- In three of the professions, the supervisor and student are both involved in the evaluation process. In all of these cases the student is responsible for recording their experiences in a log that is reviewed regularly by both parties, and signed and submitted to the regulatory authority as required (A, CA, E). Interestingly, these are the three professions with the longer periods of supervision.
- In three of the professions the supervisee evaluation is conducted by the supervisor (D post-grad, L, P).
- The frequency of reporting of supervisee evaluations varies across professions. Four require that both progress and final evaluations are reported (A, CA, E, L). Information on frequency of reporting was not available for four of the professions (C, D post-grad, OT, P).
- Two of the professions indicated that the supervisee evaluations are monitored by the regulatory authority (A, E). In both of these cases the regulatory authority provides the supervisee with feedback and advice.
- In two of the professions where the supervision is during a period of temporary licensure, little information on supervisee evaluation was available (C, OT).
- In one of the professions the training sites are subject to periodic review by their Provincial Institutes/Ordre to ensure they maintain a proper working environment and comply with all requirements (CA).

## **6.0 ANALYSIS AND DRAFT FRAMEWORK**

Section 6.1 provides an analysis of current entry level supervision models in physiotherapy in Canada against the other findings/evidence of this inquiry. Section 6.2 describes a proposed “Framework for Entry Level Supervision for Entry Level Supervision in Physiotherapy in Canada”.

### **6.1 Analysis of current entry level supervision models in physiotherapy in Canada against the other findings/evidence**

The analysis is discussed under five headings including: Target Groups; Parameters; Selection/Training of Supervisors; Supervision Approaches and Responsibilities; and Evaluation/Monitoring.

#### **6.1.1 Target Groups**

##### *New Graduates*

In Canada, 10 of the 11 physiotherapy regulatory authorities have some form of supervised practice for new graduates of Canadian physiotherapy programs. This practice is supported by the literature reviewed that indicates that the transition to practice for new graduates involves a number of important stages necessary for the development of the professional. It is also supported by Miller (1990, p.S63) who states “the question remains whether what is done in the artificial examination setting ordinarily used to assess can accurately predict what a graduate *does* when functioning independently in a clinical practice”. A similar supervised practice approach is also used by physiotherapy in 22 jurisdictions in the United States. It is also supported by the findings from the other professions examined in that for five of the eight professions (A, CA, E, L, P), a period of entry to practice supervision is part of the regulatory registration process and a requirement for licensure. In two other professions (C, OT) entry-level supervision is required (at least in some jurisdictions) during a period of temporary licensure when all the requirements for full registration have not yet been met. It should be noted that in three of the four international comparators, new graduates of domestic education programs are not required to pass an entry to practice examination (HPC, PBA, PBNZ)<sup>6</sup>.

A shift towards more structured transition program for new graduates was noted. For example, the National Council of State Boards of Nursing (NCSBN) has developed a transition to practice model for new graduates in nursing that involves a six month program involving a preceptorship and five learning modules that would occur once the candidate has successfully passed the licensure examination (National Council of State Boards of Nursing, 2012).

##### *Internationally Educated*

In Canada, nine of the 11 physiotherapy regulatory authorities have supervised practice for internationally educated physiotherapists (IEPTs) who have been credentialed by the Alliance for the PCE. This practice is supported by the literature that indicates internationally educated health professionals entering the workforce experience a number of challenges including: language/communication and differences in practices (e.g., technology, autonomy, accountability and scope) that can affect professional relationships and potentially patient

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<sup>6</sup> The four international physiotherapy comparators are indicated by the acronym for the organization involved in the regulatory entry to practice supervision. Specifically the abbreviations are: the Physiotherapy Board of Australia (PBA), Great Britain Health Professions Council (HPC), the Physiotherapy Board of New Zealand (PBNZ) and the U.S. Federation of State Boards of Physiotherapy (FSBPT).

safety. A similar approach is used by two of the international comparators (FSBPT and PBA) and seven of the eight other professions examined (A, CA, C, D, E, L, O).

In Canada eight of the nine physiotherapy jurisdictions employ a similar supervised practice approach for new Canadian graduates and IEPTs. A similar approach was used by six of the eight other professions examined (A, CA, C, D, E, L, O). Two of the international comparators (FSBPT and PBA) have different requirements for domestic graduates and international applicants.

A shift towards more structured transition programs for internationally educated applicants was noted, similar to that for new graduates described above. Two examples in the United States include the proposed models for transition programs in physiotherapy (Federation of State Boards of Physical Therapy, 2011b) and nursing (Xu, 2010a, 2010b) of seven and 12 months duration respectively.

### *Re-entry*

In Canada, a variety of processes are used by the physiotherapy regulators with re-entry candidates. Seven of the 11 regulators evaluate each applicant on a case-by-case basis and establish the re-entry requirements based on the individual's experience and needs. Some of the regulators (four of 11) identified supervised practice as one of the options they would use with re-entry candidates. The same number also indicated that they would require re-entry candidates to complete the Physiotherapy Competency Examination (PCE). This individualized approach is supported by the literature that indicates re-entry candidates have special issues/needs when they return to work that include feelings of anxiety and low self esteem, as well as desire for flexible programs that are tailored to their experience, educational needs, and family situations. The approaches used by the Canadian physiotherapy regulators are also similar to those of the four international comparators and one of the two other professions where this information was available (O).

## **6.1.2 Parameters**

### *Purpose for entry to practice supervision*

The review of the models of the eight other professions suggests there are three different purposes for entry level supervision, depending on the profession including:

- provide the opportunity to apply knowledge and gain experiences required for registration/licensure admission and facilitate the transition from education to practice,
- ensure attainment of entry level competencies through observation in a practice setting, and
- ensure safety of the public during a period of temporary licensure when all the requirements for full registration are not met (e.g., licensure examination).

The primary purpose for the entry level supervision used by 10 of the 11 physiotherapy regulators in Canada for IEPTs and new graduates of Canadian education programs appears to be similar to the third purpose listed above. However, during the supervision period it is possible that the first two purposes may also be met. The approaches used by PBA for IEPTs and in a number of jurisdictions in the US for examination candidates also appear to primarily serve the third purpose. The proposed approaches in the United States for IEPTs (Federation of State Boards of Physical Therapy, 2011b), internationally educated nurses (Xu, 2010b) and new nursing graduates (National Council of State Boards of Nursing, 2012) all appear to serve the first two purposes above. It is interesting to note that the period of supervision may serve a number of purposes if the appropriate level and type of supervision is in place.

### *Timing of the Entry to Practice Supervision*

In Canada, one of the 11 physiotherapy regulatory authorities permits supervised practice before passing the written component of the PCE, and all others require successful completion of the written component. One of the international comparators (the PBA program for IEPTs) also permits supervised practice for candidates who have passed the written examination and are waiting to complete the clinical examination requirements (Physiotherapy Board of Australia, 2010).

In four of the eight other professions (in at least one jurisdiction) the qualifying examination may be written during the supervised practice period (A, CA, E, L). Two of these professions either require or recommend that the examination be written only after a set minimum period of experience (A, E). In the other four professions the examination is written after the period of supervision (C, D post-grad, O, P) and in two of these cases (C, O), the supervision is while the candidate waited to sit the examination (similar to physiotherapy in Canada). In the proposed FSBPT model for IEPTs, successful completion of the supervised clinical practice would result in eligibility for the national examination.

A shift towards a period of supervision after completion of the entrance examination was noted in the proposed approaches in the United States for internationally educated nurses (Xu, 2010b) and new nursing graduates (National Council of State Boards of Nursing, 2012).

### *Designation of Registration Category*

In physiotherapy in Canada a different designation is used for the registration category during the period of entry to practice supervision in each jurisdiction. Similarly, the designation used for the supervisees varies across the other professions examined and also between the jurisdictions within a profession. However, it appears that in professions where there is a national framework or guideline in place there was more consistency in the designations used.

### *Duration of Supervision*

In physiotherapy in Canada a maximum period for the entry level supervision period varies from six months to two years, depending on the jurisdiction. The actual period of supervision is usually dependent on the time required for successful completion of the Clinical Component of the PCE.

In the other professions examined, the period of entry to practice supervision differs in length and four categories were identified including:

- two or more years (A, CA, E),
- nine to 12 months (L, D-post grad),
- one to eight months (P), and
- variable dependent on the timing of the next sitting of the examination (C, O).

In these cases, the duration of the entry level supervision period seems to be related to the purpose. For example, the two longer periods (e.g., 9 months to two or more years) seems to be targeted at the first purpose described above which is to provide the opportunity to apply knowledge and gain experiences required for registration/licensure admission and facilitate the transition from education to practice.

### **6.1.3 Selection/Training of Supervisors**

#### *Selection*

In Canada, nine of the 11 physiotherapy regulatory authorities require the supervisee to identify the supervisor. Similarly, in all of the international comparators and seven of the eight other professions examined, the supervisee is responsible for finding their own supervisor and/or site for the entry to practice supervision period.

#### *Eligibility Criteria*

In Canada, all of the physiotherapy regulatory authorities require supervisors to be on the register with no specific conditions on their license that would prevent them from supervising. Four of 11 also required the supervisors to have a minimum number of years of experience, either one or two years. Only one of the Canadian physiotherapy regulators currently has draft conflict of interest criteria for supervisors.

Examples of eligibility criteria for supervisors identified across the four international comparators and the other eight professions examined include the following:

- be registered/licensed in the jurisdiction in which the supervisee is gaining the experience;
- hold an unrestricted license (e.g., not be subject to any fitness to practice proceedings or orders);
- be approved by the regulatory authority;
- be able to assess the quality of work performed (e.g., work in same area of practice);
- have no conflict of interest (e.g., the supervisor's relationship to the candidate);
- have a minimum number of years of experience (varies 1-5 years);
- be familiar with the program objectives, experience requirements and documentation processes;
- have undertaken a training program offered by an accredited university or the Regulatory Authority; and
- have previous experience as a clinical instructor.

#### *Information/Training*

In Canada, seven of the 11 physiotherapy regulatory authorities have some form of information available to assist in preparing supervisors and supervisees for supervised practice. Most of the other international comparators and other professions also had similar information available. It was noted that some of the other professions with a national supervised practice framework or guideline have developed "model" information and manuals about the supervision program that are made available to provincial regulatory authorities (e.g., A, E, P).

In Canada, six of the 11 physiotherapy regulatory authorities require some type of agreement or plan between the supervisor and supervisee. Most of the other international comparators and other professions examined also required some type of agreement or plan signed by both supervisor and supervisee.

Only one of the other professions studied required the supervisor to have undertaken a training program offered by an accredited university or the Regulatory Authority.

### **6.1.4 Supervision Approaches and Responsibilities**

#### *Supervision Approaches*

In Canada, nine of the 11 physiotherapy regulatory authorities use a supervised practice approach in at least one of their programs; four use a mentoring approach in at least one of their programs and one uses a monitoring approach. It should be noted that three of the 11 use two different approaches depending on the situation.

Although not consistent across all jurisdictions, it appears that the requirements of the three supervision approaches used by physiotherapy regulators in Canada in entry to practice situations form a type of continuum with mentoring having the least amount of supervision (e.g., supervisor does not need to be onsite; may not have an evaluation component), monitoring involving more supervision (e.g., supervisor on-site at least some of the time; has an evaluation component but with general evaluation tool) and supervised practice having the most supervision (e.g., supervisor on-site most of the time, has a detailed evaluation requirement).

The other international comparators and professions examined also used a variety of supervision approaches which are described in more detail in the next section.

#### *Responsibilities of Supervisors*

In Canada, 10 of the 11 physiotherapy regulatory authorities allow more than one supervisor. This is similar to at least three of the other professions examined (A, CA, E). However, in these examples the various individuals involved in the supervision may have different roles. For example, in architecture the intern must have both a supervisor and mentor involved in the supervision process. The supervisor must have the same employer and personally supervises and directs the intern on a daily basis while the mentor is an architect or retired architect who is not employed at the same place of employment and acts as an independent guide/advocate for the intern. In engineering the supervisor needs to be a professional engineer but, when they are not, a mentor is assigned to assess the quality of the work experience. In chartered accounting there are three supervisory roles required (Training Principal, Counseling Member, and Line Manager), but one individual may fulfill one or more of these roles. Four of the other professions examined appear to have one primary supervisor (C, D-post grad, O, P).

In Canada, seven of the 11 physiotherapy regulatory authorities require the supervisor to have the same employer as supervisee for at least one of their programs. All of the other professions examined require at least one of the supervisors to have the same employer. Similarly, three of the physiotherapy international comparators (PBA program for IEPTs, PBNZ program for re-entry, and the proposed FSBPT program for IEPTs) require the supervisor and supervisee to have the same employer. One of the international comparators, the Health Professions Council, did not require the same employer and indicated the level of supervision is negotiated between returner and supervisor (Health Professions Council, 2012).

In Canada, eight of the 11 physiotherapy regulatory authorities require the supervisor to be on-site for all or most of the time for one of their programs. Three require on-site supervision for some of the time for at least one of their programs and two do not require on-site supervision for at least one of their programs. Two of the physiotherapy international comparators (PBNZ program for re-entry and the proposed FSBPT program for IEPTs) require the supervisor to be on-site and available to supervise when the supervisee is practicing. On-site supervision was not required for the HPC re-entry program. Specific information about on-site supervision was not available for the PBA program for IEPTs and the eight other professions examined.

### *Responsibilities of Supervisees*

In 10 of the 11 physiotherapy jurisdictions supervisees are usually in paid positions and may be either part-time or full-time. In all jurisdictions the supervisee is required to have liability insurance. In the other professions studied most of the supervisees received some compensation especially with the longer supervisory periods. The supervisees also required liability insurance. In only a few cases the supervisory period could be completed part-time. In terms of the international comparators little information on these topics was available except that in the HPC re-entry program supervisees could be employed as an assistant and could complete the requirements on a part-time basis.

### **6.1.5 Evaluation/Monitoring**

#### *Evaluation requirements*

In Canada, eight of the 11 physiotherapy regulatory authorities require some form of formal evaluation of the supervisees. The requirements for frequency of the evaluations varies (e.g., after first 30 days and then 2-4 weeks later if there are issues; quarterly; after the interim and final phases; and upon completion). At least six of the eight other professions require some form of evaluation of the supervisee (A, CA, D–post grad, E, L, P). The frequency of reporting of supervisee evaluations also varies across professions with four of the eight requiring both progress and final evaluations (A, CA, E, L). All four of the international physiotherapy comparators require some form of supervisee evaluation with the frequency varying (e.g., monthly, mid-term and final, and upon completion).

#### *Evaluation tool used*

In Canada, five of the 11 physiotherapy regulatory authorities do not specify a tool to use to evaluate supervisee performance, four use the standardized Physical Therapy Clinical Performance Instrument (CPI) developed by the American Physical Therapy Association (APTA), and three have their own evaluation tool. In three of the six other professions requiring evaluation, the supervisor and student are both involved in the evaluation process (A, CA, E). In all of these cases the student is responsible for recording their experiences in a log that is reviewed regularly by both parties and signed and submitted to the regulatory authority as required. In the other three professions examined the evaluation is conducted by the supervisor but information on specific tools was not available (D–post grad, L, P).

One of the international physiotherapy comparators (PBA) requires the supervisee to keep a log and also requires the use of a standardized tool, “The Assessment of Physiotherapy Practice Instrument” (Dalton, Keating, & Davidson, 2009). Similarly, the proposed FSBPT program for IEPTs recommends the use of an evaluation tool, if available, that has been determined to be valid and reliable for evaluating clinical performance of foreign educated physical therapists.

#### *Supervisee Evaluations monitored by regulatory authority*

In Canada, eight of the 11 physiotherapy regulatory authorities do not monitor the supervisee evaluations for at least one of their programs, four monitor the evaluations for at least one program and one conducts random monitoring. Only two of the eight other professions indicated that the evaluations are monitored by the regulatory authority (A, E). In both of these cases the regulatory authority provides the supervisee with feedback and advice. In terms of the international comparators, it appears that the reports provided to the regulatory authority are monitored.

#### *Formal monitoring of supervision approach by the regulatory authority*

In Canada, all of the 11 physiotherapy regulatory authorities indicated that they do not have formal monitoring of their entry level supervision approach, while four conduct some informal

tracking. This finding was consistent with the practices of the other professions and international physiotherapy comparators.

One of the Canadian physiotherapy regulatory authorities indicated that an eligibility criteria for supervisors was a requirement that they work in a clinic registered with the College. Similarly three of the other groups examined either had in place, or proposed, some form of accreditation or audit of the facility where the supervision took place (CA, PBA, FSBPT proposed model for IEPTs).

## 6.2 Proposed Framework for Entry Level Supervision for Physiotherapy in Canada

Based on the findings of this inquiry and consultations with the Supervision Advisory Committee and Registrars a proposed “*Framework for Entry Level Supervision for Physiotherapy in Canada*” (Framework) has been developed. The proposed Framework outlined in this section includes a statement of purpose, guiding principles, and elements for entry level supervision including: target groups; parameters; selection/training of supervisors; supervision approach and responsibilities; and evaluation/monitoring. Eight recommendations for future actions are also included in the Framework.

### Proposed Framework for Entry to Practice Supervision by Physiotherapy Regulators in Canada

#### Purpose:

The purpose for the period of regulatory entry to practice supervision in physiotherapy is to protect the public interest during a period of temporary licensure when a registrant has not met all of the requirements for full registration (e.g., the clinical examination) and to support the application of entry level competencies in the practice setting.

The purpose of the *Proposed Framework for a Harmonized Approach to Entry to Practice Supervision by Physiotherapy Regulators in Canada* (Framework) is to ensure the public interest is protected by promoting consistency and best practices in entry to practice supervision approaches used by physiotherapy regulators in Canada. In addition, harmonization supports labour mobility across jurisdictions.

#### Terminology

The term “supervision” is used in this Framework to refer generally to the relationship that is established between a more experienced physiotherapist and an entry to practice physiotherapist who has met the first stage of requirements for registration, but has not met all the requirements for full registration (independent practice) to ensure the protection of the public. Similarly, the terms “supervisor” and “supervisee” are used generically to describe the two participants in the supportive relationship.

#### Guiding Principles:

The following principles have been identified to guide the development and implementation of this Framework and are presented in alpha order:

- **Accountability:** Both the supervisor and the supervisee are responsible for safe accountable practice and public safety during the period of supervised practice.

- **Equity:** The expected level of competency at the point of full registration is the same for all applicants.
- **Evidence and consensus informed:** This Framework has been informed by a review of current practices in regulatory entry to practice supervision in physiotherapy and selected other professions, as well as a review of key relevant literature.
- **Fairness:** All registrants involved in entry to practice supervision situations will be treated fairly.
- **Flexibility:** The Framework recognizes the need for a flexible approach that considers the variations in regulatory contexts across the country, as well as the different experiences and needs of the individuals being supervised.
- **Public Protection:** Protection of the public is paramount during the period of supervised practice.
- **Responsibility:** Individual regulatory authorities are responsible for regulating the practice of physiotherapy in their respective jurisdictions.

### Elements of the Framework

The suggested elements of the Framework are discussed under five headings including: target groups; parameters; selection/training of supervisors; supervision approach and responsibilities; and evaluation/monitoring. Eight recommendations for future actions are indicated under the relevant headings.

#### **Target Groups**

Three target groups for entry to practice supervision have been identified:

*New graduates of Canadian Universities:* Should be eligible for a period of entry to practice supervision after passing the written component of the Physiotherapy Competency Examination (PCE) and prior to passing the clinical component.

*Internationally educated physiotherapists seeking licensure in Canada:* Should be eligible for a period of supervised practice after passing the written component of the PCE and prior to passing the clinical component.

*Recommendation 1:* The literature suggests that internationally educated health practitioners have diverse and varied backgrounds and many experience specific challenges when transitioning to practice (e.g., language/communication, technology, autonomy, accountability and scope). It is recommended that regulatory bodies which have Fairness Commissioners initiate new discussions about what fairness means and how to ensure an appropriate level of support to facilitate the transition of internationally educated physiotherapists to practice in Canada. This discussion may include the suggestion that the supervisees be evaluated on a case-by-case basis to consider how to best address the diverse needs.

*Re-entry candidates:* Should be evaluated on a case-by-case basis and the requirements for re-entry should be identified based on the individual's experience and needs. Requirements may involve a period of supervised practice, completion of the PCE, individual (self-directed) study, and coursework.

*Recommendation 2:* It is recommended that the Alliance examine and develop a framework for evaluating re-entry candidates and identifying the specific requirements based on the needs of each individual.

**Parameters**

**Designation:** The designation of the registration category for entry to practice supervision situations currently varies across jurisdictions and is consistent with the terminology used within each jurisdiction. However, it is suggested that agreement on a “Continuum of Supervision Approaches Used across the Lifecycle of a Physiotherapist” such as outlined in Figure 1 would promote a common understanding and use of designations for the individuals involved in entry to practice supervision.

**Recommendation 3:** It is recommended that the Alliance explore with relevant partners the development of a “Continuum of Supervision Approaches Used across the Lifecycle of a Physiotherapist” that promotes a common understanding and use of designations for the individuals involved, and differentiates entry to practice supervision from that used with students in an entry level education program.

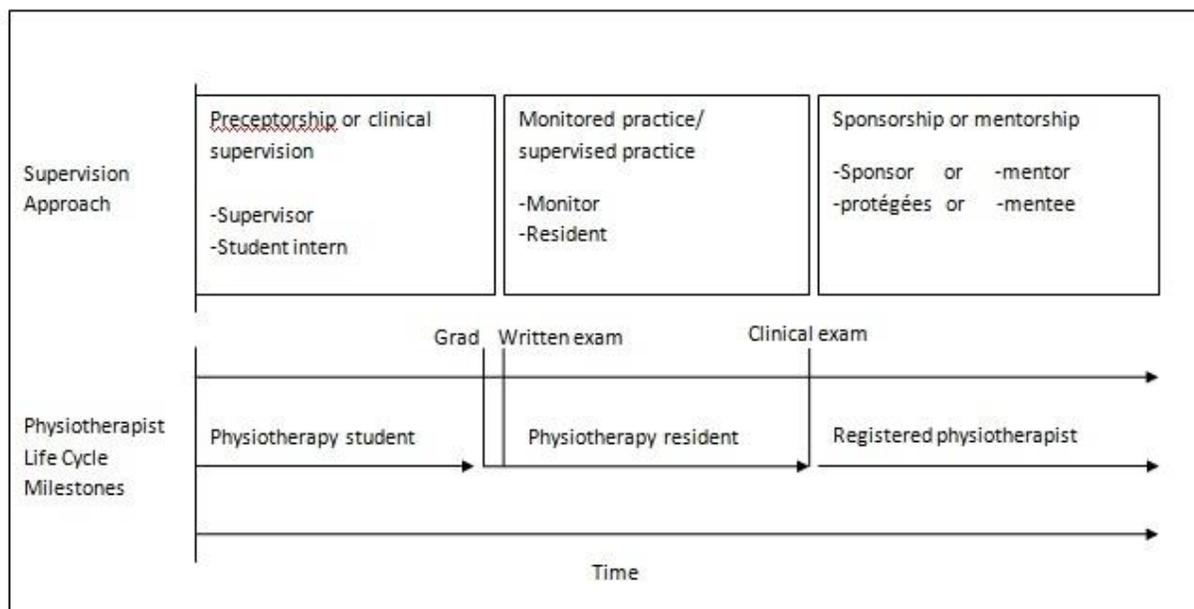


Figure 1: Continuum of supervision approaches used across the lifecycle of a physiotherapist

**Duration of Supervision:** The maximum period set by physiotherapy regulators for the entry to practice supervision period varies from six months to two years, depending on the jurisdiction. The actual period of supervision is usually dependent on the time required for the supervisee to successfully complete the clinical component of the PCE. Applicants should be encouraged whenever possible to take advantage of the entry to practice supervision opportunity while preparing for the clinical examination.

**Recommendation 4:** It is recommended that regulatory authorities consider the possibility of a minimum period of entry to practice supervision, given the requirement in some professions<sup>7</sup> and the shift in others<sup>8</sup> towards mandatory supervision at entry to practice to ensure safe practice and facilitate the transition.

**Recommendation 5:** Given that the duration of the period of supervision may vary greatly between supervisees, it is recommended that the Alliance explore with CPA their

<sup>7</sup> The following professions have regulatory entry to practice supervision requirements: Architecture, Chartered Accounting, Engineering, Law, Pharmacy.

<sup>8</sup> Models for proposed transition programs have been developed in the United States for internationally educated physiotherapists and new graduates in nursing.

mentorship program and other opportunities to provide support for the transition of new graduates, internationally educated physiotherapists, and re-entry candidates.

### **Selection/Training of Supervisors**

*Selection of Supervisors:* The supervisee should be responsible for identifying the supervisor or employer and securing agreement for the entry to practice supervision. The final approval of the supervisor and site should rest with the regulatory authority.

*Eligibility Criteria:* The eligibility criteria for supervisors should include:

- be registered/licensed in the jurisdiction in which the supervisee is gaining the experience,
- hold an unrestricted license (e.g., not be subject to any fitness to practice proceedings or orders),
- have no conflict of interest (e.g., the supervisor's relationship to the candidate),
- have a minimum number of years of experience (e.g., 1 year),
- be able to assess the quality of the work performed (e.g., be working in the same area of practice), and
- have the same employer as the supervisee.

*Information/Training:* Information should be available about the supervision role that describes the expectations and assists in preparing the supervisors and supervisees for supervised practice. An agreement or plan for the supervision period which outlines the responsibilities of the supervisor and supervisee should be developed and signed by both parties and submitted to the regulatory authority at the outset of the period.

*Recommendation 6:* It is recommended that the Alliance and regulatory authorities explore developing and sharing "model" information, supervision agreements and manuals about entry to practice supervision based on materials that are already in use by physiotherapy regulatory bodies in Canada.

### **Supervision Approach and Responsibilities**

*Supervision Approach:* The supervision approach used in entry to practice situations must ensure safe delivery of physiotherapy services and that there is not undue risk of harm to the public. Since the supervisee has not yet been deemed competent to practice independently, it is recommended that the supervisor monitor the activities of the supervisee using both direct and indirect methods of observation. It is also recommended that the supervisor evaluate the supervisee within the first 30 days of the period of supervised practice to determine an appropriate supervision plan. The specific methods and level of supervision may vary depending on the supervisor's initial and ongoing assessments of the supervisee's level of competency. Examples of methods of supervision may include: direct observation, chart audits, meetings, case reviews, and feedback from peers and other team members. If a supervisee is unsuccessful in an attempt on the clinical component of the PCE, the supervisor should take this into account and adjust the supervision plan accordingly. In jurisdictions with restricted/authorized activities, supervisees may only perform activities they are authorized to perform and supervisors may only supervise activities that they are authorized to perform.

*Responsibilities of the Supervisor:* Since the supervisor is required to either indirectly or directly monitor the activities of the supervisee, the supervisor and supervisee should have the same employer. The supervisor (or delegate) should be on site to indirectly or directly monitor the activities of the supervisee until the initial evaluation is completed. Afterwards, the supervisor is expected to consider the individual needs of the supervisee and provide the necessary level of

supervision to ensure safe delivery of physiotherapy services and protection of the public. Availability by telecommunication may be considered in certain circumstances after the initial period of assessment (e.g., supervisee has demonstrated good insight related to circumstances requiring supervisor input). Other responsibilities of the supervisor should include: ensuring informed consent is obtained from the patient for involvement of supervisee; make arrangements for supervision when not available; ensure employer understands professional obligations regarding supervision; notify regulatory authority of changes in supervisor; mandatory reporting of incompetence or misconduct; and complete and submit evaluations as required. There may be multiple supervisors as long as one supervisor has primary responsibility.

*Responsibilities of the Supervisee:* The supervisee may be in either a part-time or full-time position. The supervisees are accountable for their actions and should have the same requirements for liability insurance as a full registrant. The supervisee should also be responsible for notifying the regulatory authority of changes in supervision.

### **Evaluation/Monitoring**

*Evaluation Requirements:* The supervisor should evaluate the supervisee within the first 30 days of the period of supervised practice to determine an appropriate level of supervision. It is suggested that there is ongoing monitoring and a progress report given to the supervisee during longer periods of supervision so that the level of supervision can be adjusted accordingly. A final evaluation should be completed at the end of the period of supervision and sent to the regulatory authority.

*Evaluation Tool:* Whenever possible, an evaluation tool that has been determined to be valid and reliable for measuring entry level competence of physiotherapists should be utilized to evaluate supervisees in entry to practice supervision situations (e.g., Clinical Performance Instrument)

*Recommendation 7:* It is recommended that the Alliance and regulatory authorities monitor and examine standardized evaluation tools designed to evaluate entry-level competence of physiotherapists to ensure the most appropriate tool is used.

*Monitoring of Supervisee Evaluations by Regulatory Authority:* The regulatory authority should monitor the evaluations of supervisees that have been identified as having performance issues during the supervised practice or failure(s) on the examination. It is also suggested that the regulatory authority conduct random reviews of the final evaluations.

*Formal Monitoring of Entry Level Supervision by the Regulatory Authority:* Regulatory authorities should monitor their entry to practice supervision programs in terms of numbers of participants, performance issues during the supervision period, and any subsequent complaints.

*Recommendation 8:* It is recommended that data related to entry to practice supervision be collected by the regulatory authorities and tracked nationally by the Alliance. Potential data could include: the number and types of applicants (e.g., Canadian educated, internationally educated, or re-entry) involved in entry level supervision by jurisdiction; the percentage of candidates who participate in entry to practice supervision situations prior to full registration; the performance of Master's and Bachelor's entry level educated physiotherapists in the supervised practice and on the examinations; and the performance of internationally educated candidates in the supervised practice and on the examinations.

## 7.0 SUMMARY AND RECOMMENDATIONS

In the fall of 2011 the Canadian Alliance of Physiotherapy Regulators established a project to examine the use of supervision in regulatory entry to practice matters at a national level. The key project deliverables included:

- a five-year review of the various entry to practice supervision models currently used by physical therapy regulators in Canada and selected international countries (i.e., Australia, Great Britain, New Zealand, and United States);
- a literature review with an analysis considering models of entry to practice supervision and quality practice outcomes;
- a review of regulatory entry to practice supervision models used by selected other professions, including non-health in Canada (i.e., architecture, chartered accounting, chiropractic, dietetics, engineering, law, occupational therapy, and pharmacy);
- an analysis of current physiotherapy entry to practice supervision models in Canada against the findings/evidence; and
- a final report outlining the findings, analysis and recommendations for consideration.

The results of the review of entry to practice supervision models used by physiotherapy regulators in Canada and selected international countries indicated that entry to practice supervision is currently used for three groups: new graduates, internationally educated physiotherapists and physiotherapists wishing to re-enter practice. A number of elements to describe the entry to practice supervision models were identified and overall the practices of physiotherapy regulators in Canada demonstrated areas of consistency, as well as areas of differences in approach.

The literature review identified a number of specific needs/issues associated with each of the three target groups. For new graduates, the transition to practice can lead to feelings of stress, insecurity and potential safety issues. This period also involves a number of important stages necessary for the development of the professional. Internationally educated health professionals entering the workforce also experience challenges including: language/communication and differences in practices (e.g., technology, autonomy, accountability and scope) that can affect professional relationships and potentially patient safety. Re-entry candidates have special issues/needs when they return to work that include feelings of anxiety and low self esteem, as well as desire for flexible programs. In terms of trends/best practices in entry level supervision, programs involving role models and mentors can play an important role in facilitating entry or re-entry to practice and a shift towards more structured transition programs for new graduates and internationally educated health professionals was noted.

The review of selected other professions revealed that regulatory entry to practice supervision models are used quite extensively, particularly in professions outside of health care. Generally, within each of the professions, the requirements for entry level supervision are the same for Canadian and internationally educated professionals. The length of the supervision period varies between professions from a few months to four years. Four of the selected professions have some type of national guideline or framework for entry level supervision.

Based on the findings of this inquiry and consultations with the Supervision Advisory Committee and Registrars of Canadian physiotherapy regulatory authorities a proposed “*Framework for Entry Level Supervision for Physiotherapy in Canada*” has been developed. The Framework includes a statement of purpose, guiding principles, and proposed elements for entry level

supervision including: target groups; parameters; selection/training of supervisors; supervision approach and responsibilities; and evaluation/monitoring.

The Framework also outlines eight recommendations for future action including:

- *Recommendation 1:* The literature suggests that internationally educated health practitioners have diverse and varied backgrounds and many experience specific challenges when transitioning to practice (e.g., language/communication, technology, autonomy, accountability and scope). It is recommended that regulatory bodies which have Fairness Commissioners initiate new discussions about what fairness means and how to ensure an appropriate level of support to facilitate the transition of internationally educated physiotherapists to practice in Canada. This discussion may include the suggestion that the supervisees be evaluated on a case-by-case basis to consider how to best address the diverse needs.
- *Recommendation 2:* That the Alliance examine and develop a framework for evaluating re-entry candidates and identifying the specific requirements based on the needs of each individual.
- *Recommendation 3:* That the Alliance explore with relevant partners the development of a “Continuum of Supervision Approaches Used across the Lifecycle of a Physiotherapist” that promotes a common understanding and use of designations for the individuals involved, and differentiates entry to practice supervision from that used with students in an entry level education program.
- *Recommendation 4:* That Canadian physiotherapy regulatory authorities consider the possibility of a minimum period of entry to practice supervision, given the requirement in some professions and the shift in others towards mandatory supervision at entry to practice to ensure safe practice and facilitate the transition.
- *Recommendation 5:* Given that the duration of the period of supervision may vary greatly between supervisees, it is recommended that the Alliance explore with CPA their mentorship program and other opportunities to provide support for the transition of new graduates, internationally educated physiotherapists, and re-entry candidates.
- *Recommendation 6:* That the Alliance and Canadian physiotherapy regulatory authorities explore developing and sharing “model” information, supervision agreements and manuals about entry to practice supervision based on materials that are already in use by physiotherapy regulatory bodies in Canada.
- *Recommendation 7:* That the Alliance and Canadian physiotherapy regulatory authorities monitor and examine standardized evaluation tools designed to evaluate entry-level competence of physiotherapists to ensure the most appropriate tool is used.
- *Recommendation 8:* That data related to entry to practice supervision be collected by the regulatory authorities and tracked nationally by the Alliance. Potential data could include: the number and types of applicants involved in entry level supervision by jurisdiction, the percentage of candidates who participate in entry to practice supervision situations prior to full registration, the performance of Master’s and Bachelor’s entry level educated physiotherapists in the supervised practice and on the examinations, and the performance of internationally educated candidates in the supervised practice and on the examinations.

In conclusion, there are a number of opportunities to move forward in the area of physiotherapy regulatory entry to practice supervision in Canada, as described in the proposed Framework and recommendations. As with any regulatory policy, there is a need to monitor and evaluate key trends and developments in this area on a regular basis. However, the results of this study indicate that physiotherapy regulators in Canada have a strong foundation to build on.

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**Appendix A**  
**Canadian Alliance of Physiotherapy Regulators Project:**  
**Supervision in Regulatory Entry to Practice Project**  
**Advisory Group (SAG) Members**

<b>Name/Title/Organization</b>
Brenda McKechnie (Chair) Registrar College of Physiotherapists of Manitoba
Ann Lo Deputy Registrar College of Physical Therapists of British Columbia
Carol Puri Program Director Alberta Internationally Educated Physiotherapists Bridging Program
Shilo Tooze Director, Entry to Practice College of Physiotherapists of Ontario
Joan Ross Registrar College of Physiotherapists of Nova Scotia
Joyce Vogelgesang Director Registration and Corporate Services Physiotherapy Alberta – College + Association
Katya Duvalko CEO, Canadian Alliance of Physiotherapy Regulators
Dianne Parker-Taillon Consultant Parker-Taillon Consulting Inc.

## **Appendix B**

### **Canadian Alliance of Physiotherapy Regulators Project: Supervision in Regulatory Entry to Practice Matters**

#### **Physiotherapy Regulator Interview Guide**

Thank you for agreeing to be a key informant. The following provides a background to the project, as well as questions that will be discussed during the interview. It is expected that the interview will take approximately 45 minutes.

#### **Background:**

Various models exist across the country in relation to the use of supervisors within entry to practice. Such examples include supervisors for new graduates who have not yet completed the Physiotherapy Competency Examination and supervisors for experienced physiotherapists wanting to return to practice after a lapse of time. Discussions on these models reveal varied satisfaction of the regulator in the process for selection, the accountability mechanisms for the supervisor and the supervisee, the actual quality of the supervision, the best method of evaluation, and finally the credibility of decision-making based on such models.

Given the importance of an evidence-based approach to policy making, the Canadian Alliance of Physiotherapy Regulators has established a project and hired a consultant, Dianne Parker-Taillon, to study this matter at a national level. An Advisory Group chaired by Brenda McKechnie will oversee the work.

The key deliverables for this project are:

- A five-year review of the strengths and weaknesses of the various supervision models currently used by physical therapy regulators in Canada and selected international countries (i.e., Australia, United Kingdom, New Zealand, and United States)
- A literature review with an analysis considering models of supervision and quality practice outcomes
- A review of best practices in other professions, including non-health in Canada (i.e., chiropractic, occupational therapy, pharmacy, dietetics, chartered accounting, law, architecture and engineering)
- A review and analysis of current PT supervision models against evidence
- A final report outlining the findings, analysis and recommendations for consideration

#### **Questions:**

1. In what entry to practice situations does your regulatory organization presently use supervision?
  - a. Probe: Does your organization differentiate between supervision and mentorship in entry to practice situations? If so, how do the definitions differ for these two terms?
  - b. Probe: Does your organization have different requirements for Canadian-educated and internationally-educated applicants in terms of entry to practice supervision? If so what are the differences?
  - c. Probe: What process does your organization use for re-entry to practice?

2. Describe the policies used by your organization for each entry to practice supervision situation considering:
  - a. Selection of supervisors (e.g., identification process, qualifications, requirements, restrictions)
  - b. Training of supervisors
  - c. Training of supervisees
  - d. Responsibilities/Accountabilities of the supervisors (e.g., same employer, on-site supervision, reporting relationship with regulatory organization, multiple supervisors)
  - e. Responsibilities/Accountabilities of the supervisees (e.g., paid vs. volunteer position, part-time vs. full-time position, reporting relationship with regulatory organization, liability insurance)
  - f. Quality of the supervision (Ongoing monitoring process during longer periods)
  - g. Method of evaluation of the supervisee
  - h. Overall credibility of the decision-making
3. Does your organization have a formal evaluation process of your entry to practice supervision model(s)? If so, is any data collected and is this data linked to any other information (e.g., success on the PCE, complaints)?
4. Overall what do you think are the strengths of your entry-level supervision model(s)?
5. Overall what do you think are the challenges of your entry-level supervision model(s)
  - a. Probe: Has finding supervisors been a challenge?
  - b. Probe: Have you observed any reimbursement issues related to the supervised practice?
6. Any other comments?

Thank you!

### Appendix C Key Informants Physiotherapy Regulatory Authorities

Name
<b>Canadian Physiotherapy Regulatory Authorities</b>
College of Physical Therapists of British Columbia Brenda Hudson, Registrar Ann Lo, Deputy Registrar
College of Physical Therapists of Alberta Dianne Millette, Registrar Joyce Vogelgesang, Director Registration and Corporate Services
Saskatchewan College of Physical Therapists Tim Eichholz, Registrar Jason Pylatiuk, Chair of Registration Committee
College of Physiotherapists of Manitoba Jenn Billeck, Associate Registrar
College of Physiotherapists of Ontario Shilo Tooze, Director Entry to Practice
Ordre professionnel de la physiothérapie du Québec Claude Laurent, Directeur général et Secrétaire de l'Ordre Uriel Pierre, Coordonnateur à l'admission
College of Physiotherapists of New Brunswick Rebecca Bourdage, Registrar
Nova Scotia College of Physiotherapists Joan Ross, Registrar
Prince Edward Island College of Physiotherapists Joyce Ling, Registrar
Newfoundland and Labrador College of Physiotherapists Josephine Crossan, Registrar
Yukon Government Ruth Koenig, Deputy Registrar of Health Professions
<b>Selected International Physiotherapy Regulatory Authorities</b>
Physiotherapy Board of Australia:
United States: Leslie Adrian, Director of Professional Standards Federation of State Boards of Physical Therapy
United Kingdom: Charlotte Urwin, Policy Manager, Health Professions Council
New Zealand: Jill Smith, Manager Recertification, Physiotherapy Board of New Zealand