

PERSPECTIVES

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Welcome to this Applied Practice edition of *Perspectives*. We hope you find it useful and that it provides you with food for thought. Within are articles on scope and authorized activities, considerations related to supervision of student learners, social media, and a case study on accountability of billing practices and much more. We realize that physiotherapists/physical therapists operate in an ever changing and increasingly complex environment. Our goal is to give you information packaged as case studies, practice scenarios and key College updates that provide value to you and your practice.

Take some time to think about what you would do in the situations highlighted, share your thoughts with your peers and do contact us if you have feedback, questions or suggestions at perspectives@collegept.org.

Changes to Physiotherapists' Scope of Practice and Authorized Activities

Scenario

Robert recently read about changes to the Physiotherapy Act that expand the scope of practice of physiotherapy/physical therapy and grant the authority to perform more controlled acts, including communicating diagnoses and providing wound care. The article also mentioned that physiotherapists/physical therapists can now order x-rays and lab tests. Robert's patients need some of these additional health services so he wants to begin providing them.

Is Robert able to start providing these additional services to his patients?

Response

Robert's information is partially correct. The Physiotherapy Act has been updated to align the professions' scope of practice with the current activities of Ontario physiotherapists, including diagnosing conditions within the scope of physiotherapy/physical therapy.

Changes to the Act will also expand the number of controlled acts that registrants will be permitted to perform from two to seven. In addition to the two acts already authorized to physiotherapists (spinal manipulation and tracheal suctioning), as well as acupuncture which physiotherapists/physical therapists are allowed to provide through an exemption regulation, the following five acts have been added:

- Communicating a diagnosis;
- Treating a wound below the dermis;
- Putting an instrument, hand or finger beyond the labia majora, or beyond the anal verge for the assessment and treatment of pelvic floor conditions;

- Ordering the application of a prescribed form of energy; and
- Administering a substance by inhalation.

Changes have also been made to the Healing Arts Radiation Protection Act that will permit physiotherapists/physical therapists to order x-ray investigations according to any applicable regulations.

And finally, the regulations under the Laboratory and Specimen Collection Centre Licensing Act are being changed to permit physiotherapists/physical therapists to order lab tests in accordance with these regulations.

However, Robert needs to take note that none of these changes are in effect yet.

The Ministry of Health and Long-Term Care has announced that some of the changes will come into effect on September 1, 2011, specifically the new scope statement and the acts of:

- Communicating a diagnosis;
- Treating a wound below the dermis;
- Putting an instrument, hand or finger beyond the labia majora, or beyond the anal verge for the assessment and treatment of pelvic floor conditions; and
- Administering a substance by inhalation.

But even after September 1, 2011, Robert and other physiotherapists/physical therapists will not automatically be granted all of these new authorities. The College Council has indicated that registrants will have to meet the professions' expectations relating to the proper performance of these activities.



The College is in the process of establishing these expectations, which are focused on three areas:

- Changes to the professional misconduct regulation, which was circulated for registrant feedback in mid April 2011.
- The Standard for Professional Practice: Physiotherapists'/ Physical Therapists' Authorized Activities, which was posted on the College website for registrant feedback in late April 2011.
- A proposed new requirement for those wishing to perform the new authorized activities to roster (to get on the list) with the College for this purpose – the development of this model is under consideration.

It is important to recognize that some of the new authorized activities, primarily the ordering of diagnostic investigations, do not yet have a proclamation date. This is because the government is still in the process of developing the regulations required to enact these new authorities. Regulations are still being awaited that will permit physiotherapists to:

- ➔ Order the application of a prescribed form of energy, e.g., diagnostic ultrasound and/or magnetic resonance imaging.
- ➔ Order laboratory tests under the Laboratory and Specimen Collection Centre Licensing Act.
- ➔ Order x-rays investigations under the Healing Arts Radiation Protection Act.

Even when these new rules are approved by government, any registrant wishing to perform any of this second group of authorized activities must meet the professional obligations discussed above.

So, what should Robert do?

Robert should be aware of three important things:

- The statutory changes that will authorize physiotherapists/ physical therapists to perform additional controlled acts and other restricted practice activities are not yet in effect.
- The regulations that will enable physiotherapists/physical therapists to perform other restricted practice activities are not yet approved by government.
- The College's professional expectations for registrants wishing to perform authorized activities are not yet approved by Council.

Until these processes are finalized, Robert should not perform any of the new authorized activities on his own authority. If his patients do need these kinds of health care, and he is

competent to provide it, one existing option might be to provide it under an alternative kind of authority, such as a delegation or a medical directive from a physician.

For more information on specific changes to physiotherapists'/ physical therapists' practice authorities that are in progress, see the following documents on the College's website:

- **Physiotherapy Scope of Practice Review**
www.collegept.org/announcements/physiotherapy-scope-of-practice-review
- **Synopsis of Statutory Changes**
www.collegept.org/announcements/synopsis-of-statutory-changes
- **Proclamation for Changes to the Physiotherapy Act Announced**
www.collegept.org/announcements/proclamation-for-changes-to-the-physiotherapy-act-announced

Jurisprudence – Can you believe it has been five years?

Almost five years ago, the College introduced the Jurisprudence Education Program to make certain that registrants had a solid understanding of the rules that apply to physiotherapy/physical therapy practice. This program is mandatory and must be completed by all registrants holding an Independent or Academic Practice certificate every five years to ensure maintenance and ongoing knowledge.

On November 1, 2011, Module 4, the newest version will be launched. All registrants will have six months to successfully complete the Program. The College website will provide a number of helpful resources to assist with Program completion, including an opportunity for online discussion with peers.

The evaluation of the first jurisprudence module highlighted the value of group discussions. Registrants are encouraged to work together to complete the fifty multiple choice questions. The College's new web portal, Communities of Practice, will provide added value to physiotherapists/physical therapists by giving them the opportunity to discuss the questions and issues with others online, especially those who are solo practitioners or work in a remote location. You will receive more information on how to join the community in the fall of 2011.



Familiarize Yourself with the Standard for Professional Practice – Supervision of Student Learners

The College recognizes the importance of practical learning for health science students and encourages registrants to contribute to the preparation of students for future health care practice. Students involved in learning may include physiotherapy/physical therapy students from Canada or abroad, internationally educated physiotherapists/physical therapists in a bridging program, support personnel students or learners from other health professions.

Supervising students is one way in which physiotherapists/physical therapists can promote their ongoing continuing competence, and can include this in their mandatory professional portfolios.

Standard Statement

To ensure public protection, registrants supervising a student will assume professional responsibility and accountability for the care provided by the student. Registrants will balance the need to encourage a student's autonomy and learning with a level of supervision appropriate to the care assigned, and the knowledge, skill and clinical reasoning of the student. A registrant will only supervise a student within the registrant's individual sphere of competence and within the scope of physiotherapy practice.

Common Performance Expectations for the Supervision of Students

A physiotherapist/physical therapist demonstrates the standard by:

1. Evaluating the knowledge, skills and clinical reasoning of the student(s) being supervised prior to assigning patient care.
2. Ensuring that the duties assigned to a student are appropriate for the complexity of the environment/practice setting and the student's
 - level of education;
 - experience; and
 - confidence.
3. Ensuring that he or she supervises students at a level appropriate to the activities that the student will perform, minimizing any potential risk of harm to the patient and providing safe, quality care.
4. Ensuring informed consent from a patient or his/her substitute decision makers is obtained when involving a student in patient care.
5. Ensuring that a physiotherapy/physical therapy student performs a controlled act or authorized activity only when:
 - the activity is within the scope of practice of the profession;
 - the activity is authorized to physiotherapists;
 - the registrant supervising the physiotherapy student in the performance of the activity is competent to perform the controlled act or authorized activity;
 - the physiotherapy student's performance of the controlled act or the authorized activity is under the direct supervision of a registrant until he/she is able to safely and effectively perform the act with a consistent level of competence; and
 - the supervision of the physiotherapy student's performance of a controlled act or authorized activity continues at a level appropriate to the risk of harm thereafter.
6. Maintaining professional accountability for all aspects of patient care performed by students supervised by a physiotherapist/physical therapist including:
 - interpretation of referrals;
 - initial assessments and evaluations;
 - the development, evaluation and modification of the treatment plan;
 - communication;
 - documentation and billing; and
 - discharge planning.
7. Ensuring ongoing evaluation of a student to ensure that the student's performance of assigned clinical interventions, services and activities meets generally accepted professional standards of practice.
8. Ensuring that patient health records and related documentation written or completed by students include the student's name and status.
9. Ensuring that patient health records and related documentation written or completed by a student include the co-signature of the supervisor.



10. Immediately discontinuing student involvement in patient care in circumstances where the student's actions or deficient knowledge, skills and clinical reasoning places the public at risk or where the patient withdraws consent for their involvement.

References

Physiotherapy Act, Section 3, 4

Regulated Health Professions Act, Section 27, 29

Standard for Professional Practice: Physiotherapists Working with Physiotherapist Support Personnel

Guide to the Standard for Physiotherapists Working with Physiotherapist Support Personnel

Essential Competency Profile for Physiotherapists in Canada, October 2009

College of Physiotherapists of Ontario, Code of Ethics February 2006

Updated November 2010

Supervision of Student Learners

The Standard for Professional Practice – Clinical Education was recently updated by the College to better reflect the ongoing changes to education and practice environments. Along with updates and revisions, it was renamed Standard for Professional Practice – Supervision of Student Learners. The changes to the document and the title reflect that physiotherapists/physical therapists are increasingly involved in the supervision and education of learners from other professions. The following scenario relates to supervision of a student learner that is not a physiotherapy student.

Scenario

Claire is a physiotherapist working in a multidisciplinary team. She works closely with a massage therapist, a chiropractor and a kinesiologist.

The team is dedicated to providing learning experiences for students. Next week a chiropractic student that will be starting at the facility. The facility's chiropractor was just notified about a family emergency requiring her to be away one or possibly two weeks. The academic institution requested that the student placement proceed as planned.

Claire initially suggested that the clinical placement should be cancelled due to the chiropractor's absence. After Claire reviewed the Standard of Practice – Supervision of Student Learners she had a better understanding of her professional obligations related to supervising a student.

Key Questions To Ask Yourself:

- What is my scope of practice?
- What is the scope of practice of the profession I am being asked to provide student supervision?
- Do I understand how our scopes of practice overlap? How are the scopes of practice different?
- Am I personally competent to provide supervision in the areas where our scopes of practice overlap?
- How will I ensure that I meet the standards of practice when supervising this student?
- Am I competent to manage the risks associated with supervising this student's activities?



- How will I ensure that I can provide appropriate supervision to a student of another health discipline?
- Are there any other factors that impact my ability to supervise this student within my scope of practice and individual sphere of competence?

The answers to these questions will vary depending on the professions involved and the individual sphere of competence of the physiotherapist/physical therapist. The key feature of this scenario is that it confirms that physiotherapists/physical therapist may supervise students of other disciplines.

Tips:

Physiotherapists/physical therapists who supervise students of other health professions may wish to consider the following before entering this relationship:

- Assume responsibility and accountability when supervising any student.
- Understand the scope of practice of the student's profession before entering this relationship.
- Evaluate the knowledge, skills, and clinical reasoning of any student before assigning care.

Myths:

Here are a few examples of incorrect assumptions made about supervising student learners:

- ***Physiotherapists cannot supervise students of another health profession***

Incorrect – According to the Standard for Professional Practice – Supervision of Student Learners, “Students involved in learning may include physiotherapy students from Canada or abroad, internationally educated physiotherapists from a bridging program, support personnel students, or learners from other health professions.”

- ***Supervising students does not enrich a physiotherapist's learning***

Not true – “Supervising students is one way in which physiotherapists can promote their ongoing continuing competence, and in fact, can include this in their mandatory professional portfolio as per the standard.”

- Balance student autonomy with appropriate supervision based on the care that is being provided and the student's competence.
- Ensure the student receives ongoing evaluation to make certain that the student's performance meets expectations.
- Communicate. Make sure the student understands how your role and scope of practice enables you to provide supervision. Make certain the student is aware of limitations, if any, related to supervision.

Learning Through the Experiences of Others

The College learns of current physiotherapy/physical therapy practice and practice trends through different sources. This may include education sessions, practice advice, trends identified in the quality management program, and inquiries, complaints and reports concerning registrants that have been brought to the College's attention for review and consideration.

This information and data is used to assist in the development of standards and associated tools and resources which in turn, assist physiotherapists/physical therapists in meeting the standards of practice of the profession. In the past, the College published case studies in the newsletter, *Communiqué*, as a way to share this information.

In an effort to continue to support ongoing learning, the College is re-introducing case studies in *Perspectives*. It is our hope that in reviewing these real life scenarios you will take this opportunity to discuss the issues with your peers, reflect on your own practice and make changes if necessary.

Each case study will include a resource section that will highlight lessons learned and tips for consideration, supporting open dialogue and ongoing learning.

Reported cases will highlight concerns reviewed by the Inquiries, Complaints and Reports Committee (ICRC) and resulted in an outcome other than a referral to the Discipline Committee for a hearing. As a reminder, the College is obligated to post summaries of all discipline cases on its website. To review these summaries, visit the College website under Professional Conduct/Hearings/Decisions.



Billing Practice Accountability

Case Study

A physiotherapist co-owns a physiotherapy clinic with her non-physiotherapist business partner. The non-physiotherapist business partner acts as the office manager.

A patient visits the clinic to purchase orthotics. A physiotherapist assistant (PTA) completes a gait scan and the patient is sent to the walk-in clinic next door to get a doctor's referral so that the patient's insurer will reimburse the cost of the orthotics (as per the patient's coverage). The patient's insurer allows for \$800 in orthotic coverage. When the patient receives the orthotics there are many problems with how they fit. The patient tries to work with the clinic to rectify the problem without success.



The patient files a complaint with the College.

The Complaint Process

The physiotherapist (identified on the invoice) is contacted by the College and advised of the complaint. She is sent a copy of the complaint and asked to provide a response along with a copy of the patient record. The physiotherapist responds to the request and provides a copy of the patient record.

The patient record and the physiotherapist's response are reviewed by a panel of the Inquiries, Complaints and Reports Committee (ICRC) which is the committee that reviews all complaints received by the College. In reviewing the patient chart, the panel notes that there are two invoices in the chart for differing amounts. In addition, the only notes available were completed by the PTA. This prompts the panel to appoint an investigator who is asked to obtain additional information to assist the panel with its deliberations.

Investigation Results

At the conclusion of the investigation, and after reviewing the additional information the panel learns:

- The physiotherapist did not ever see or assess the patient even though the invoices for the assessment and orthotics identify her as the physiotherapist treatment provider.
- There were two invoices generated, one for an amount which the patient paid to the clinic and another invoice (in a higher amount) which the patient submitted to the insurer.
- The doctor who provided the referral was paid \$35 by the clinic for the referral.
- The doctor in question routinely receives \$35 per referral from the clinic.

The Outcome

The panel carefully considered the results of the investigation and at the conclusion of its deliberations the panel ordered the physiotherapist to participate in a specified continuing education and remediation program (SCERP). The physiotherapist will be required to complete a comprehensive review of the College's standards for professional practice and complete the relevant e-learning modules. The physiotherapist will be required to attend an ethics course. The physiotherapist's practice will also be reviewed at regular intervals by a College appointed assessor for a two-year period. Finally, the physiotherapist received a written caution issued by the panel.



Lessons Learned

Physiotherapists are responsible and accountable for all aspects of their practice; including services that are provided on their behalf by another person.

When an employer or other person manages the billing aspects of a physiotherapist's practice, it is important for the physiotherapist to ensure that the standards of practice are being met. Physiotherapists should maintain knowledge and control of the fees that are being charged for their services; physiotherapists should understand how their name and/or registration number is being used for billing and the policies of the organization with respect to billing. It is important for physiotherapists to have a system in place to monitor and ensure the accuracy and appropriateness of invoices submitted on their behalf.

Invoices should accurately reflect the service that was provided, by whom and the amount received. It is not acceptable to increase a fee based on what an insurer will pay. It is inappropriate to offer, accept or pay a fee in relation to a referral. The Misconduct Regulation defines these and other behaviours as professional misconduct.

Ask Yourself...

- Your name and registration number are your professional identity; who do you allow to access and use this information on your behalf?
- How do you ensure that individuals who have access to your name and registration number understand how they are to be appropriately used?
- Do you have an understanding of the standards of practice that apply to your practice setting?
- How do you ensure that your employer's practices allow you to meet the standards of professional practice?

References

Standard for Professional Practice: Fees and Billing
Guide to the Standard for Professional Practice: Advertising; Fees & Billing; and Conflict of Interest

Social Networking – The Rules for Communication Are Still the Same

Scenario

Rebecca is considering using social media websites to connect with her patients and grow her business. She is wondering if there are any issues she should be aware of before she gets involved.

Response

The development of social networking sites like Twitter, Facebook and LinkedIn has transformed the Web's purpose from searching for information to connecting with people and so much more. A recent study out of the University of British Columbia found that nearly 60 per cent of Canadians – that is more than 15 million people – regularly visit social networking websites.

Like many Canadians and health care professionals, physiotherapists/physical therapists are online connecting with friends, colleagues and their patients exchanging ideas, sharing information and research, and building networks. Social media sites are used for both personal and professional purposes – however, issues tend to arise when the lines between the two become blurred. Be aware that someone searching for your physiotherapy/physical therapist practice can just as easily find the holiday photos you posted online as the phone number for your clinic or the hospital.

The College, along with many other regulatory bodies is looking at what standards and policies are needed to govern and guide the appropriate use of this communications channel. Social media is simply another form of communication and at its root it is no different than sending someone a letter, an email, a fax or using the telephone to call them – however anything you post online is public, permanent and searchable. Professional judgment needs to be applied and physiotherapists/physical therapists must be cognizant of the difference between therapeutic and personal relationships with their patient and maintain appropriate professional boundaries – regardless of the means they are using to communicate.

The opportunity to engage on a professional level in a new way is a benefit for the profession, but needs to be handled as all other patient-therapist relationships are: understanding the difference between a therapeutic and personal relationship; refraining from activity that constitutes abuse of any kind or neglect; accepting



responsibility for managing the relationship by always self-evaluating and recognizing signs that could lead to crossing of boundaries; demonstrating sensitivity to religious and cultural beliefs, values and lifestyles; recognizing potential conflict of interest issues; and refraining from entering into a close personal relationship with a patient or family member of a patient while providing physiotherapy treatment.

If you are just getting involved in the social networking world, ask yourself if what you posting is something you would be comfortable emailing to a patient or co-worker or would choose to post on your practice or the hospital website? The same consideration should be given anything you tweet or any image, video or links your post on Facebook, YouTube, LinkedIn or any other online site.

Social media is a part of our culture. It is evolving and growing to meet the needs of the masses. Physiotherapists/physical therapists have an opportunity to make use of this emerging technology and benefit from a tremendous tool, but, like any tool it's all in how you use it.

Things to consider regarding social media:

- The same rules that apply to client confidentiality, privacy and boundaries in all other forms of communication apply to social networking.
- Ask yourself, what am I going to achieve by using social media as I communicate with my patients? What are the risks? What are the benefits? Move forward with a plan.
- Your professional and personal image can easily become intertwined online. Before posting anything consider your comfort level showing it to your patient or co-worker.
- Post it today, live with it forever. Unlike a newspaper that goes in the recycling bin, what you post online is extremely difficult to undo. It will live online long into the future.
- To friend or not to friend – that is the question. Review the standard that applies to all communications (print, verbal or online) between the physiotherapists/physical therapists and patient, “Establishing and Maintaining Therapeutic Relationships with Patients” and check out the Colleges e-learning module, “Understanding and Maintaining Professional Boundaries”.



Practicing in the Electronic World

Changing technologies provide physiotherapists/physical therapists with new and innovative ways to deliver health care services and to communicate with patients.

Telepractice, which has been in use for almost a decade, is now reaping the benefits of emerging technologies such as Skype, web cams and videoconferencing. The practice that uses telecommunications to deliver healthcare services and exchange health information is changing the way patients receive care. Physiotherapist can take advantage of the ability to deliver service to those who might not otherwise have access to quality care due to geographic or physical barriers – technology is providing exciting alternatives.

Like all mediums, telepractice is governed by the same standards of practice that apply in other settings. It is but one option and physiotherapists/physical therapists must consider how to best balance the benefits of working with patients in this electronic way – timely access to health services and expertise, reduced travel time and expense, the ability to receive care at home, improved health outcomes, with the challenges such as ensuring quality and competency, and maintaining security and confidentiality to name a few.

The College wants to develop a better understanding of physiotherapists'/physical therapists' use of telepractice in Ontario. Watch for a telepractice survey in the coming months. We look forward to hearing how you are using telepractice.



If you are interested in learning more about telepractice, check out:

- *National Initiative for Telehealth Framework of Guidelines, 2003 (NIFTE Guidelines) Canadian Telehealth Forum*
www.coachorg.com/ctf
- *Considerations for Telepractice for Physical Therapy in Canada, 2006 Canadian Alliance of Physiotherapy Regulators*
www.alliancept.org
- *Guideline for the Collection, Maintenance, Transmission and Destruction of Electronic Health Information, 2009 Canadian Alliance of Physiotherapy Regulators*
www.alliancept.org
- *Providing Physiotherapy Services by Telephone or Email, Practice Scenario, College of Physiotherapists of Ontario*
www.collegept.org



The Quality Improvement Blog

BLOG (–noun)

a website containing the writer's or group of writers' own experiences, observations, opinions, etc., (dictionary.com, Oxford dictionary)

In October 2010, the College launched a blog; its purpose was to raise awareness of the concept of continuous learning and to invite users to share their experiences. The blog was housed on the Quality Management web page.

Three questions were posted in October, December and March. Here are the questions and some of the responses we received:

1. Please share with us some of the ways you ensure continuous improvement in your practice. Be as descriptive or as vague as you like –we're eager to hear your ideas!

"I separate my learning into 2 categories.....short term and long term. With short term learning, I often find myself asking questions "on the run" during the day and always have the internet close to answer any question about things that I need to brush up on, or learn about. With long term learning (i.e., manual therapy course), this is planned out and undertaken over the course of a few years. ..."

2. Of all of the improvement activities you engage in (e.g. conferences courses, collegial conversations, etc.) which offer the most valuable take-aways and why?

"I find courses that allow 'hands-on' experience the most valuable for developing clinical skills. I like getting feedback from the course instructors and other physiotherapists when practicing new techniques. ..."

3. How do you go about identifying priority learning needs? i.e., the ones that you need to pursue?

"..... The organization that I work for sets learning goals for everyone (for instance if the priority is to increase awareness of diversity in all domains, this becomes a learning goal for all clinical staff)..... "

We had hundreds of people who visited the Quality Management blog and want to thank those of you who shared your thoughts, experiences and ideas online with us all. It was an excellent exercise that provided important learnings and insights. The blog will go into hiatus as of June 2011 and will return when the need arises.



More than 7,300 Renewals

The March 31, 2011 completion of the annual registration process offers an excellent opportunity to share highlights and comment on the feedback received.

Increased Online Usage

This year's process was highly successful with 93 per cent of registrants completing the entire annual registration process online. Online completion ensures that your data appears exactly how you have entered it and reduces the time it takes to fill out the paper form. Last year, 90 per cent of registrants completed the entire process online. Next year, we hope that all registrants take advantage of the easy-to-use online renewal system.



Customer Service

Most registrants (60 per cent) renew in the two weeks leading up to the March 31 deadline (20 per cent in the second last week and 40 per cent in the final week). As a result, the Entry to Practice team receive many last minute questions in a short period of time. In an effort to better meet customer needs, staff developed strategies to manage the huge volume of communications. We are thrilled to report that all renewal-related calls and emails were answered by the close of business on March 31.

Mandatory Fields

This year many of the data fields were made mandatory. The change was made to ensure that the College has all of the information required to be submitted to the Ministry of Health and Long-Term Care's Health Professions Database. While this caused some registrants concern, it is important information to collect and we thank you for your patience. The good news is that now that we have all the information, the fields will be pre-filled next year.

Collection of Information Related to Offences and Findings of Malpractice or Negligence

A few registrants expressed concern that the College is collecting registrant's information related to offences and findings of malpractice and negligence. The College is required to collect this information to comply with the Regulated Health Professions Act. This provision applies to all regulated health care providers in Ontario. The College formally recognizes each report that is received. Where any additional inquiries are necessary, registrant will be notified directly.

Total Registrants

There are 7,354 individuals registered with the College; 64 as physiotherapy residents holding Provisional Practice certificates, 6,973 holding Independent Practice certificates, 33 holding Academic Practice certificates and 284 that are registered with inactive status.

Your feedback about our processes is appreciated as our goal is continuous quality improvement.





Recognizing Excellence

Council Elections

Doug Freer – Acclaimed
District 8 – (Collingwood) Central

Frank Gielen – Re-elected
District 4 – (Belleville) Eastern

Stephen Mangoff – Acclaimed
District 5 – (Nipigon) Northern

Congratulations to all of the successful candidates and thanks to everyone who participated in the election process, including nominees, nominators and all of the voters.

Council Award

The 2011 Council Award went to Peter Ruttan for his dedication, support and commitment to the Council of the College of Physiotherapists of Ontario. Thank you Peter.

College Awards

The Award of Distinction – Margaret Martin

This award recognizes the significant contributions and achievements of a physiotherapist/physical therapist who promotes public interest through excellence in practice. The College is pleased to award it to Margaret Martin.

The Award for Research Advancing Quality Care – Lisa Carlesso

This award recognizes the importance of evidence-based practice in physiotherapy to ensure safe, quality service delivery to Ontarians. The College congratulates Lisa Carlesso for her valuable work.

Thanks to all of those who nominated a physiotherapist/physical therapist and congratulations to everyone for their ongoing hard work and dedication to our profession.

Communities of Practice

A place for the profession to provide feedback and get involved

We wanted to make you aware that the College recently launched a web tool called Communities of Practice that will provide physiotherapists/physical therapists with an online platform to share ideas on proposed standards and quality care topics, see what others are saying about the issues and keep abreast of their professional obligations.

The inaugural posting was the Standard for Professional Practice: Physiotherapists'/Physical Therapists' Performance of Authorized Activities and we were pleased to receive insightful feedback from a number of practitioners on the proposed standard. Your comments will help us to create a better standard.

Please watch for opportunities to get involved in the standard setting process and share your thoughts using Communities of Practice in the coming months.

To access Communities of Practice, visit the College website – www.collegept.org – go to PHYSIOTHERAPISTS and click on Communities of Practice.

If you have questions, comments or suggestions, we would love to hear from you. Contact Rod Hamilton at rhamilton@collegept.org or call 416-591-3828 ext 232.