

Physiotherapists Working with Physiotherapist Support Personnel

Guide to the Standards for Professional Practice

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NOTE: This Guide to Physiotherapists Working with Physiotherapist Support Personnel is intended to assist registrants in understanding the expectations of the College as defined in the Standard for Professional Practice: Physiotherapists Working with Physiotherapist Support Personnel, and in conjunction with other standards of practice for the profession, including those defined in the Standards for Practice for Physiotherapists.

Introduction

Physiotherapist Assistants or Aides are frequently utilized by physiotherapists as support personnel to assist in the delivery of physiotherapy care to their patients.

The College's expectations of registrants wishing to assign components of their treatment plan to support personnel are described in the Standard for Professional Practice: Physiotherapists Working with Physiotherapist Support Personnel. This Guide is intended to assist registrants in meeting the expectations described in the Standard.

Frequently Asked Questions

Who is a physiotherapist support personnel (PSP)?

A physiotherapist support personnel is an individual who works under the direction and supervision of a physiotherapist and can be classified as either:

Group 1: An individual who has successfully completed and fulfilled all the requirements of a post secondary program designed to educate the participant in the knowledge, skills and abilities required to assist a physiotherapist in the delivery of a physiotherapy treatment plan; and

Group 2: An individual who has completed on-the-job training that is physiotherapy specific or who may have a diploma or degree in a health-related discipline such as kinesiology or athletic therapy¹.

Who is not a physiotherapist support personnel?

An individual who does not work under the direction and supervision of a physiotherapist is not a PSP regardless of whether he or she meets either definition provided above. Similarly, an individual employed by an organization where a physiotherapist works who is also providing patient/client care that is not a component of a physiotherapy treatment plan and has not been assigned by a physiotherapist is not considered a PSP. Examples of this include but are not restricted to visiting homemakers, adjuvants, activation therapists, education assistants and recreation therapists.

When is a registrant accountable for the physiotherapist support personnel?

A registrant is accountable for the PSP and is required to meet all of the performance expectations articulated in the Standard in every circumstance in which he or she has assigned components of care to the PSP that are part of the treatment plan consented to by the patient.

When is a registrant not accountable for the physiotherapist support personnel?

A registrant is not accountable for the PSP when:

¹ Essential Competency Profile for Physiotherapists in Canada: Essential Competencies of Physiotherapist Support Workers in Canada. Canadian Alliance of Physiotherapy Regulators and Canadian Physiotherapy Association. 2002

- a registrant makes recommendations for a patient about other types of activities beyond those outlined in the physiotherapy treatment plan and someone other than the registrant asks an individual to implement those activities; or
- a registrant is working in the role of a consultant and not providing treatment.
- a registrant refers a patient to a colleague -- the colleague is not considered a PSP.
- a PSP to whom a registrant has assigned treatment deliberately undertakes other activities outside the rules or guidelines set by the registrant.

Are the terms assigning and delegating interchangeable?

In the Regulated Health Professions Act (RHPA), the term **delegation** has a very specific meaning. It is used to describe a process whereby a health professional regulated under the RHPA transfers the authority to perform one of the 13 controlled acts articulated in the RHPA to another health professional who may or may not be regulated under the RHPA who is not authorized to perform the controlled act.

A physiotherapist assigns portions or components of a physiotherapy treatment plan to a support personnel. The correct term to use when obtaining consent from a patient for the involvement of a PSP in their care is **assigning**.

What constitutes an appropriate level of supervision?

The College Standard does not prescribe the appropriate type and level of supervision that is required by a registrant when they are assigning care to a PSP. Although the Standard sets the acceptable minimum requirement as being accessible by telephone, registrants are expected to make decisions on a case-by case basis incorporating the concepts of risk management, prudent practice and a desire to act in the best interest of the patient by minimizing the risk of harm to the extent possible and to provide safe, quality care.

Does a registrant have to co-sign the health record entries made by the physiotherapist support personnel?

The Standard does not require a registrant to co-sign health record entries made by the PSP. It would be prudent of the registrant to review the entries on a periodic basis in order to confirm that the entries are accurate and reflect the status of the activities assigned to the PSP. For more information on record keeping please refer the College Standard and Guide on Record Keeping.

The following section includes examples of how the Standard is intended to be applied in clinical practice.

Applied Practice

1. Combined Physiotherapist and Occupational Therapist Support Personnel

You are a physiotherapist working on an inpatient rehabilitation unit along with occupational therapists, with whom you share the use of combined trained physiotherapist and occupational therapist support personnel. The support personnel do not have designated portions of their hours of work

assigned to specific disciplines, but provide components of physiotherapy and occupational therapy care throughout the day.

You and the occupational therapist have each assessed and developed a treatment plan for Mr. Pereira. You wish to assign a portion of the physiotherapy treatment plan to the combined trained support personnel.

Discussion

Due to the close working relationship with the occupational therapists and the sharing of the support personnel, you should inform and discuss with Mr. Pereira those portions of the overall rehabilitation treatment that are physiotherapy interventions being assigned to the support personnel, as well as your role and responsibilities related to the support personnel and the physiotherapy treatment plan. In addition to obtaining consent from Mr. Pereira for the treatment plan, you must also obtain consent to assign a portion of the plan to the support personnel. Once Mr. Pereira consents, you may assign the care to the support personnel whom you have determined is competent to carry out the interventions safely. In addition, you should confirm that the support personnel understands the conditions under which you are to be contacted or physiotherapy treatment discontinued.

Your documentation in the patient record should clearly indicate which portions of physiotherapy care are provided by the support personnel, that consent was obtained and identify the support personnel providing the intervention.

2. Inpatient Acute Care Orthopedics

You are a physiotherapist working on an inpatient acute care orthopedic floor in a general hospital. After completing an assessment and developing a treatment plan for a patient, you identify those portions of the treatment plan that are appropriate to assign to the PSP working under your supervision. You must now consider how to implement this plan.

Discussion

According to the College's Standard, you have a professional obligation to discuss your role and responsibilities related to the PSP and the treatment plan with the patient. Once the patient consents to the involvement of the PSP and the assignment of aspects of the physiotherapy care to them, you may assign portions of the treatment plan to the PSP, whom you have previously determined to be competent to carry out the interventions safely. In addition, a discussion with the PSP outlining the conditions under which you are to be contacted or when the interventions assigned to them must be discontinued is helpful in establishing the boundaries and level of autonomy expected to be exercised by the PSP.

Throughout the course of the physiotherapy treatment, the documentation in the health record clearly identifies the portions of the physiotherapy treatment plan delivered by the PSP and those provided by the physiotherapist. In the event where, during the course of physiotherapy received by the patient, multiple PSP are involved, it would be prudent to have a mechanism to record and identify all those involved in the provision of physiotherapy treatment. An example of this would be a daily treatment log or signature form that becomes part of the patient's health record.

3. Long-Term Care

You are a physiotherapist employed for 10 hours a week by a long-term care facility to conduct assessments of the residents and develop treatment plans for those who would benefit from physiotherapy intervention. The institution employs PSP and management expects you to assign the majority of the components of your treatment plans to them. The PSP are employed full time and will be present on the days when you are not working or present in the facility.

You have completed your assessments and determined that some patients would benefit from physiotherapy intervention designed to meet specific physiotherapeutic goals. You must now determine how to proceed with the implementation of the treatment plans.

Discussion

When entering into any kind of employment agreement, physiotherapists should ensure that the employer has an understanding of the professional obligations of a physiotherapist as they relate to:

- their ethical obligation to act in the best interest of their patients;
- the assigning of any component of a physiotherapy treatment plan to PSP;
- their responsibility to monitor how their registration number is being used for billing; and
- compliance with the requirements associated with documentation and record keeping.

In a setting where the employer proposes a uniform model of care for all residents that may not allow for the different or unique requirements of individual patients, physiotherapists should advocate on behalf of their patients and negotiate with the employer for the ability to exercise their professional judgment and make individual decisions for each patient as to how the physiotherapy treatment plan will be implemented. Physiotherapists should clarify whether they are making recommendations about the types of activities that would be beneficial for a patient (consultative model) or whether they are actively treating a patient and assigning components of care to a PSP. In a consultative model recommendations may or may not be adopted by the organization and the physiotherapist is not accountable for the individual(s) who performs the activities. However, if the physiotherapist has proposed to a patient that a PSP be involved in the delivery of the physiotherapy treatment plan, the physiotherapist is accountable.

References

Essential Competency Profile for Physiotherapists in Canada. Accreditation Council for Canadian Physiotherapy Academic Programs, Canadian Alliance of Physiotherapy Regulators, Canadian Physiotherapy Association, Canadian Universities Physical Therapy Academic Council. 2004

Standard for Professional Practice: Physiotherapists Working with Physiotherapist Support Personnel. College of Physiotherapists of Ontario. 2005

Standard for Professional Practice: Accepting the Delegation of a Controlled Act. College of Physiotherapists of Ontario. 2005

Standard for Professional Practice: Record Keeping. College of Physiotherapists of Ontario. 2007