ESSENTIAL COMPETENCY PROFILE

for

PHYSIOTHERAPISTS IN CANADA

July 2004

Project partners:
Accreditation Council for Canadian Physiotherapy Academic Programs
Canadian Alliance of *Physiotherapy* Regulators
Canadian Physiotherapy Association
Canadian Universities Physical Therapy Academic Council

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The development of the *Essential Competency Profile for Physiotherapists in Canada* (the *Profile*) was made possible through the collaboration of numerous organizations and individuals. Led by the National Physiotherapy Advisory Group, contributing organizations included the Accreditation Council for Canadian Physiotherapy Academic Programs (ACCPAP), Canadian Alliance of *Physiotherapy* Regulators (The Alliance), Canadian Physiotherapy Association (CPA) and the Canadian Universities Physical Therapy Academic Council (CUPAC).

The Steering Group, consisting of Dr. Katherine Berg, Dr. Marla Nayer, Dorianne Sauvé, and Jenneth Swinamer, provided the leadership required to ensure that the project would result in the development of a high quality, useful tool that describes the essential competencies for physiotherapists in Canada. Dianne Millette gave ongoing support to the Steering Group and Claire Hardwick assisted the secretariat during the initial phases of the project.

A dedicated Working Group of physiotherapists from across the country - representing the educational, professional, regulatory and accreditation sectors - contributed content expertise and conducted stakeholder consultations with physiotherapists, physiotherapist support workers, clients, students and employers. The Working Group included Marilyn Atkins (BC), Louise Taylor (AB), Grace Torrance (AB), Peggy Proctor (SK), Brenda McKechnie (MB), Gisèle Pereira (MB), Dawn Burnett (ON), Natalie Damiano (ON), Frances King (QC), Marilyn Rowan (NB), Ann Nelson (NS), Lori Ferrish (PEI), Karen Hurtubise (NL) and Heather Alton (YK).

See Appendix A for a detailed profile of the Steering Group and Working Group members.

Special thanks are extended to participants in the consultations for development of the *Profile,* and to the College of Physiotherapists of Ontario, including staff members Marla Nayer and Miriam Dominguez, for their technical assistance in creating the on-line survey.

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SECTION 1: INTRODUCTION AND BACKGROUND

Physiotherapists[1] are self-regulated, autonomous health professionals - the fifth largest group of health professionals in Canada - with established educational and practice standards that are complemented by ongoing professional development and research.[2]

While there are many areas in which physiotherapists may practice, almost 90% of licensed/registered physiotherapists report direct patient[G,3] care as their primary role.[4]

1.1. Purpose and Intent of the Essential Competency Profile

Essential competencies[G] are defined as "the repertoire of measurable knowledge, skills and attitudes required by a physiotherapist throughout his or her professional career."[5] The *Essential Competency Profile for Physiotherapists in Canada (*the *Profile*) has been developed to describe those essential competencies that physiotherapists must demonstrate upon entry to the profession (i.e., for initial registration/licensure) and maintain throughout the course of their careers. These essential competencies must be exercised *wherever* a physiotherapist practices (i.e., contexts of practice as described in Section 3), and in the course of *whatever* the physiotherapist is practising (i.e., dimensions of competence as described in Section 4).

In addition to reflecting the current requirements of physiotherapists, the essential competencies also encompass the dynamic and evolving nature of physiotherapist practice. They are the foundation from which physiotherapists can base their continuing professional development.

The *Profile* replaces the *Competency Profile for the Entry-Level Physiotherapist in Canada*[6] and represents physiotherapists' practice throughout their careers. National companion documents include *Competency Profile: Essential Competencies of Physiotherapist Support Workers in Canada* and *Competencies Required to Safely Perform Spinal Manipulation as a Physical Therapy Intervention.*[7]

For more information about the development of the profile documents, see Appendix B.

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[1] Physiotherapy, physiotherapist, physical therapy, physical therapist, physiothérapeute, physiothérapie, PT, and pht are official marks used with permission. The terms physiotherapy and physiotherapist are considered synonyms for physical therapy and physical therapist respectively and will be used interchangeably in this document.

[2] Canadian Physiotherapy Association, 2000, p.6

[3] A Glossary is included in Section 6 of the document; the first time each word in the Glossary is used in the document, it will be indicated with "[G]".

[4] Canadian Alliance of *Physiotherapy* Regulators, 2002

[5] Canadian Alliance of *Physiotherapy* Regulators & Canadian Physiotherapy Association, 2002

[6] Canadian Alliance of *Physiotherapy* Regulators & Canadian Physiotherapy Association, 2002

[7] College of Physical Therapists of Alberta, 2000

1.2 Uses of the Essential Competency Profile

The *Profile* is intended for use by individuals and groups both internal and external to the physiotherapy profession in a variety of ways including the following:

A: Internal to the Physiotherapy Profession

- **Accreditors:** as guidance for the development of accreditation standards specific to physiotherapist competencies
- **Academics:** in curriculum development, revision and evaluation, to assist in knowledge transfer, the investigation of practice and research
- **Educators:** as a guideline being a preceptor or mentor and in providing continuing education
- **Examination and Credentialing Programs:** as guidelines for the development of examination items; in the development and maintenance of examination and credentialing programs
- **Physiotherapist Managers**: as a guide for the development of job descriptions and performance evaluation
- **Physiotherapist Support Workers**[8]**:** in providing education about the roles and responsibilities along the continuum of physical therapy service delivery
- **Physiotherapists:** to assist in self-reflection and evaluation about knowledge, skills, attitudes and judgment; as a foundation upon which advanced competencies may be developed; and for continuing professional development and communication about one's professional role
- **Professional Association:** in the development of programs for professional development and specialty certification, policy development, advocacy and in describing physical therapy professional roles to others
- **Regulators:** in the development of continuing competency[G] programs, guidelines for registration (entry to practice), standards of practice[G], quality assurance programs and professional inspection programs
- **Students, non-Canadian-educated applicants for registration and previously registered physical therapists interested in re-entering the profession**: in providing information about the requirements for physical therapy practice
- **Researchers:** to inform research and policy development, to enhance practice

B: External to the Physical Therapy Profession

- **Clients**[G]**/Client advocacy groups:** in defining expectations regarding physical therapy services, to assist in the development of policy and education
- **Employers:** in planning related to health human resources and the roles and responsibilities of physical therapists; as a guideline for performance evaluation

[8] Refer to the *Competency Profile: Essential Competencies of Physiotherapist Support Workers in Canada* (July 2002) for descriptions of physiotherapist support workers.

- **Funders:** to inform policy development related to funding
- **Government:** as background information for health human resource planning and policy development
- **International agencies:** to assist with establishing educational equivalence of physiotherapists
- **Labour unions:** to provide information about the roles and responsibilities of physiotherapists
- **Other Professional Groups:** to provide information about physiotherapist professional roles
- **Researchers:** to inform research and policy development, to enhance practice

1.3 Development of the Essential Competency Profile

This publication is the outcome of a multi-method project that included a review of the literature and consultation with physiotherapists, physiotherapist educators, physiotherapist regulators, and physiotherapist support worker educators. Consultation on the *Profile* included the use of focus groups, teleconferences and questionnaires. For a more detailed description of the development process, see Appendix C.

The *Profile* is based on a three-part model[9] that incorporates aspects of the:

a) professional developmental continuum (i.e., novice, beginner, competent, proficient and expert);
b) dimensions of competence (i.e, major functions for effective performance in fulfilling role); and
c) context of practice (i.e., role, area of practice).

1.4 Framework for the Essential Competency Profile

The Framework adopted for the *Essential Competency Profile* is based on a Functional Job Analysis model.[10] This model was used to provide a description of the expected performance of a competent physiotherapist. As pointed out by the Australian Council of Physiotherapy Regulating Authorities, "It must be emphasized that no set of competency standards could describe all facets of the physiotherapy profession. Nor can any unit of physiotherapy competency be considered on its own. Physiotherapy professional practice relies on the possession of all relevant attributes and competencies and it is the totality of the mix, which makes a professional physiotherapist."[11]

The characteristics of this framework are that:

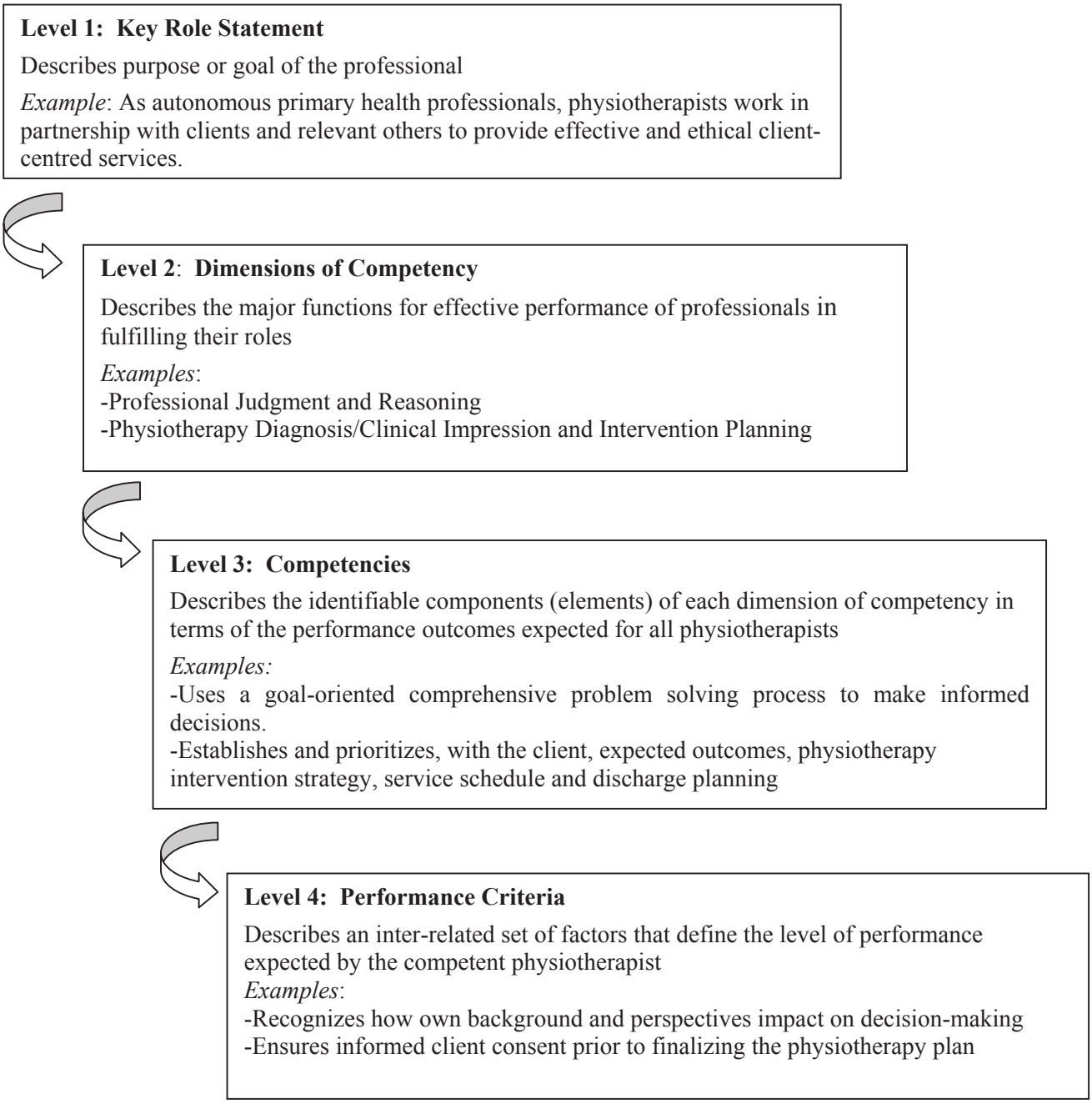
- it focuses on the outcomes[G] rather than work process;

[9] Herold McIlroy & Glover Takahashi, 2004
[10] Assessment Strategies Inc., 1998, p.6; Fine, SA, 1988; Fine, SA, 1986; Raymond, M, 2001
[11] Australian Council of Physiotherapy Regulating Authorities 2002, p.2

- competence[G] is inferred from performance of the measurable knowledge, skills and attitudes; and
- competencies are organized from the general to more specific aspects of performance.

Figure 1 describes the components of the Framework and depicts how they are interrelated. At the level of the Performance Criteria, examples may be provided to clarify the meaning of those performance criteria and to assist in applying the criteria to actual practice situations.

Figure 1. Components of a Functional Analysis Competency Framework



1.5 Professionalism of Physiotherapists

Individual physiotherapists are committed to a set of attributes and behaviours described as "professionalism". Swick (2000) describes professionalism as comprising nine behaviours. Each of these behaviours is outlined below with an example pertaining to physiotherapists.

Physiotherapists:

1. Subordinate their own interests to the interests of others.
    - act in the best interests of the client by identifying and addressing issues related to service delivery

2. Adhere to high ethical and moral standards.
    - always work within the boundaries of codes of ethics[12,G]

3. Respond to societal needs and demonstrate behaviours that reflect a social contract with the communities they serve.
    - provide client-centred services, respecting cultural diversity

4. Demonstrate core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others and trustworthiness.
    - consider themselves to be equal partners in collaboration[G] with clients and other health professionals in providing services

5. Exercise accountability for themselves and for their colleagues.
    - embrace an evidence-based approach in the delivery of services

6. Demonstrate a continuing commitment to excellence.
    - continue to acquire knowledge and develop new skills throughout their career

7. Exhibit a commitment to scholarship and advancement of the profession.
    - participate in research, promote the profession, and provide education for clients, students and others, whenever possible

8. Deal with high levels of complexity and uncertainty.
    - exercise critical thinking and problem-solving skills to make appropriate decisions

9. Reflect upon actions and decisions.
    - practice self-evaluation/reflection to continuously improve their knowledge and skills, such as clinical reasoning

[12] Codes of ethics may include those of the Canadian Physiotherapy Association and provincial regulatory bodies.

1.6 Assumptions Related to the Educational Background of Physiotherapists

Entry-level physiotherapy education in Canada is provided at the university level, in institutions with a medical school. Entry-level physiotherapists must be familiar with current physiotherapy practice, emerging trends in the health system, and advances in physiotherapy theory and technology.[13]

Specifically, physiotherapist education:

- incorporates the broad principles that reflect the philosophy and values intrinsic to the practice of physiotherapists;
- provides students with a knowledge base that may include, but is not limited to, the biological sciences, social sciences, applied sciences, scientific inquiry, clinical science and professional practice;
- includes the development of a collaborative and evidence-based approach to assessment, physiotherapy diagnosis[G]/clinical impression[14,G] and planning, intervention, and outcome evaluation;
- includes consideration of practice within the evolving context of health systems and population health[G] ; and
- is accredited by an independent body (ACCPAP), using national documents.

[13] Accreditation Council for Canadian Physiotherapy Academic Programs, 2003

[14] The combined term "physiotherapy diagnosis/clinical impression" is used throughout this document to be reflective of the broad scope of physiotherapists' practice and to have application in all jurisdictions where legislation may differ (see Glossary for definition of physiotherapy diagnosis/clinical impression).

SECTION 2: KEY ROLE STATEMENT

Physiotherapists are self-regulated, autonomous health professionals who work in partnership with clients and relevant others to provide effective and ethical client-centred services. Physiotherapists act with integrity and accountability, exercising sound judgment in the best interests of the client.

In clinical practice, physiotherapists work collaboratively and apply a client-centred, and reasoned evidence-based approach to assessment, physiotherapy diagnosis/clinical impression and planning, intervention, and outcome evaluation.[15] Physiotherapists practice along the health continuum from primary to tertiary care encompassing promotive, preventive, curative and rehabilitative services, and focus on:

- optimizing clients' safe, functional independence and mobility;
- educating patients, clients and others to promote health, wellness, fitness and self-management; and
- preventing and managing physical impairments, activity limitations or functional restrictions, and limits to participation.

[15] Canadian Alliance of *Physiotherapy* Regulators, Canadian Physiotherapy Association & Canadian Universities Physical Therapy Academic Council, 1998

SECTION 3: CONTEXT OF PRACTICE

Context of practice describes the details about the physiotherapy practice milieu including the **who** (types of patients and clients), **what** (areas of practice, types of physiotherapy service), **where** (practice settings), and **how** (professional roles, funding models) in which physical therapists in Canada may practice.

The areas describing the context of practice for physiotherapists are interrelated and impact on which essential competencies are needed for safe and effective practice. The areas and context of practice listed in this section represent only the most common areas for physiotherapists and are not meant to be all-inclusive.

	AREA	CONTEXT OF PRACTICE
WHO	Client Age Groups	Infant/Child (0-11 yrs) Adolescent (12-18 yrs) Young Adult (19-29 yrs) Adult (30 – 65 yrs) Older Adult (>65 yrs)
	Client Focus	Patient Individual Group Community Organization Government
	Associated Client Factors	Cultural, ethical and religious background Functional and physical disabilities Insurance and legal issues Language and communication Occupational demands Physical environment Psychological influences Social and socio-economic influences
WHAT	Types of Physiotherapy Service	Health promotion in wellness and managing activity limitations Disease/injury/disability prevention Restoration and rehabilitation Maintenance and support
	Areas of Clinical Practice	Musculoskeletal Neuromuscular Cardiorespiratory

AREA		CONTEXT OF PRACTICE
WHERE	Practice Settings	*Facility based:* Hospitals, rehabilitation centres, nursing homes, residences/assisted living for older adults, extended care, hospices *Office/clinic based:* Private practice, sports medicine clinics, ambulatory care clinics *Community-based:* Client residences, child development centres, community health centres, sporting events, schools, group homes, senior centres, adult day care centres, home care, primary health care[G], community access centres[G], sport teams *Business/Industry:* Work sites, equipment sales *Educational institutions:* Universities, colleges *Government:* Health policy development *Research facilities*
HOW	Professional Roles	Provision of clinical physical therapy services (all age groups) Education (self, client, family, care-givers, students, other practitioners) Practice management[G] Administration Research Consultation
	Funding Models	Privately funded services (e.g., insurance, client) Publicly funded services (e.g., worker's compensation or auto insurance) Combined public and private services Granting agencies for research

SECTION 4: THE SEVEN DIMENSIONS OF ESSENTIAL COMPETENCIES

The Seven Dimensions[16] of Essential Competencies reflect the major functions for effective performance of physiotherapists in fulfilling their role. The first three dimensions include essential competencies that apply to physiotherapists working in both clinical and non-clinical roles; the last four dimensions primarily apply to physiotherapists working in clinical roles.

Dimension One: Professional Accountability[G]
Assumes professional responsibility and demonstrates safe, ethical, culturally sensitive and autonomous professional practice.

Dimension Two: Communication and Collaboration
Communicates with clients and professionals in other disciplines to collaborate and coordinate services.

Dimension Three: Professional Judgment and Reasoning
Applies principles of critical thinking, while solving problems and making decisions.

Dimension Four: Client Assessment
Assesses client's physical and psychosocial status, functional abilities, needs and goals.

Dimension Five: Physiotherapy Diagnosis/Clinical Impression and Intervention Planning
Analyzes data collected, establishes the physiotherapy diagnosis/clinical impression and prognosis, and develops a client-centred physiotherapy intervention strategy.

Dimension Six: Implementation and Evaluation of Physiotherapy Intervention
Implements physiotherapy interventions to meet client/patient needs, evaluates their effectiveness[G] for the client and incorporates findings into future intervention.

Dimension Seven: Practice Management
Manages the physiotherapist's role and implements physiotherapy services within the diverse contexts of practice.

[16] In the document – *Competency Profile for the Entry-Level Physiotherapist in Canada* (April 1998) the term Units was used to describe Dimensions

SECTION 5: ELEMENTS AND PERFORMANCE CRITERIA OF ESSENTIAL COMPETENCIES

DIMENSION ONE: PROFESSIONAL ACCOUNTABILITY

Assumes professional responsibility and demonstrates safe, ethical, culturally sensitive and autonomous professional practice

Element 1: Conducts self within legal/ethical requirements

Performance Criteria

a. Complies with physiotherapy legislation, regulations and professional obligations and any other applicable legislation that may impact on practice and conduct

   Examples:

   - registers with physiotherapy regulatory college before deadline
   - complies with relevant consent and privacy legislation
   - is aware of mandatory reporting requirements and takes action, as needed, if any health team member or other health service professional appears to be providing service to the client in an incompetent, incapacitated or unethical manner

b. Presents professional qualifications accurately and as indicated by regulators and the professional association

   Example: Uses only appropriate professional titles and credentials

c. Provides services within profession's scope of practice and personal competence

   Example: Refers client to another physiotherapist or professional when required services are beyond own personal and/or professional abilities

d. Maintains an honest physiotherapist-client relationship that ensures full disclosure of potential conflict of interest situations

   Example: Discloses situations that may enhance personal gain resulting from services recommended to client

e. Maintains confidentiality of client information and client records as required by applicable provincial/territorial/federal legislation

f. Exemplifies professional behaviour and takes due care that behaviour under any circumstances is not construed as harassment or abuse of clients, colleagues, associates or employees

Example: Maintains appropriate professional client boundaries (i.e., upholds sexual and workplace harassment policies, refrains from making remarks or gestures that may be interpreted as sexually demeaning, does not engage in sexual activity with the client, consensual or otherwise)

Element 2: Respects the individuality and autonomy of the client

Performance Criteria

a. Demonstrates sensitivity to and respect for each client's rights, dignity and unique mix of characteristics, including gender, age, ethnicity, religion, culture, language, lifestyle orientation, health, and cognitive and behavioural status

b. Ensures the client is treated respectfully and assists client in expressing individual needs

c. Uses a client-centred approach involving shared decision making and responsibility with the client

Element 3: Demonstrates professional integrity and a commitment to the well-being of all clients

Performance Criteria

a. Provides client-centred care, which involves acting in the best interests of the client and/or society, considering the client's needs and available resources

   Example: Refers to home care or social services for funding for equipment

b. Provides services upholding professional ethical values

   Examples:

   - adheres to professional codes of ethics and standards of practice when making decisions with client
   - makes known possible conflicts between personal values and those of others and, where possible, takes responsibility to resolve such differences

c. Accepts responsibility for own actions and decisions

d. Maintains autonomy in practice that protects professional judgment and respects client interests

   Examples:

   - refrains from participating in arrangements that reward referral sources
   - follows conflict of interest guidelines

e. Provides services that reflect effective use of resources

   Examples:

   - ensures that the type and duration of services reflect best available

evidence

- discontinues services that are no longer necessary or effective

f. Charges applicable fees, which are transparent, reasonable, appropriate and justifiable for the services performed

Example: When fees are charged, ensures they are explained to the client prior to initiating service

Element 4: Delivers professional services incorporating education, research and effective management of practice

Performance Criteria

a. Maintains essential competencies throughout career.

b. Engages in professional development and lifelong learning activities

Examples:

- effectively self assesses and uses feedback from other sources to identify learning needs
- identifies strategies to meet learning needs on an ongoing basis
- actively participates in the acquisition of new knowledge and skills
- demonstrates the integration of new knowledge, skills and behaviours into practice

c. Engages in professional activities that enhance and support knowledge and abilities in physiotherapy.

d. Plans and delivers physiotherapy service using an approach based on own experience in combination with best available evidence and resources

Examples:

- demonstrates an understanding and utilization of research results and the literature
- discontinues use of interventions that have been demonstrated to be ineffective or that have no logical underlying rationale or theory
- is aware of potential or adverse reactions to an intervention

DIMENSION TWO: COMMUNICATION AND COLLABORATION

Communicates with clients, and professionals in other disciplines to collaborate and coordinate services

Element 1: Establishes and maintains effective communication with clients, relevant others and professional colleagues

Performance Criteria

a. Builds rapport and trust in client-professional and interprofessional[G] relationships

Example: Demonstrates active listening in sensitive situations

b. Employs appropriate verbal, non-verbal and written communication.

Example: Uses language that is appropriate to the needs of the listener or reader

Element 2: Demonstrates effective collaboration and interprofessional teamwork

Performance Criteria

a. Collaborates to provide interprofessional client services as needed to achieve client goals and outcomes

Examples:

- works with team members in the planning, coordination and evaluation of client services)
- in community setting fosters collaboration with other professionals/stakeholders as required
- scopes of practice, service philosophies, and client goals and services are complementary, not conflicting or constituting duplication
- shows respect for other professional's expertise and differing perspectives

b. Consults and shares information with other health professionals in a timely manner, provided client consent is obtained where required, to ensure comprehensive service delivery

Example: Provides reports to referring professional, when applicable, about the results of ongoing evaluation and modified intervention

c. Communicates with the client and relevant others about service completion, including the reasons why service is being discontinued

d. Manages conflict in a professional manner

DIMENSION THREE: PROFESSIONAL JUDGMENT AND REASONING

Applies principles of critical thinking while solving problems and making decisions

Element 1: Uses a comprehensive problem solving process to make decisions

Performance Criteria

a. Identifies and determines the nature of a problem, using relevant knowledge base

   Example: Considers all knowledge, political, social and economic contexts, principles, policies, resources and limitations relevant to the nature of the problem

b. Recognizes and takes into account how own background, education, experiences, perspectives, values and beliefs impact on decision-making

c. Gathers, analyzes, critically appraises, and interprets information to generate options to resolve the problem

   Example: Identifies alternatives or solutions to a problem through reflection

d. Chooses an option and makes a decision relevant to the context of the situation

e. Seeks solutions to problems through collaboration when appropriate

Element 2: Uses a reflective approach to practice

Performance Criteria

a. Recognizes patterns of occurrences based on previous learning, experience and professional knowledge and uses this information in action

b. When faced with new or unusual situations, uses a comprehensive problem-solving process to make decisions and take action

c. Utilizes self-awareness and self-evaluation to reflect upon actions and decisions to continuously improve knowledge and skills

DIMENSION FOUR: CLIENT ASSESSMENT

Assesses client's physical and psychosocial status, functional abilities, needs and goals

Element 1: Collects and reviews background information relevant to the client's health and health management profile and determines, with the client, the need for physiotherapy intervention

Performance Criteria

a. Interviews the client to obtain information about his or her health, associated history, previous health interventions and associated outcomes

b. Obtains necessary supplementary health information about the client from other sources, when appropriate, with the client's consent

   Example: Other sources may include previous health records, other health care-practitioners, professional colleagues, or family

c. Reviews information related to the client's prior functional abilities, physical performance and limits to participation

d. Identifies the associated health factors and environmental demands affecting the client's function and physical performance

   Examples:

   - includes the client's social, cultural, occupational, physical, and economic situations
   - proximity to services
   - may include physical assessment, functional analysis, consultation with others, interviews, work site visits, community and occupational assessments

e. Determines client expectations for interventions and/or of physiotherapist

   Example: Questions clients about goals

Element 2: Collects the quantitative and qualitative data relevant to the client's needs and to physiotherapy practice

Performance Criteria

a. Selects assessment methods and measures based on best available evidence and uses them within a client-centred approach

   Example: Uses best available measures for describing client's physical function, determining prognosis and evaluating outcome

b. Informs the client of the nature and purpose of assessment as well as any associated significant risks[G], whenever applicable

Example: Informs client about risk of shoulder dislocation when testing shoulder joint stability

c. Performs safely a physiotherapy examination using valid approaches and measures, taking into account known indications, guidelines, limitations and risk-benefit considerations

Example: Physiotherapy assessment incorporates a review of appropriate systems, application of tests and measures, and organization of information. Selective examinations include, but are not limited to, joint integrity and mobility, gait and balance, muscle performance, motor function, cardiorespiratory function, pain, neuromotor and sensorimotor development, posture, cardiovascular and work capacity, cognition and mental status, skin condition, accessibility and environmental review.

d. Monitors the client's health status for significant changes during the course of the assessment

e. Records and manages client information for the purposes of individual case management and quality assurance

Example: Maintains a chart or file that ensures safe, reliable, accessible client information, including billing information.

f. Informs the client regarding all uses of collected client personal and health data and obtains client consent as required by relevant privacy legislation (i.e., Personal Information Protection and Electronic Documents Act (PIPEDA) or relevant provincial legislation).

DIMENSION FIVE: PHYSIOTHERAPY DIAGNOSIS/CLINICAL IMPRESSION AND INTERVENTION PLANNING

Analyzes data collected, establishes the physiotherapy diagnosis/clinical impression and prognosis, and develops a client-centred physiotherapy intervention strategy

Element 1: Analyzes assessment findings to determine client abilities, functional needs and potential outcomes, respecting clients' and/or substitute decision-makers'[G] choices.

Performance Criteria

a. Identifies the nature and extent of the client's functional abilities and multidimensional needs

b. Identifies the client's strengths and limitations, impairment and disabilities, environmental supports and barriers to performance

c. Predicts expected changes and progress toward realistic outcomes

Element 2: Establishes a physiotherapy diagnosis/clinical impression

Performance Criteria

a. Determines the physiotherapy diagnosis/clinical impression

   Example: Formulates a physiotherapy diagnosis/clinical impression based on the analysis of client assessment findings

b. Considers physiotherapy diagnosis/clinical impression relevant to commonly utilized diagnostic and classification models

   Example: The World Health Organization International Classification of Functioning, Disability and Health[G] (ICF)

c. Identifies the need for and potential value of intervention by a physiotherapist

d. Discusses analysis of assessment findings with the client and, when client permits, with relevant others, and health team members

Element 3:Facilitates informed decision-making by clients

Performance Criteria

a. Encourages client[17] to ask questions

b. Provides information and answers to client's questions in a truthful, objective, sensitive, empathic and respectful manner

c. Refers to appropriate professionals to answer client questions beyond the profession's scope of practice and the individual's personal competence

d. Provides appropriate information to assist the client in making informed decisions about physiotherapy services

   Examples:

   - uses plain language
   - provides information to client family members to assist in decision
   - provides information in client's language
   - information may include the purpose and effect of proposed interventions, potential risks, and the anticipated frequency, duration and cost of service, relevant research literature

e. Explains the situation to the client who is being referred elsewhere for intervention

[17] It is assumed that when a client is not able to participate in decision-making, a substitute decision-maker will be involved to act in the best interests of the client and in accordance with relevant legislation.

Example: Explains reasons for referral, anticipated costs, information that will be shared with the practitioner, and any interest or involvement in the referral

f. Allows client/patient sufficient time and privacy to make informed decision

g. Ensures client provides informed consent[G] prior to finalizing the physiotherapy intervention strategy and whenever changes are made

Examples:

- obtains client consent to physiotherapy intervention in accordance with provincial legislation
- explains client responsibilities relative to the plan, the purpose and effect of specific intervention, potential risks and benefits associated with the proposed plan

Element 4: Establishes and prioritizes, with the client, expected outcomes, physiotherapy intervention strategy, service schedule and discharge planning

Performance Criteria

a. Establishes and prioritizes, with the client, expected health outcomes, general intervention strategy and selected interventions

Example: Considers client's goals, functional potential and environmental demands, and prognostic indicators based on best available evidence

b. Selects a service approach consistent with the client's needs, goals and available physiotherapy resources

Example: Establishes and schedules the location, duration and frequency of service

c. Establishes intervention goals that are specific, measurable, action oriented, realistic and time-specific

Example: Develops client-centred short-term and long-term goals aimed at achieving established client outcomes within targeted timeframes

d. Develops an intervention strategy based on the assessment findings, best-practice evidence and the client's choice.

DIMENSION SIX: IMPLEMENTATION AND EVALUATION OF PHYSIOTHERAPY INTERVENTION

Implements physiotherapy interventions to meet client/patient needs, evaluates their effectiveness for the client and incorporates findings into future intervention

Element 1: Implements physiotherapy interventions to assist the client in achieving and maintaining health, functional independence and physical performance, and in managing physical impairments, disabilities and limits to participation

Performance Criteria

a. Orients the client to practice setting and provides information about relevant service policies

   Example: Provides information about costs and keeping appointments

b. Performs selected physiotherapy interventions, safely addressing the client's health issues and physical impairments, disabilities and limits to participation

   Example: Physiotherapy interventions include but are not limited to education and consultation, therapeutic exercise, soft tissue and manual therapy techniques including manipulation, electro-physical agents and mechanical modalities, functional activity training, cardio-respiratory and neuromotor techniques, and prescribing aids and devices

c. Ensures that intervention is consistent with the client's goals, general health status, functional needs, assessment findings, and available evidence

d. Determines the need for client supervision and implements appropriate client monitoring during specific physiotherapy tests and interventions

e. Adjusts intervention considering the client's response

f. Educates the client and relevant others about health promotion and self-management, and facilitates the development of needed skills

g. Maintains continuity in physiotherapy service delivery, where resources permit

   Example: Communicates with physiotherapists and other health professionals who share responsibility for service delivery, arranging for substitute service, as appropriate, prior to vacations and/or extended absences from practice

Element 2: Evaluates on an ongoing basis the effectiveness of physiotherapy interventions in relation to identified goals and outcomes and makes appropriate adjustments

Performance Criteria

a. Discusses with the client and/or relevant others, the nature, purpose and results of ongoing assessment and outcome evaluations

b. Monitors client responses and changes in status during the interventions and changes intervention accordingly

c. Evaluates effectiveness of the intervention strategy on an ongoing basis using valid measures

d. In consultation with the client, redefines goals and modifies intervention strategies as necessary

   Example: Considers the needs and expected outcomes of the client and/or relevant others, relevance of the clinical benefit(s) achieved, and resource constraints

e. Discontinues interventions that are no longer necessary or effective

Element 3: Plans for timely completion of physiotherapy intervention and follow-up, as required, to meet client's needs

Performance Criteria

a. Plans for discontinuation of physiotherapy services with the client

   Example: Discusses with client any required resources once service is discontinued

b. In preparation for discharge planning, assesses client's health status and functional abilities, physical performance and limits to participation, and compares with the baseline values recorded during the initial assessment

c. Discontinues physiotherapy intervention in a timely way once established client and physiotherapy goals have been achieved or upon the client's request, and involves the client in the decision process

d. Identifies and recommends options for ongoing or follow-up service for the client

   Examples:

   - involves the client and relevant others, third party payers, and other health service practitioners in planning for current or continuing services
   - refers to other services if indicated

DIMENSION SEVEN: PRACTICE MANAGEMENT

Manages the physiotherapist's role and implements physiotherapy services within the diverse contexts of practice

Element 1: Supervises personnel involved in the delivery of physiotherapy services including physical therapist support workers, volunteers and students

Performance Criteria

a. Assesses performance of personnel involved in the delivery of physiotherapy services

   Example: When required, assesses performance and conducts performance reviews, orientation, and provides ongoing feedback and continuing education

b. Assigns tasks appropriately to competent personnel acting within established regulatory guidelines

   Examples:
   - ensures that client receives physiotherapy services from personnel with the required judgment, skill and knowledge
   - does not assign regulated or restricted acts

c. Accepts responsibility for actions and decisions of those for whom physiotherapist is accountable

Element 2: Uses available physical, material and financial resources as required for safe, effective and efficient physiotherapy practice

Performance Criteria

a. Verifies that therapeutic equipment used is in safe working order and contributes to maintaining safety of the equipment

b. Follows appropriate infection control procedures

c. Exercises due precautions relating to hazards in the physical environment

   Examples:
   - hazardous waste
   - electrical safety
   - equipment

d. Delivers physiotherapy services in a safe physical environment

e. Promotes client safety in the selection and application of assessment, intervention and evaluation measures

   Examples:

- minimizes the risk of an adverse reaction to specific tests and interventions
- performs appropriate testing before an intervention
- keeps informed of past occurrences and adjusts accordingly

f) Ensures safety of self and staff throughout.

Element 3: Systematically records and provides appropriate access to accurate, objective, relevant information about the client and general physiotherapy services

Performance Criteria

a. Develops, maintains or participates in the maintenance of information systems that support the key role of physiotherapists and relevant client outcomes

   Example: Intake systems, referral sources, documentation and record keeping, chart audits, workload measurement, policies and procedures, outcome evaluation systems

b. Maintains a complete physiotherapy service record for each client as required by regulatory standards

c. Documents in the client record key observations, assessment findings, client-centred goals, the type and focus of interventions, the anticipated frequency and duration of service, relevant precautions and expected outcomes according to provincial practice standards and employer requirements

d. Retains client records as required by regulatory standards

e. Maintains required records regarding equipment service and repair

f. Ensures any record keeping assigned to personnel or students under their direction or supervision, complies with provincial practice standards and/or regulatory requirements

g. Produces timely and legible reports using plain and concise language

SECTION 6: GLOSSARY

Client
The person, family, group, community or organization receiving professional services, products or information. A client may also be a patient (see patient). (Adapted from the College of Physiotherapists of Ontario, 1996a)

Clinical Impression (See Physiotherapy Diagnosis/Clinical Impression)

Code of Ethics
A code of ethics is a means of uniquely expressing a group's collective commitment to a specific set of standards of conduct while offering guidance in how to best follow those codes. (Centre for the Study of Ethics in the Professions, 1998)

Collaboration
Collaborative patient-centred practice is designed to promote the active participation of patient, family and each discipline in patient care. It enhances patient- and family-centred goals and values, provides mechanisms for continuous communication among care-givers, optimizes staff participation in clinical decision making (within and across disciplines), and fosters respect for the contributions of all disciplines. (Adapted from Centre for Collaborative Health Professional Education, 2004)

Community Access Centre
A network that focuses on "providing ongoing care for people with acute and chronic health conditions. In this approach, teams of health care professionals participate in developing and implementing plans for a patient's care, making sure he or she receives all the appropriate services including medications, prevention or education activities, and medical treatments." (Adapted from the Commission on the Future of Health Care in Canada, 2002, p.122)

Competence
The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice. (Adapted from Epstein, R. M. and E. Hundert, 2002)

Competency
A competency is: a cluster of related knowledge, skills and attitudes that affects a major part of one's job (a role or responsibility), that correlates with performance in practice, that can be measured against well-accepted standards, and that can be improved via training and development. (Adapted from Parry, 1996)

Continuous Quality Improvement
An approach to quality management that builds upon traditional quality assurance methods by emphasizing both the organization and systems: focuses on "process" rather

than the individual; recognizes both internal and external "customers"; promotes the need for objective data to analyze and improve processes. (Medical University of South Carolina, 2003)

Diagnosis (See Physiotherapy Diagnosis/Clinical Impression)

Effectiveness
The extent to which a specific intervention, procedure, regimen, or service, when deployed in the field, does what it is intended to do for a defined population. (Finch, E., et al., 2002)

Essential Competencies
The repertoire of measurable knowledge, skills and attitudes required by a physiotherapist throughout his or her professional career. (Adapted from: Canadian Alliance of *Physiotherapy* Regulators, Canadian Physiotherapy Association, July 2002, p.18)

Evidence-based practice
Evidence-based practice involves the integration of the best current research evidence with clinical expertise and patient values. (Sackett, 2000)

Health
A state of complete physical, mental and social well being, and not merely the absence of disease or infirmity. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities. (World Health Organization, 1998)

Informed consent
Consent is informed if, before giving it, the person received information that a reasonable person in the same circumstances would require in order to make a decision about the treatment, as well as responses to requests for additional information.
(A Member's Reference Guide to the *Health Care Consent Act* 1996, Ontario)

It is important to note that informed consent is a process of ongoing dialogue between the physiotherapist and patient. Having a signature on a piece of paper does not guarantee that the consent was informed.

Interprofessional
Providers from different professions working together, with interaction as an important goal, to collaborate in providing services (Adapted from, World Health Organization, 1998)

International Classification of Functioning, Disability, and Health (ICF)
A multipurpose classification of health and health-related states developed by the World Health Organization and designed to provide a unified and standard language and framework. This classification, revised from the original International Classification of Impairment, Disability and Handicap (ICIDH), was initially referred to as ICIDH-2. The

World Health Assembly adopted ICF as its acronym in May 2001. (Finch, E, et al., 2002)

Jurisprudence
The collection of rules imposed by authority; i.e., statutes, regulations, rules, guidelines, and codes of ethics. (Canadian Alliance of *Physiotherapy* Regulators, 2004)

Outcome
A characteristic or construct that is expected to change as a result of the provision of a strategy, intervention, or program. A successful outcome includes improved or maintained physical function when possible, the slowing of functional decline where status quo cannot be maintained, and/or the outcome is considered meaningful to the client. (Finch, E, et al., 2002)

Outcome Measure
A measurement tool (e.g., instrument, questionnaire, rating form) used to document change in one or more constructs over time. (Finch, E, et. al., 2002)

Patient
A person who receives clinical physiotherapy services. (Adapted from Canadian Alliance of *Physiotherapy* Regulators, 2004)

Physiotherapy Diagnosis/Clinical Impression
A conclusion about physical function based on a subjective and objective assessment and analysis by a physiotherapist to investigate the cause or nature of a client's condition or problem

Practice Management
The effective use of human, physical and other resources to develop and operate physiotherapy services.

Primary Health Care
Primary Health Care is the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process. Primary Health Care addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly. (World Health Organization, 1978)

Professional Accountability
Professional accountability means being responsible for one's actions and decisions, and accepting the consequences. Health care professionals demonstrate accountability through their decision-making process, ethics, competency and integrity and reflect accountability through actions and accurate documentation. (Adapted from the College of Nurses of Ontario, 2002)

Risks
Risks and side effects are:

- those which are probable or likely to occur;
- those which are possible rather than probable but can have serious consequences
- anything else, which would be considered relevant to know by a reasonable person in the same circumstances.

(College of Physiotherapists of Ontario, 1996b)

Standards of Practice
An expectation (or set of expectations) that reflects the general agreement on competent practice by the members and governors of recognized professional organizations. These may be formally documented approved standards or usual and customary practice. (Staff, College of Physiotherapists of Ontario, 2004)

Substitute Decision-Maker
Substitute Decision-Makers are individuals who make treatment decisions on behalf of a person who is not capable of making the decision him or herself. In most cases, the individual will be a spouse, partner or relative who has agreed to act on the person's behalf. Other substitutes are officially appointed. (College of Physiotherapists of Ontario, 1996b)"Substitute decision-maker" means a person who is authorized to give or refuse consent to a treatment on behalf of a person who is incapable with respect to the treatment. (Health Care Consent Act, Ontario, 1996, c.2, Sched. A, s.9)

APPENDIX A

Steering Group, Working Group and Project Consultant Profiles

Steering Group

Dr. Katherine Berg	PhD, PT
Dr. Marla Nayer	PhD, PT
Dianne Millette	MHSc., PT
Dorianne Sauvé	MPA, PT
Jenneth Swinamer	MSA (Health), PT

Working Group

BC	Marilyn Atkins	B.Sc., (P & OT)	PT
AB	Louise Taylor	BMR PT	PT
	Grace Torrance	B.Sc. PT	PT
ON	Natalie Damiamo	M.Sc.	PT
	Dawn Burnett	PhD	PT
SK	Peggy Proctor	B.Sc. PT	PT
MB	Brenda McKechnie	MBA	PT
	Gisèle Pereira	BPT	PT
QC	Frances King	M.Sc.	PT
NB	Marilyn Rowan	MBA	PT
	Ann Nelson	B.Sc. PT	PT
PEI	Lori Ferrish	B.Sc PT	PT
NL	Karen Hurtubise	B.Sc. PT	PT
YK	Heather Alton	M.Sc	PT

Project Consultants

Dianne Parker Taillon	M.Sc.	PT
Cathryn Beggs	M.Sc.	PT

APPENDIX B

The Development of Competency Profiles for Physiotherapists in Canada

The National Physiotherapy Competencies Initiative was established in 1997. The goal of the Initiative was to define competencies requirements of physiotherapists for various aspects of physiotherapy service delivery along a continuum of care, from entry-level to advanced practice, and including the practice of physical therapist support workers. This was a collaborative effort by three key physiotherapy stakeholder groups in Canada: the Canadian Alliance of *Physiotherapy* Regulators (The Alliance), the Canadian Physiotherapy Association (CPA), and the Canadian Universities Physical Therapy Academic Council (CUPAC).

The outcome was the first competency profile developed for the physiotherapy profession in Canada – the Competency Profile for the Entry-Level Physiotherapist in Canada (*Competency Profile*).[18]

Working from this foundation document, three additional competencies profiles have been developed to meet the needs for different sectors in the physiotherapy profession. They are:

- *Competencies Required to Safely Perform Spinal Manipulation as a Physical Therapy Intervention (*College of Physical Therapists of Alberta, 2000*)*
- *Competencies for Physical Therapists Beyond Entry-Level in Alberta (*College of Physical Therapists of Alberta, 2001*)*
- *Essential Competencies of Physiotherapist Support Workers in Canada (*Canadian Alliance of *Physiotherapy* Regulators and Canadian Physiotherapy Association, 2002*)*

These competencies profiles are a valuable resource for physiotherapists and physical therapist support workers, physiotherapist regulators, educators, professional associations, accreditors and external stakeholders such as employers. They are a source of reference for curriculum development, validation of content for the Physiotherapy Competency Examination, development of continuing competency programs, standard development related to the accreditation of physical therapy education programs and continuing professional development and self-reflection.

[18] Canadian Alliance of *Physiotherapy* Regulators, Canadian Physiotherapy Association & Canadian Universities Physical Therapy Academic Council, 1998

APPENDIX C

Methodology for the Development of the Essential Competency Profile

The *Profile* was the outcome of a multi-method project conducted by the National Physiotherapy Advisory Group (NPAG) whose four partner organizations include the Accreditation Council for Canadian Physiotherapy Academic Programs, the Canadian Alliance of *Physiotherapy* Regulators, the Canadian Physiotherapy Association and Canadian Universities Physical Therapy Academic Council. Representatives from these organizations formed a steering group to oversee the project. In addition, a Working Group representing all jurisdictions and a variety of clinical practice areas, settings and roles, provided content expertise and organized and led regional focus groups. Dianne Parker-Taillon and Cathryn Beggs were contracted as the project consultants. The development of the *Profile* involved four project activity phases that are described below.

Phase 1. The Framework

Prior to developing a framework for the *Profile* the project consultants conducted a brief literature review of background documents provided by the NPAG and a search of two databases including the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and the Educational Resources Information Centre (ERIC). The key search words used for the literature search were: competencies, competence, professional competencies, and competency profile.

The project consultants also conducted a comparative review of competency profile documents currently being used by physiotherapists, physical therapist support workers and a number of other health professional groups. The following aspects of competency profiles were reviewed: scope for use of the profile; purpose; competency definition; framework; development and validation of the profile; and assumptions related to its development and use.

Based on this work, the consultants prepared a paper summarizing the literature review and comparative analysis, and developed a framework for the *Profile.* This framework was circulated to the members of the NPAG, Steering Group and Working Group for review and feedback. Provincial regulatory organizations were also consulted, before the Steering Group and NPAG approved a final framework.

This framework is based on a Functional Job Analysis model (Assessment Strategies Inc 1998, Fine 1986; Fine 1988; Raymond 2001) that focuses on outcomes rather than process. It describes competencies relevant to both client and employment contexts and is organized in a cascading fashion, from general to more specific performance. Use of this Functional Job Analysis model provides a description of the expected performance of a competent physiotherapist.

Phase 2. Initial Drafts

Draft 1 (September 2003) of the *Profile* was developed by the project consultants working from the approved framework described in Phase 1, the Competency Profile for the Entry-Level Physiotherapist in Canada (1998), the Alliance Analysis of Practice (2001), and competency profile documents currently being used by physiotherapists, physical therapist support workers and a number of other health professional groups.

A detailed questionnaire on Draft 1 was prepared to solicit feedback from the Working Group members. It included general items relating to each section of the profile. Respondents were asked if they agreed with the content of the elements and performance criteria for each of the competency dimensions.

This feedback was incorporated into Draft 2 and reviewed in detail by the Steering Group and NPAG.

The feedback on Draft 2 was categorized into four areas: overarching issues; additions to content; substantive changes; and minor editing. It was discussed in detail by Steering Group members and, based on their decisions, Draft 3 of the *Profile* was finalized for use in the Focus Group sessions.

Phase 3. Validation of the Draft Essential Competency Profile

This phase of the project included two key steps: 1) Focus Group consultation; and 2) Broad physiotherapy stakeholder consultation.

3.1 Focus Group Consultation

Each of the Working Group members led a focus group in November 2003 to obtain feedback on Draft 3 of the *Profile* from a variety of stakeholders including physiotherapists, physiotherapy students, physiotherapist support workers, clients and employers. Standardized materials were developed including a checklist to guide preparations for the focus groups and packages for facilitators, participants and recorders. Teleconferences were also organized for Working Group members prior to the focus group to ensure a standardized process was followed as much as possible. Each focus group participant received the participant package, a copy of Draft 3 of the *Profile* (which was collected at the end of the focus group session) and a focus group participant profile sheet, which was used to gather basic demographic information.

A total of 13 focus groups involving 96 participants were held across the country. The summary profile of focus group participants is shown in Table 1. Their feedback was summarized into three categories: overarching issues; substantive changes; and minor additions/editorial comment. Corresponding changes were included in the development of Draft, which was distributed for feedback to members of the NPAG, Steering Group and Working Group. The Steering Group reviewed the focus group feedback and comments on Draft 4 and agreed upon revisions that were incorporated into Draft 5 for use in the broad physiotherapy stakeholder consultation.

3.2 Broad Physiotherapy Stakeholder Consultation

The Steering Group assisted the consultants in identifying a list of individuals to be contacted for the broad physiotherapy stakeholder consultation. A draft survey tool to validate the *Profile* was developed and circulated to the Steering Group for feedback. The survey tool was revised based on feedback. Draft 5 of the *Profile* and the survey tool were sent out by email in late January 2004 to the list of physiotherapy stakeholders. Paper copies of the tool were sent upon request. A period of five weeks was allowed for stakeholders to reply. The summary profile of respondents to the broad stakeholder consultation is outlined in Table 2. The feedback was collated and a summary report prepared, along with suggested revisions to. The Steering Group discussed the results of the broad stakeholder consultation and decided upon revisions.

Phase 4. Final Draft

The consultants revised the *Profile* based on the stakeholder feedback and Steering Group decisions. An editor then reviewed and revised the document. The revised *Profile* was circulated to Steering Group members for review prior to final submission to NPAG.

Table 1. Focus Group Participant Profile

PARTICIPANT CHARACTERISTIC	% of participants (n)	
Group Representing [19]		
Client	8.3	(8)
Educator	9.4	(9)
Employer	11.5	(11)
Physiotherapist	48.0	(46)
Student/New Graduate	9.4	(9)
Regulator	7.3	(7)
Professional Association	5.2	(5)
Physiotherapist Support Worker	1.0	(1)
Province		
BC	8.3	(8)
AB	14.6	(14)
SK	9.4	(9)
MB	10.4	(10)
ON	14.6	(14)
QC	8.3	(8)
NS	4.2	(4)
NB	8.3	(8)
PEI	8.3	(8)
NL	7.3	(7)
NWT/YK	6.3	(6)
Years of Experience as a Physiotherapist		
< 1 year	9.6	(7)
1 – 5	15.1	(11)
6 – 10	12.3	(9)
11 – 15	6.8	(5)
16 – 20	16.4	(12)
21 – 25	11.0	(8)
26 – 30	19.2	(14)
> 30	9.6	(7)
Employment Setting		
Government	4.3	(4)
Home Care/ Other HomeVisiting	9.8	(9)
Hospital	33.7	(31)
Industry	1.1	(1)
Private Practice	21.7	(20)
Regulation	2.2	(2)
Rehabilitation Centre	8.7	(8)
University / Educational	12.0	(11)
Other (long-term care facility, school, community health centre, chronic pain centre)	6.5	(7)
Primary Area of Responsibility		
Administration	19.5	(17)
Consultation	5.7	(5)
Direct Patient Care	60.9	(53)
Research	8.0	(7)
Teaching	5.7	(5)
Patient Population when doing Direct Care		
General	73.0	(46)
Geriatric	12.7	(8)
Paediatric	14.3	(9)
Area of Practice (check all that apply)		
Cardiorespiratory	--	(--)
Musculoskeletal	34.2	(27)
Neuromuscular	13.9	(11)
General/Mixed (cardiorespiratory, musculoskeletal and neuromuscular)	44.3	(35)
Other (oncology, women's health, acupuncture, pain)	7.6	(6)

[19] Participants self-selected the group they were representing; while the majority of participants were physiotherapists practicing in a clinical setting, some of the participants, e.g., educators, employers and regulators, were also physiotherapists. The total number of physiotherapist participants was 96.

Table 2. Profile of Respondents to Broad Stakeholder Consultation

STAKEHOLDER GROUP REPRESENTED [20]	NUMBER OF RESPONSES	
-CPA		
• Board of Directors	4	
• Branch President	4	
• Division Chair	4	
• Chair–National Student Assembly	-	
-The Alliance		
• Board of Directors	1	
• Provincial Registrar	5	
• Provincial Representative	6	
• Standing Committee on Continuing Competence	3	
• Examination Committee	5	
• ECP Working Group	2	
-Canadian University Physiotherapy Academic Council (CUPAC)	6	
-National Association of Clinical Educators in Physiotherapy (NACEP)	4	
-Accreditation Council Canadian Physiotherapy Academic Programs (ACCPAP)	3	
-Physiotherapy Support Worker Educator	2	
-Other (private practitioners, CPA Branch Executive Directors, journal editors, Federation of State Board of Physical Therapy)	17	
PROVINCE OF RESPONDENTS	%	(n)
BC	13.5	(7)
AB	9.6	(5)
SK	9.6	(5)
MB	11.5	(6)
ON	23.1	(12)
QC	3.8	(2)
NL	3.8	(2)
NB	7.7	(4)
NS	7.7	(4)
PEI	7.7	(4)
YK	1.9	(1)
NWT	-	-
NUN	-	-

[20] Respondents self-selected the group they were representing; some responses to the survey represent input from a variety of individuals.

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