

# Essential Competency Profile for Physiotherapists in Canada

October 2009

## Project Partners

Accreditation Council for Canadian Physiotherapy Academic Programs

Canadian Alliance of Physiotherapy Regulators

Canadian Physiotherapy Association

Canadian Council of Physiotherapy University Programs



National Physiotherapy  
Advisory Group

Groupe consultatif national  
en physiothérapie

# Acknowledgements

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

The Steering Group, consisting of Cathryn Beggs, Katherine Berg, Shari Hughes, Dianne Millette, Margaret Mousseau and Joseph Vibert provided the leadership for the project.

A dedicated Working Group that included physiotherapists from across the country - representing the educational, professional, regulatory and accreditation sectors - contributed content expertise. The Working Group included Victor Brittain (BC), Nichole Brown (SK), Fiona Campbell (ON), Simon Cooke (AB), Jason Coolen (BC), Gaétan Coulombe (QC), Sandra Curwin (NS), Vanina Dal Bello-Hass (SK), Julie Gonzales (NB), Peter Goyert (BC), Sean Gupta (MB), Tony Hallam (BC), Anne Harris (BC), Diana Hopkins-Rosseel (ON), Sandra Mann (NT), Joe Putos (ON), Swapnil Rege (NB), Susan Rubinoff (YT), Melissa Sullivan (NL) and Terry Wilson (ON).

Special thanks are extended to participants in the validation survey and the consultations for development of the *Profile*.

Kelly Piasentin of *Assessment Strategies Inc.* was the project consultant. The high quality of her guidance and assistance is recognized and appreciated by all involved in this project.

# Table of Contents

<b>I.</b>	<b>Introduction and Background</b>	<b>4</b>
	i. Purpose and Use of the Profile	
	ii. Development of the Profile	
<b>II.</b>	<b>Context of Practice</b>	<b>5</b>
	i. Description of Physiotherapy Practice	
	ii. Contexts of Practice	
	iii. Assumptions	
<b>III.</b>	<b>Physiotherapist Roles</b>	<b>5</b>
	1. Expert	6
	2. Communicator	9
	3. Collaborator	10
	4. Manager	11
	5. Advocate	12
	6. Scholarly Practitioner	13
	7. Professional	14
	Glossary	15
	References	17
	Appendix A: Profile Development	18
	Appendix B: Contexts of Practice	19

# I. Introduction and Background

## i. Purpose and Use of the Profile

This third generation competency profile<sup>1</sup> (hereinafter referred to as the *Profile*) is a foundational document that describes the essential competencies<sup>G</sup>, (i.e., the knowledge, skills and attitudes) required by physiotherapists in Canada at the beginning of and throughout their career. It also provides guidance for physiotherapists to build on their competencies over time<sup>2</sup>.

The *Profile* reflects the diversity of physiotherapy practice and helps support evolution of the profession in relation to the changing nature of practice environments and advances in evidence-informed practice<sup>G</sup>.

The document will be of value to a wide variety of stakeholders; however, it is primarily developed for the profession and to provide the public with information about the role and competencies of physiotherapists in Canada.

## ii. Development of the Profile

The *Profile* was developed through the completion of a five-phase project that involved consultation with physiotherapists from across Canada and input from members of the Steering and Working Groups (see Appendix A for details about the project methodology.)

The framework for the *Profile* was adapted from the competency framework for physicians (“the CanMEDS Roles”), which was developed by the Royal College of Physicians and Surgeons of Canada (Frank, 2005). The CanMEDS framework describes core competencies for physicians and is organized thematically around seven meta-competencies or roles: *Medical Expert* (central integrative role), *Communicator*, *Collaborator*, *Manager*, *Health Advocate*, *Scholar*, and *Professional*. The decision to adapt the CanMEDS framework for the physiotherapy profession was based on the following criteria: (a) the framework is evidence-based, needs-driven and outcome-measured, and considerable research efforts have been made towards its development and implementation (Rourke & Frank, 2005) and (b) the framework uses a common language that is shared across other healthcare professions, which supports interprofessional collaboration initiatives (Verma, Patterson, & Medves, 2006).

The seven roles for physiotherapists in Canada include the central role of *Expert*, which integrates the roles of *Communicator*, *Collaborator*, *Manager*, *Advocate*, *Scholarly Practitioner*, and *Professional*. While these roles are represented in the *Profile* as discrete entities, it is recognized that the roles may overlap at any given time within the context of physiotherapy practice and that, in order to practice safely and effectively as a physiotherapist, competence in all seven roles must be demonstrated. The framework for the *Profile* is organized in four levels including:

1. Roles
2. Definition
3. Key Competencies<sup>G</sup>
4. Enabling Competencies<sup>G</sup>

<sup>1</sup> This profile replaces the *Essential Competency Profile for Physiotherapists in Canada* (2004) and the *Competency Profile for the Entry-Level Physiotherapist in Canada* (1998).

<sup>2</sup> Provincial/territorial regulatory bodies will also have standards for practice describing the performance expectations for professional practice, which often incorporate federal and provincial/territorial laws and regulations, national and provincial standards of practice, and ethical codes.

Note: Terms denoted with a “G” are defined in the Glossary.

## II. Context of Practice

### i. Description of Physiotherapy Practice

Physiotherapists are primary health care<sup>G</sup> practitioners who consult and collaborate with clients<sup>G</sup> and others to provide quality client-centred services. Physiotherapists contribute to keeping people productive throughout their lives by maximizing function and improving quality of life. Through evidence-informed practice, physiotherapists prevent, assess, and treat the impact that injury, pain, disease and/or disorders have on clients' movement, function and health status. Physiotherapists practice both independently and as part of interprofessional<sup>G</sup> teams along the health system continuum from primary to tertiary care.

### ii. Contexts of Practice

Physiotherapists work within diverse contexts of practice including consideration of the types of clients, areas of practices, types and goals of physiotherapy service, practice settings and funding models. The contexts of practice are interrelated and also influence the roles and competencies that individual physiotherapists require to practice safely and effectively (see Appendix B for further details about the contexts of practice).

### iii. Assumptions

A number of overarching assumptions apply to all competencies described in the *Profile*:

1. Physiotherapists practice client-centred care and only act with the client's informed consent<sup>G</sup>,
2. Physiotherapy practice is evidence informed, and
3. Client safety is paramount.

For some of the enabling competencies listed in the *Profile*, these assumptions have been reiterated where it was felt that emphasis was necessary.

## III. Physiotherapist Roles

1. **Expert:** As experts in function and mobility, physiotherapists integrate all of the Physiotherapist Roles to lead in the promotion, improvement, and maintenance of the mobility, health, and well-being of Canadians.
2. **Communicator:** Physiotherapists use effective communication to develop professional relationships with clients, families, care providers, and other stakeholders.
3. **Collaborator:** Physiotherapists work collaboratively and effectively to promote interprofessional practice and achieve optimal client care.
4. **Manager:** Physiotherapists manage time, resources, and priorities at all levels for individual practice and to ensure sustainable physiotherapy practice overall.
5. **Advocate:** Physiotherapists responsibly use their knowledge and expertise to promote the health and well-being of individual clients, communities, populations and the profession.
6. **Scholarly Practitioner:** Physiotherapists are committed to ongoing learning for the purpose of improving client outcomes<sup>G</sup> through seeking, creating, applying, disseminating, and translating knowledge to physiotherapy practice.
7. **Professional:** Physiotherapists are committed to the best interests of clients and society through ethical practice, support of profession-led regulation, and high personal standards of behaviour.

# 1. Expert

As experts in function and mobility, physiotherapists integrate all of the Physiotherapist Roles to lead in the promotion, improvement, and maintenance of the mobility, health, and well-being of Canadians.

Key Competency	Enabling Competencies
<b>1.1 Consults with the client to obtain information about his/her health, associated history, previous health interventions, and associated outcomes.</b>	1.1.1 Collects and reviews background information relevant to the client's health.
	1.1.2 Determines the client's expectations related to physiotherapy services <sup>G</sup> .
	1.1.3 Collects and reviews health information about the client from other sources (e.g., other sources may include previous health records, other health care practitioners, professional colleagues, or family).
	1.1.4 Collects and reviews information related to the client's prior functional abilities, physical performance, and participation.
	1.1.5 Identifies the client's personal and environmental factors affecting his/her functional abilities, physical performance, and participation.
<b>1.2 Collects assessment<sup>G</sup> data relevant to the client's needs and physiotherapy practice.</b>	1.2.1 Selects quantitative and qualitative methods and measures based on evidence-informed practice.
	1.2.2 Informs the client of the nature and purpose of assessment as well as any associated significant risk <sup>G</sup> .
	1.2.3 Safely performs a physiotherapy assessment, taking into account client consent, known indications, guidelines, limitations and risk-benefit considerations.
	1.2.4 Monitors the client's health status for significant changes during the course of assessment and takes appropriate actions as required.
<b>1.3 Analyzes assessment findings.</b>	1.3.1 Identifies the nature and extent of the client's impairments, activity limitations, and participation restrictions within the context of the client's needs.
	1.3.2 Identifies environmental and personal supports and barriers relevant to the client.
	1.3.3 Determines the relationship among the assessment findings.

## Key Competency

## Enabling Competencies

---

### 1.4 Establishes a physiotherapy diagnosis<sup>G</sup> and prognosis.

- 1.4.1 Formulates a physiotherapy diagnosis based on the analysis of client assessment findings.
- 1.4.2 Identifies the need for and potential value of intervention by a physiotherapist.
- 1.4.3 Discusses physiotherapy diagnosis and prognosis with the client and other health professionals.

---

### 1.5 Develops and recommends an intervention strategy.

- 1.5.1 Establishes and prioritizes, with the client, expected outcomes based on the assessment findings and evidence-informed practice.
- 1.5.2 Recommends a service approach consistent with the client's needs, goals and all available resources.
- 1.5.3 Identifies when physiotherapy services are not required or indicated and refers for other services as appropriate.
- 1.5.4 Establishes goals that are specific, measurable, action oriented, realistic, and time-specific.
- 1.5.5 Selects interventions that are evidence-informed and consistent with the client's goals, general health status, functional needs, and assessment findings.

---

### 1.6 Implements intervention.

- 1.6.1 Orients the client to the practice setting and provides information about relevant service/policies (e.g., location, duration, frequency, cost; introduce client to all staff involved in their care; expected completion of service).
- 1.6.2 Performs physiotherapy interventions<sup>G</sup> in accordance with client consent and in a safe and effective manner.
- 1.6.3 Determines the client's need for supervision and implements appropriate monitoring during specific physiotherapy interventions.
- 1.6.4 Educates the client about health promotion, self-management, and relevant services with respect to his/her unique condition.
- 1.6.5 Maintains continuity in physiotherapy service delivery, where resources permit (e.g., communicates with physiotherapists and other health professionals who share responsibility for service delivery; arranges for substitute service, as appropriate).

## Key Competency

## Enabling Competencies

---

### 1.7 Evaluates the effectiveness<sup>G</sup> of interventions.

- 1.7.1 Discusses with the client, the nature, purpose and results of ongoing assessment and outcome evaluations.
  - 1.7.2 Monitors client responses and changes in status during the interventions and modifies intervention accordingly.
  - 1.7.3 Evaluates effectiveness of the intervention strategy on an ongoing basis using appropriate outcome measures<sup>G</sup>.
  - 1.7.4 Consults with the client to redefine goals and modifies or discontinues intervention strategies as necessary.
- 

### 1.8 Completes physiotherapy services.

- 1.8.1 Develops, in consultation with the client, a plan for the completion of physiotherapy services.
- 1.8.2 Assesses client status prior to the completion of physiotherapy service and compares with initial assessment findings.
- 1.8.3 Discontinues physiotherapy intervention as planned or upon the client's request.
- 1.8.4 Communicates with the client about service completion (e.g., recommends service options; self-management plan).

## 2. Communicator

Physiotherapists use effective communication to develop professional relationships with clients, families, care providers, and other stakeholders.

Key Competency	Enabling Competencies
<b>2.1 Develops, builds, and maintains rapport, trust, and ethical professional relationships through effective communication.</b>	<p>2.1.1 Demonstrates sensitivity to the uniqueness of others.</p> <p>2.1.2 Listens effectively and facilitates discussion to ensure reciprocal exchange of information.</p> <p>2.1.3 Demonstrates an awareness of self behaviours and the responses of others and adapts communications appropriately.</p> <p>2.1.4 Respects confidentiality, privacy and autonomy.</p>
<b>2.2 Elicits, analyzes, records, applies, conveys and shares information.</b>	<p>2.2.1 Seeks out and gathers information from clients and others to assist in shared and informed decision-making.</p> <p>2.2.2 Encourages and asks clarifying questions.</p> <p>2.2.3 Provides information and responds to questions in a truthful, objective, sensitive, empathic, and respectful manner.</p>
<b>2.3 Employs effective and appropriate verbal, non-verbal, written, and electronic communications.</b>	<p>2.3.1 Produces and maintains legible, accurate, and appropriate records, in keeping with regulatory requirements (e.g., may be written or electronic and relate to clients or equipment).</p> <p>2.3.2 Effectively presents information about client care and physiotherapy service delivery.</p>

# 3. Collaborator

Physiotherapists work collaboratively and effectively to promote interprofessional practice and achieve optimal client care.

Key Competency	Enabling Competencies
<b>3.1 Establishes and maintains interprofessional relationships, which foster effective client-centered collaboration<sup>c</sup>.</b>	<p>3.1.1 Demonstrates an understanding of and respects the roles, responsibilities and differing perspectives of team members.</p> <p>3.1.2 Integrates knowledge and understanding of the physiotherapist role and the roles of others in providing client-centred care.</p> <p>3.1.3 Consults and shares relevant information with clients, other health professionals, and all relevant individuals or groups in a timely manner.</p> <p>3.1.4 Promotes active and informed shared decision making.</p> <p>3.1.5 Fosters collaboration with relevant others.</p>
<b>3.2 Collaborates with others to prevent, manage and resolve conflict.</b>	<p>3.2.1 Identifies the issues that may contribute to the development of conflict between the physiotherapist and client or between team members (e.g., recognizes that one’s own beliefs, perceptions, and values may contribute to interprofessional tension).</p> <p>3.2.2 Addresses conflicts in a timely manner.</p> <p>3.2.3 Demonstrates a respectful attitude towards other colleagues and members of an interprofessional team.</p> <p>3.2.4 Employs collaborative techniques to resolve conflicts.</p>

## 4. Manager

Physiotherapists manage time, resources, and priorities at all levels for individual practice and to ensure sustainable physiotherapy practice overall.

Key Competency	Enabling Competencies
<b>4.1 Manages individual practice effectively.</b>	4.1.1 Understands the structure, funding and function of the health system as it relates to physiotherapy practice.
	4.1.2 Provides services considering client needs and allocation of available human, physical and financial resources.
	4.1.3 Sets priorities and manages time for provision of client services and general physiotherapy practice delivery.
	4.1.4 Balances time for work, professional activities, and personal responsibilities.
<b>4.2 Manages and supervises personnel<sup>c</sup> involved in the delivery of physiotherapy services.</b>	4.2.1 Assesses, orients, and provides ongoing feedback and continuing education to personnel involved in the delivery of physiotherapy services.
	4.2.2 Assigns tasks to, and monitors, personnel acting within established regulatory guidelines.
	4.2.3 Accepts responsibility for actions and decisions of those for whom the physiotherapist is accountable.
<b>4.3 Participates in activities that contribute to safe and effective physiotherapy practice.</b>	4.3.1 Anticipates, recognizes, and prevents hazards in the physical environment (e.g., infection prevention and control; hazardous waste; electrical safety; equipment).
	4.3.2 Delivers physiotherapy services in a safe physical environment for self, other team members, and staff.
	4.3.3 Promotes client safety in the selection and application of assessment, intervention and evaluation measures.
	4.3.4 Participates in quality improvement and client safety initiatives.

# 5. Advocate

Physiotherapists responsibly use their knowledge and expertise to promote the health and well-being of individual clients, communities, populations and the profession.

## Key Competency

## Enabling Competencies

---

<b>5.1 Works collaboratively to identify, respond to and promote the health needs and concerns of individual clients, populations, and communities.</b>	<p>5.1.1 Collaborates with clients and other care providers to understand, identify and promote the health and physiotherapy needs and concerns of clients/client populations.</p> <p>5.1.2 Speaks out on health issues identified by clients and, together with other health care providers/team members, empowers client's to speak on their own behalf.</p> <p>5.1.3 Understands the limits and opportunities within the practice setting to address health issues, and works collaboratively to develop strategies to optimize client care (e.g., Supports clients to access timely and affordable service; assists clients to navigate and coordinate the health care system).</p> <p>5.1.4 Identifies the determinants of health of clients/client populations and understands factors that act as barriers to accessing services and resources.</p> <p>5.1.5 Describes the role of the physiotherapy profession in advocating for health and safety.</p> <p>5.1.6 Uses opportunities to communicate the role and benefits of physiotherapy to enhance individual and community health including health promotion and disease prevention.</p>
---	---

## 6. Scholarly Practitioner

Physiotherapists are committed to ongoing learning for the purpose of improving client outcomes through seeking, creating, applying, disseminating, and translating knowledge to physiotherapy practice.

Key Competency	Enabling Competencies
<b>6.1 Uses a reflective approach to practice.</b>	<p>6.1.1 Utilizes self-evaluation and feedback from clients and other providers to reflect upon actions and decisions to continuously improve knowledge and skills.</p> <p>6.1.2 Uses a problem-solving approach to make decisions and take action.</p> <p>6.1.3 Recognizes and takes into account how own background, education, experiences, perspectives, values and beliefs impact on decision-making.</p>
<b>6.2 Incorporates lifelong learning and experiences into best practice.</b>	<p>6.2.1 Engages in professional development and lifelong learning activities (e.g., actively participates in the acquisition of new knowledge and skills; integrates new knowledge, skills and behaviours into practice).</p> <p>6.2.2 Incorporates own experiences, education, research, and best available resources to plan and deliver physiotherapy services.</p>
<b>6.3 Engages in scholarly inquiry.</b>	<p>6.3.1 Uses the principles of research, research ethics, and research methods to advance practice (e.g., critically appraises literature; conducts a systematic search for evidence).</p> <p>6.3.2 Engages in activities that support clinical research (e.g., collecting and/or analysing data; integrating and/or disseminating research results).</p>

# 7. Professional

Physiotherapists are committed to the best interests of clients and society through ethical practice, support of profession-led regulation, and high personal standards of behaviour.

Key Competency	Enabling Competencies
<b>7.1 Conducts self within legal/ethical requirements<sup>G</sup>.</b>	<p>7.1.1 Provides services within physiotherapy scope of practice<sup>G</sup> and personal competence<sup>G</sup>.</p> <p>7.1.2 Maintains a professional therapeutic relationship with clients (e.g., maintains professional boundaries, integrity and acts in the best interest of the client).</p> <p>7.1.3 Provides services upholding professional ethical values (e.g., adheres to professional codes of ethics and standards of practice<sup>G</sup> when making decisions with client).</p> <p>7.1.4 Informs the client regarding all uses of collected personal and health data and obtains client consent.</p> <p>7.1.5 Maintains client confidentiality/privacy as required by applicable legislation.</p> <p>7.1.6 Accepts responsibility and is accountable for own actions and decisions.</p>
<b>7.2 Respects the individuality and autonomy of the client.</b>	<p>7.2.1 Demonstrates sensitivity to and respect for each client's rights, dignity, and uniqueness<sup>G</sup>.</p> <p>7.2.2 Treats the client with respect and empowers the client in expressing individual needs.</p>
<b>7.3 Contributes to the development of the physiotherapy profession.</b>	<p>7.3.1 Contributes to the learning of others (e.g., supports student clinical education; supports colleagues through feedback, mentorship, and knowledge transfer).</p> <p>7.3.2 Engages in activities that support the development of the profession of physiotherapy (e.g., participates in in-service presentations, local and national conferences, professional committees, and public education of other health care professionals).</p>

# GLOSSARY

**Assessment:** Includes, but is not limited to, examination of 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.

**Competencies:** (see Essential Competencies)

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

**Collaboration:** Collaborative client-centred practice is designed to promote the active participation of the client, family and each discipline in client care. It enhances client- and family-centred goals and values, provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision making (within and across disciplines), and fosters respect for the contributions of all disciplines. (Adapted from the Memorial University of Newfoundland, 2004)

**Diagnosis:** (See Physiotherapy Diagnosis)

**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, Brooks, Stratford, & Mayo, 2002).

**Enabling Competencies:** The sub-elements, or key ingredients to achieving the key competencies.

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

**Evidence-Informed Practice:** While essentially the same as evidence-based practice, evidence-informed practice is evolving to become a preferential term as this terminology conveys additional emphasis that practice takes the best current research evidence into account (but may not be the foremost consideration) along with the integration of clinical expertise and client values in the decision-making process further equalizing the three pillars.

**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 (College of Physiotherapists of Ontario, 1996b). 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 the World Health Organization, 1998)

**Interventions:** (see Physiotherapy Interventions)

**Key Competencies:** The important outcome objectives (i.e., what is to be achieved or performed).

**Legal/Ethical Requirements:** Physiotherapists are required to conduct themselves within legal/ethical requirements such as registering with physiotherapy regulatory college; complying with relevant consent, privacy legislation, and regulatory reporting requirements.

**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 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, et al., 2002).

**Personal Competence:** An individual practitioner's personal level of knowledge, (cap)abilities and qualities within a given situation, influenced by continuing professional education, the practice setting, workplace requirements and patient or client needs.

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

**Physiotherapy Diagnosis:** 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.

**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.

**Physiotherapy Services:** Services provided by a physiotherapist within the context of health care delivery (e.g., client assessment, treatment, related reports, communication with various parties for the purposes of delivering patient care).

**Primary Health Care:** Primary health care refers to an approach to health and a spectrum of services beyond the traditional health care system. It includes all services that play a part in health, such as income, housing, education, and environment. Primary care is the element within primary health care that focuses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury. (Health Canada <http://www.hc-sc.gc.ca/hcs-sss/prim/about-apropos-eng.php#a1> 2006-06-21)

**Risks:** Risks and side effects are: (a) those which are probable or likely to occur; (b) those which are possible rather than probable but can have serious consequences; or (c) anything else which would be considered relevant to know by a reasonable person in the same circumstances (College of Physiotherapists of Ontario, 1996b).

**Scope of Practice:** A profession's scope of practice encompasses the services its practitioners are educated, competent, and authorized to provide. The overall scope of practice for the profession sets the outer limits of practice for all practitioners. The actual scope of practice of individual practitioners is influenced by their continuing professional education, the settings in which they practice, the requirements of the workplace, and the needs of their patients

or clients. (Canadian Alliance of Physiotherapy Regulators, Canadian Physiotherapy Association, & Canadian University Physical Therapy Academic Council, 1998).

**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 (College of Physiotherapists of Ontario, 2009).

**Uniqueness:** Includes race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability and conviction for which a pardon has been granted (Canadian Human Rights Commission, 1985).

# REFERENCES

- Canadian Alliance of Physiotherapy Regulators & Canadian Physiotherapy Association (July 2002). *Competency Profile: Essential Competencies for Physiotherapist Support Workers in Canada*. Toronto: Authors.
- Canadian Alliance of Physiotherapy Regulators, Canadian Physiotherapy Association & Canadian Universities Physical Therapy Academic Council (1998). *Competency Profile for the Entry-Level Physiotherapist in Canada*. Toronto: Authors.
- Canadian Human Rights Commission (1985). *Canadian Human Rights Act*. Ottawa, Ontario, Canada. Available at [www.ecf.ca/pages/law/canada/canada.H-6.head.html](http://www.ecf.ca/pages/law/canada/canada.H-6.head.html).
- College of Physiotherapists of Ontario (1996a). *Standards of Practice for Physiotherapists*. Toronto: Author.
- College of Physiotherapists of Ontario (1996b). *A Member's Reference Guide to the Health Care Consent Act*. Toronto: Author.
- College of Physiotherapists of Ontario (2009). *Standards for Professional Practice*. Toronto: Author.
- Finch, E., Brooks, D., Stratford, P. W. & Mayo, N. E. (2002). *Physical Rehabilitation Outcome Measures: A Guide to Enhanced Clinical Decision Making, 2nd ed.* Toronto: Canadian Physiotherapy Association.
- Frank, J. R. (2005). *The CanMEDS 2005 Physician Competency Framework: Better Standards. Better Physicians. Better Care*. Ottawa: The Royal College of Physicians and Surgeons of Canada.
- Health Canada (2006-06-21). *About Primary Health Care*. [www.hc-sc.gc.ca/hcs-sss/prim/about-apropos-eng.php#a1](http://www.hc-sc.gc.ca/hcs-sss/prim/about-apropos-eng.php#a1).
- Memorial University of Newfoundland (2004). *Centre for Collaborative Health Professional Education*. St. John's NL Canada.
- Rourke, J., & Frank, J. (2005). Implementing the CanMEDS™ physician roles in rural specialist education: The multi-specialty community training network. *Education for Health, 18*, 368-378.
- Verma, S., V., Patterson, M., & Medves, J. (2006). Core competencies for health care professionals: What medicine, nursing, occupational therapy, and physiotherapy share. *Journal of Allied Health, 35*, 109-115.
- World Health Organization (1998). *Health promotion glossary*. Geneva, Switzerland. Available: [http://who.int/hpr/NPH/docs/hp\\_glossary\\_en.pdf](http://who.int/hpr/NPH/docs/hp_glossary_en.pdf)

# APPENDIX A: Profile Development

## Development of the Competency Profile for Physiotherapists in Canada

The 2009 version of the *Essential Competency Profile for Physiotherapists in Canada* is the culmination of hundreds of hours of time and effort by hundreds of stakeholders from all regions of the country. The process used to review, revise, and validate the competencies followed a best-practices approach to competency development, and relied on the content expertise of a diverse group of physiotherapists at every stage of its development. The *Profile* has been carefully designed to be meaningful and useful for the physiotherapy profession as well as for those interested in acquiring a better understanding of the roles and competencies of physiotherapists in Canada.

Development and validation of the *Profile* involved five phases, namely: (1) literature review and summary report; (2) development of the profile framework; (3) development of the essential competencies; (4) validation of the essential competencies; and (5) finalization of the *Profile*.

**Phase 1** of the project involved conducting a brief environmental scan of current physiotherapy practice and reviewing best practices in profile development. Stemming from this review, a report was generated and recommendations were provided to the project's Steering Group regarding a new competency framework that would be suitable for the next generation of the *Profile*.

**In Phase 2** of the project, an initial remapping of the essential competencies to the agreed upon framework was conducted. This draft framework contained seven roles (*Expert, Communicator, Collaborator, Manager, Advocate, Scholarly Practitioner, and Professional*) and a total of 28 key competencies and 128 enabling competencies.

**In Phase 3**, 20 content experts from across Canada met in Toronto for a two-day workshop to review, revise, and update the essential competencies based on the new draft framework. At the end of the workshop, a second draft of the *Profile* was generated containing 29 key competencies and 116 enabling competencies. The Steering Group then reconvened through several teleconferences to discuss the revisions to the second draft of the *Profile* and to make recommendations for further changes. This resulted in modifications to the wording of some of the statements and a third draft containing 27 key competencies and 99 enabling competencies.

**In Phase 4**, an online validation survey was developed in order to enable a broader group of stakeholders to review the competencies from Draft 3 of the *Profile* as to their applicability for registered physiotherapists at entry-to-practice and beyond. The survey was sent out via email in June 2009 to over 18,000 physiotherapists across the country. As of the survey deadline, 502 respondents had completed the survey, representing a 3% response rate. Respondent ratings of the 99 competencies were aggregated to determine which, if any, should not be considered essential. Qualitative feedback from respondents was also reviewed. The results of the survey showed that the ratings were made by a diverse sample of physiotherapists, the majority of who rated each competency as essential for practicing as a physiotherapist. Overall, all competencies were rated quite high with 87 of the 99 competencies receiving ratings averaging 4.0 or higher on a five-point scale for importance, and 72 of the 99 competencies receiving ratings of 4.0 or higher on a 5-point scale for frequency. Based on the survey data, a report was generated and distributed to the Steering Group for review. Recommendations included revisiting some of the competencies that received *relatively* lower ratings within the *Advocate* and *Scholarly Practitioner* roles to verify their content and relevance to safe and effective practice.

**In Phase 5**, the Steering Group reconvened through several teleconferences to make final decisions about which competencies to modify or delete based on the validation survey results. In total, three key competencies and 14 enabling competencies were deleted (note that some of the content from the deleted competencies was merged into another competency statement), and minor revisions were made to eight competencies. This resulted in a fourth draft of the competency profile comprising 23 key competencies and 85 enabling competencies.

As a final step, a stakeholder consultation was held via teleconference to solicit feedback from the provincial/territorial regulatory bodies regarding the essential competencies. The goal of this teleconference was to build consensus and ensure that the end product met the needs of stakeholders. A total of 16 individuals representing eight provinces participated in the teleconference along with the members of the Steering Group. The general consensus was that the competency profile captured all core competencies required of physiotherapists and that it was formatted in a user-friendly, easy-to-read framework.

Suggestions for minor editorial changes were made and subsequently incorporated, resulting in the final version of the competency profile. This final version contains 23 key competencies and 85 enabling competencies which

collectively represent the essential competencies required by physiotherapists upon entry to practice and over the course of their careers.

## APPENDIX B: Contexts of Practice<sup>3</sup>

### Who

Physiotherapists provide professional services to patients of all ages spanning from paediatric to seniors care. While services are most often offered to individual clients, services are also offered to community groups, employers, government agencies and others. When delivering services physiotherapists take into account many associated factors such as culture, occupational demands, and socio-economic factors.

### What

Goals of physiotherapy service:

- Promotion of physical activity and overall health and wellness
- Prevention of disease/injury/disability and mobility limitations
- Managing chronic conditions and activity limitations
- Restoration of function and rehabilitation of disease/injury/disability with therapeutic exercise programs and other interventions
- Counselling and planning of maintenance and support programs to prevent re-occurrence, re-injury or functional decline

Areas of clinical practice:

- Core areas of physical therapy practice focus on the neuromusculoskeletal, neurological and cardiopulmonary-vascular systems. Within these systems, physical therapists practice in areas including oncology, women's health, pain, wound care, occupational health and sports medicine.

### Where

- 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, community access centres, sport teams
- 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
- Business/industry: work sites, medical equipment suppliers
- Educational institutions: universities, colleges
- Government: health policy departments
- Research facilities

### How

Private and public funding is available for physical therapy services however this varies considerably across Canada.

