Ordre professionnel
de la physiothérapie
du Québec

POLICY ADDRESSING CONTINUING COMPETENCY (PACC)

(Reference period 2010-2013)

April 1, 2010
(Updated December 10, 2010)

POLICY ADDRESSING CONTINUING COMPETENCY

FOR MEMBERS OF L'ORDRE PROFESSIONNEL DE LA PHYSIOTHÉRAPIE DU QUÉBEC (Reference period 2010-2013)

APPENDICES

1. Essential Competency Profile for Physiotherapists in Canada, October 2009
2. Essential Competency Profile for Physical Rehabilitation Therapists in Québec, September, 2010

INTRODUCTION

The *Continuing Education Policy* of the Professional Order of Physiotherapy (Order) was adopted the first of April, 2006[1]. This policy was initially conceptualized with the intention of creating a regulation. The first period was considered a trial period and in the second, a regulation was to be adopted.

The Continuing Education Policy's first reference period (2006-2009) has undergone assessment and it has been determined that a new direction was required for it to meet the goals of the Order. Thus, a new policy has been adopted that puts the emphasis on the members' professional responsibility, as per their code of ethics, to maintain their level of competency.

The OPPQ is justified in implementing such a policy, due to the rapid evolution of scientific knowledge and physiotherapy practices which require a continuous effort by its members to update their knowledge so as to ensure the quality of care they provide to the public. This document describes the activities and the application of this policy as it refers to attaining, maintaining or advancing the members' competencies in all spheres. In this regard, this policy acknowledges that the practice of physiotherapy encompasses many different domains of competencies and accepts continuing education credits (HFC) for those activities. The two categories of HFC are formal learning activities (*activités formelles*) and self learning activities (*activités autonomes*).

The founding principal of this policy is the creation and maintenance of a professional continuing competency ***portfolio***. Each member, except the retired member, is to undertake a self-evaluation exercise of their practice and competency in different spheres, and set objectives they wish to attain in the current reference period. They are to plan, as much as is possible, which activities will help them best meet their goals. After each activity the member undertakes a period of reflection regarding the impact of the activity on their ultimate goal and ultimately their practice. As well, the member is ultimately responsible for the documenting and the accounting of their HFCs.

This document explains the details of the new policy (PACC) which comes into force on the first of April, 2010.

[1] Please note only the official version is the adopted French version.

1. PROFESSIONAL PORTFOLIO OF CONTINUING COMPETENCY

Each member must develop and maintain a *portfolio* of continuing competency.

A portfolio is a file or document containing all the information regarding a member's personal continuing education activities during a particular reference period. At the end of each period, each member must analyse and comment on the activities followed. Members must reflect on their goals, their practice and plan the next portfolio.

A portfolio must be conserved and available for inspection, in its entirety, by the OPPQ for six years following the end of the reference period.

The purpose of the portfolio is to help guide the members in creating and documenting their continuing education activities. Each member needs to take the time necessary to self evaluate and then set objectives in areas they feel require improvement, updating or simply in search of higher excellence (ex. updating skills, expanding knowledge base etc). These self appointed objectives must be in relation to one of the seven key competencies identified in the Essential Competency Profile for Physiotherapists in Canada, 2009 (appendix 1) or for physical rehabilitation therapists (appendix 2). The objectives identified by each member must be in the physical therapy field, be based on present or future practice, and be specific, measurable, attainable, realistic and timely.

The OPPQ recognizes that the practice of its members varies; it may be clinical, or managerial. A member may teach, do research, consult, work in prevention or do a combination of these. As such, the continuing competency activities may also vary. The two categories of HFC are thus open to all these spheres as described in the appendices 1 and 2. It is also important to note that what distinguishes a physiotherapist and a physical rehabilitation therapist from other health professionals is the expert domain (pht) and the intervention /information collection domains (T.R.P.). As such, a minimum of HFCs must be allocated to these competences in the reference period.

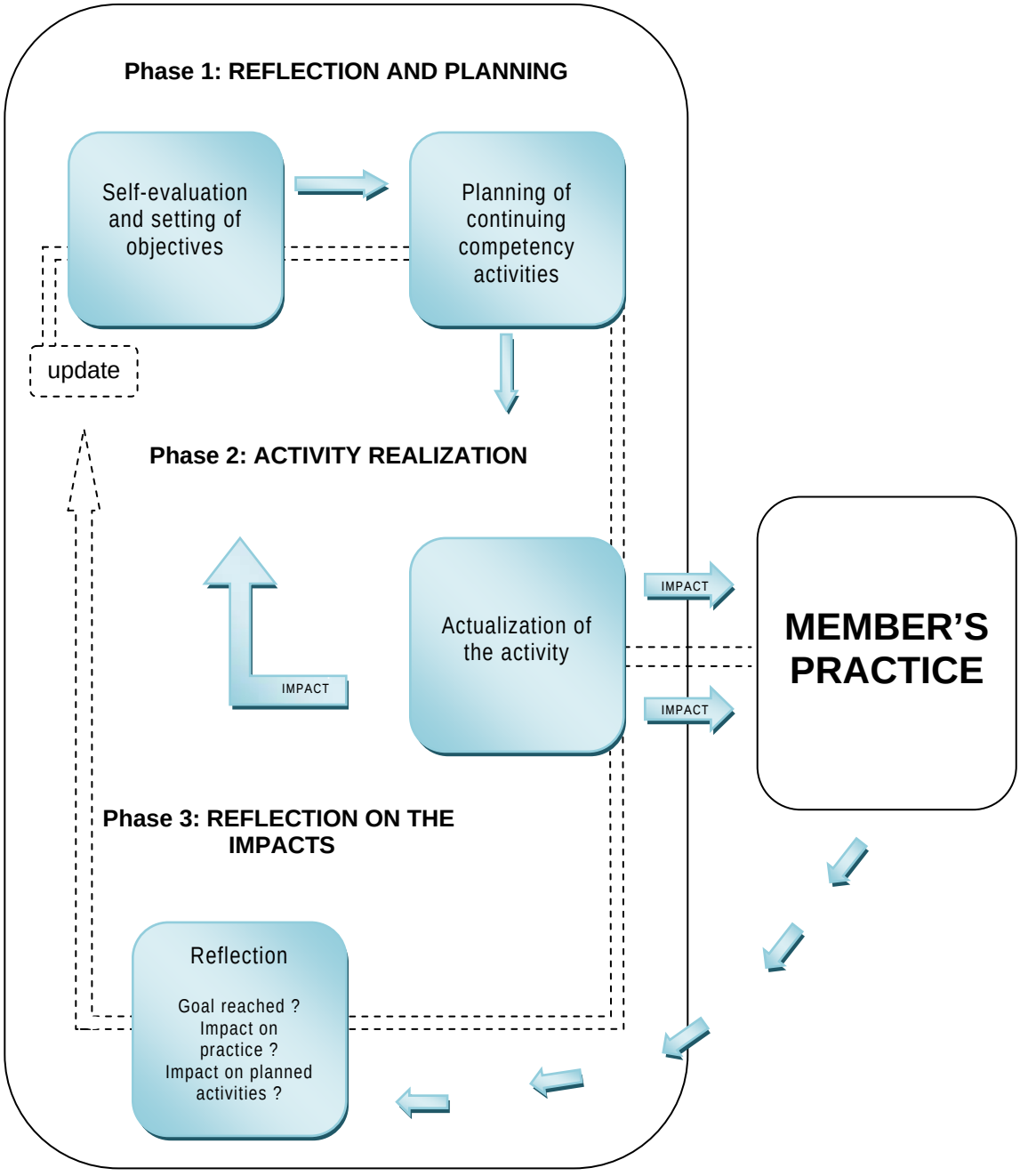
Another founding principal of this policy is that each member is competent in his/her ability to manage her practice and continuing education. The responsibility of choosing the appropriate activities to meet their goals as well as attaining the required number of HFCs is entirely theirs. Thus, all activities that meet the quality criteria as outlined in the *Practical Guide to Portfolio Creation* and that are based in the essential competency profile can be registered in the portfolio.

Documents have been developed to assist the member in this task. *Document A – Continuing Competency Plan* enables the member to outline the goals he/she sets for himself /herself for a given reference period. It also permits a preliminary planning of activities to attain these goals. *Document B and C* are the declaration of the activities undertaken for formal or self-learning activities. One of these two documents is to be used for each activity undertaken in order to document the proof of attendance as well

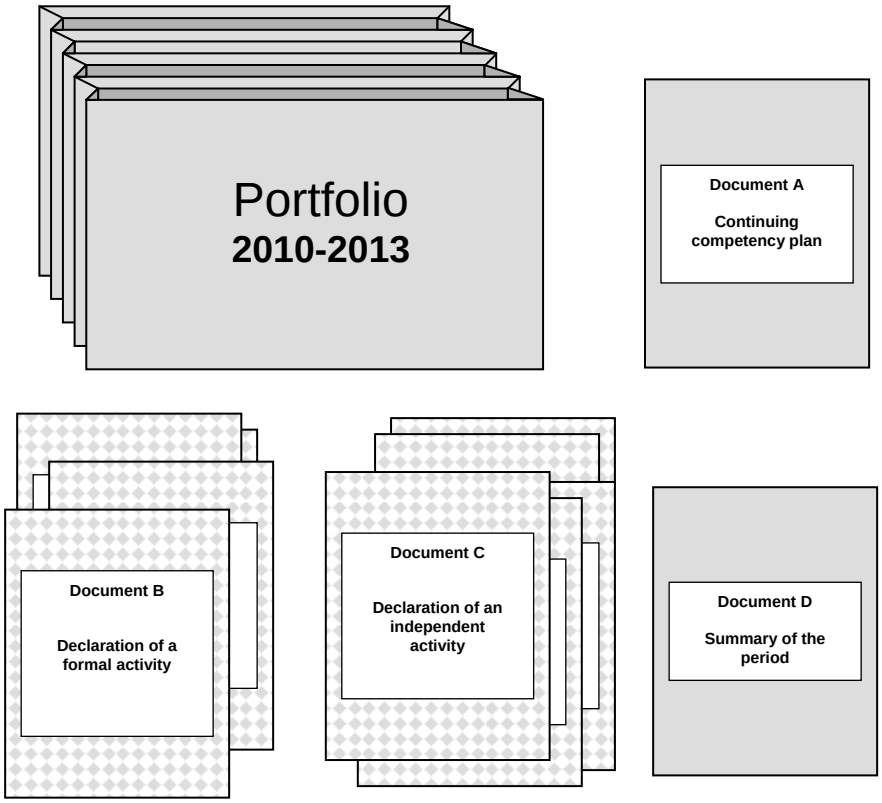
as to evaluate the activity's impact on the goal for which they were initially undertaken. *Document D* is a self-analysis of the period and is completed at the end of each reference period to document the members' success in attaining the goals they set for themselves. Examples are available at the end of the guide.

POLICY ADDRESSING CONTINUING COMPETENCE (PACC)

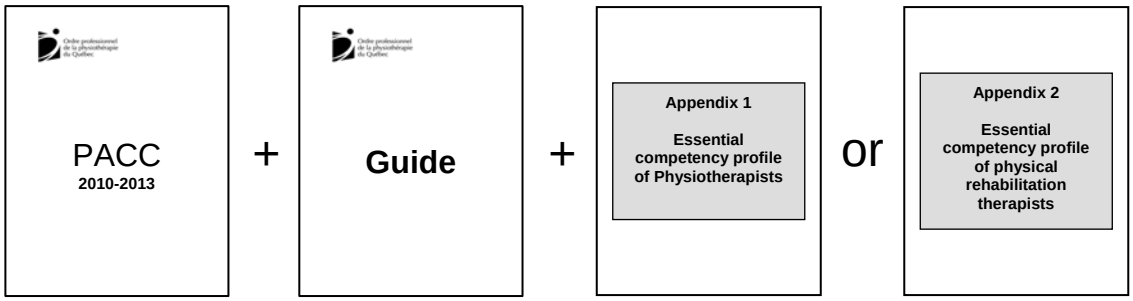
DIAGRAMATIC REPRESENTATION OF PROCEDURE



PORTFOLIO CONTENT



REFERENCE DOCUMENTS



1.1 Phase 1: Reflection and Planning

Continuing Competency Plan (Document A)

- Auto-evaluation and setting learning objectives

The first step in creating the portfolio consists of the member auto evaluating his/her skills in order to identify areas of improvement. Once identified, the member must elaborate objectives that are in line with the essential competencies outlined in appendix 1 or 2 (depending on the permit held).

- Planning learning activities

In this step, the members should identify methods to attain their objectives. They can identify a formal learning activity and indicate the title and date if known. They may choose an independent form of learning, such as literature review, or a combination of both. The members may modify this plan during the reference period as needed.

1.2 Phase 2: Actualization of the Activity

Declaration of Individual Activities (Documents B or C)

Each time the member undertakes a learning activity, he/she must document it and reflect on the impacts it had on his practice and on the relevant learning objective. Documents B and C were developed in order to assist with this task. In addition, proof of attendance and documents describing the content of the activity must be attached for verification purposes.

- Description of the activity

Document B, *Declaration of a Formal Learning Activity* ("formelle"), is the document to use for all formal learning activities undertaken. For example, in the case of a course, congress, symposium etc. the member must indicate the title, date, organiser, the speakers and their qualifications (multiple speakers is sufficient for a congress) as well as the duration of the activity.

Document C, *Declaration of an Independent Learning Activity* ("autonome"), is the document to use for self-learning activities. For example, for the reading of a scientific article or volume, the member must summarize the contents and note the full bibliographical information (author, title, journal, volume, number, date, pages).

1.3 Phase 3: Reflection on the impacts

In this step the member must determine if the learning activity undertaken permitted him/her to fulfill the goal for which it was undertaken and determine its impact on his/her actual practice. This is to determine if the activity was pertinent or not. It also permits the members to update their plan of continuing competency; if objectives were attained or if new objectives were identified.

Documents to annex

Documentation for both proof of attendance and content of the activity must be joined for each activity.

In the event that a certificate of attendance or of achievement is delivered by the organizer, it is the proof of choice to annex to your declaration. Other acceptable documents include a receipt, a letter or presence sheet signed by the speaker, organizer, or head of department.

Content of the activity can be documented by the detailed program, course objectives, or a power point summary. For independent learning such as the reading of a scientific article, the article itself is sufficient for both the proof and description of the content.

2. CATEGORIES OF LEARNING ACTIVITIES

2.1. Formal Learning Activities ("formelle")

Formal learning activities are the following:

- Course
- Congress
- Conference
- Symposium
- Practical workshop
- clinically[2] supervised workshop

These activities do not require evaluation by the OPPQ to be acceptable for HFCs.

2.2. Independent learning activities ("autonome")

Self learning activities are considered for this category. It is important to understand that it is the time required to expand or acquire knowledge that should be documented and not the length of time of the activity itself.

- Preparation of presentations
- Preparation to lecture
- Reading a scientific article
- Group discussions
- Mentoring
- Publications
- Research

These activities are considered essential to continuing competency and the OPPQ strongly recommends them.

There is no pre established ratio for the activities in this category. The actual time required to enhance or attain knowledge is the amount of HFC to record. For example, in the case of clinical stage supervision, it is the time required to update one's knowledge in preparation for the supervision that should be recorded and not the time spent supervising.

[2] A clinically supervised workshop ensures within a prescribed time frame, the integration or enhancement of clinical skills. This type of activity requires direct supervision by a qualified individual. This activity must take place in a clinical setting and be oriented towards patient centered learning. Coaching is considered to be a method under this category.

3. BASIC REQUIREMENT OF HFC AND PERIOD OF REFERENCE

3.1 Period of reference

The current period of reference is April 1st, 2010 to March 31, 2013.

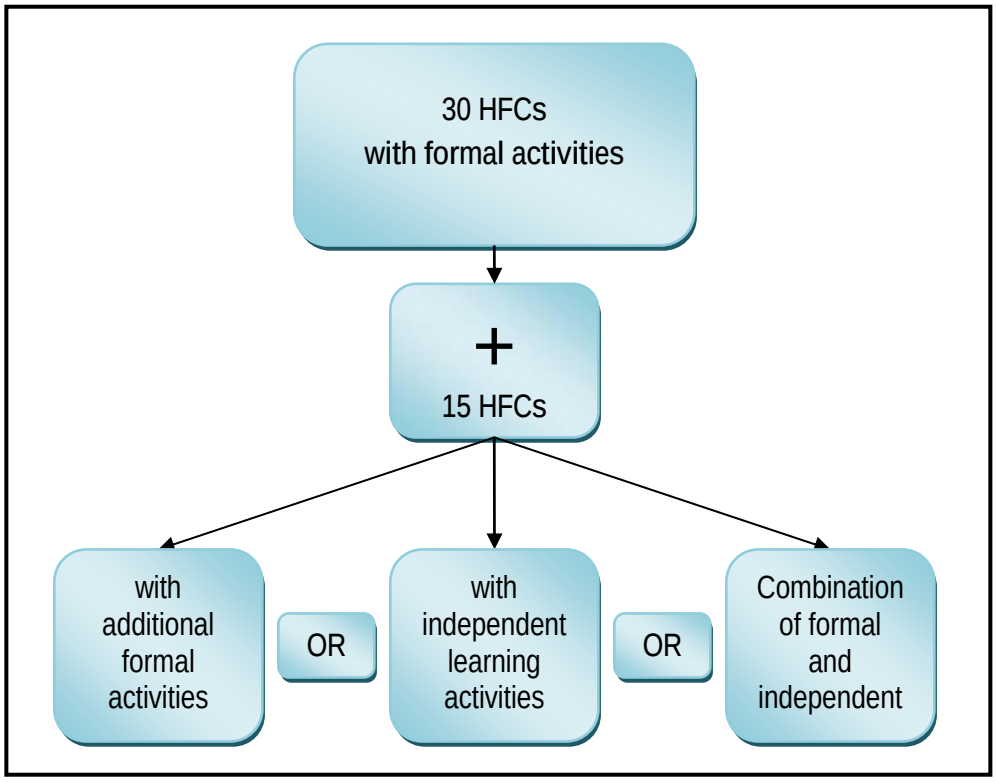
Distribution of HFCs collected during 2009-10 :

- For members who, as of March 31st, 2009, have completed their minimal requirement for the first period (2006-09), all the HFCs collected during 2009-10 (April 1st, 2009 – March 31st, 2010) will be added to their 2010-13 portfolio.
- For members who have not completed their minimal requirement for the first period (2006-09) as of March 31st, 2009, all the HFCs collected as of that date will be added to the first period until the minimal requirement is reached, then all following HFCs will be transferred to their 2010-13 portfolio.

3.2 Basic requirement

With the exception of the retired member, all members of the role of the OPPQ must comply with this policy. The basic requirement is 45 hours of continuing learning within the three year reference period for both the physiotherapist and physical rehabilitation therapist member.

The following diagram illustrates the required hours:



3.3 Requirement reduction

Only two factors can lead to a reduction in the requirement: a) a first time subscription to the role of OPPQ on April 1st during the second or third year of the reference period in force or b) the application of an exemption.

3.3.1. Subscription on April 1st to the role of OPPQ during a reference period

The first time a member subscribes to the role of the OPPQ on April 1st of the second or third year of the reference period in force, the member's basic requirement is determined by the number of remaining years in the period. The following table describes this eventuality:

Subscription during the reference period in force	Requirement		
	HFCs With formal learning activities	Additional HFCs Formal or independent activities	TOTAL
Subscription on April 1st of the second year	20 HFCs	10 HFCs	30 HFCs
Subscription on April 1st of the third year	10 HFCs	5 HFCs	15 HFCs

3.3.2 Exemptions

An exemption is a period of time where a member is exempt from having to accumulate HFCs. The only valid reasons for the application of an exemption for both a regular and an associate member are the following:

The member is absent from work due to:

- Unemployment or a temporary absence.
- A maternity, adoption or parental leave.
- Sick leave.

A member who wishes to apply an exemption to his requirement must simply document in his portfolio and join proof that he was in fact in one of the previous situations.

In order to calculate the amount of the exemption, the following formulae are to be used.

Requirement

"Formelles" HFCs required = $30 - 30 \times \left(\frac{\text{number of weeks absent from work}}{156} \right)$

"Autonomes" HFCs required = $15 - 15 \times \left(\frac{\text{number of weeks absent from work}}{156} \right)$

IMPORTANT to note that a minimum of 24 consecutive and uninterrupted weeks of absence are required in order to apply a reduction in the requirement of HFCs. In addition, no more than 3 consecutive annual exemptions are allowed.

The time frame in which a member is absent from work may overlap two consecutive reference periods. If this is the case, the member may choose which reference period to apply their exemption to. For example, a member may not work due to illness as of January 3, 2013 and only return to work on September 3, 2013. In this case, the member may choose to apply his/her exemption to the current reference period or the next, but not both.

Also important to note is that associate member status does not result in an exemption. Since the competencies are varied for both physiotherapists and physical rehabilitation therapists (appendices 1 and 2), members can undertake learning activities that apply to management or education, or attend a research conference etc. However, it is important to note that a minimum of hours is required in the expert competency for physiotherapists and in the intervention or collection domains for the physical rehabilitation therapists.

In addition, an exemption cannot be applied in the eventuality that a member be temporarily striked from the role of the OPPQ due to a disciplinary decision nor in the event a limitation of practice be imposed.

4. VERIFICATION

4.1 Member declaration of HFCs

Once a year, at re-inscription, the member must declare the number of HFCs attained in each category during the previous year. The one exception to this is the HFCs attained with all formal activities organised by the OPPQ (example: continuing education program) and any formal activity announced on the OPPQ website for which the organiser has undertaken the responsibility to send signed presence sheets to the OPPQ on behalf of its members. The member is not required to send a request for activity evaluation nor HFC attribution.

On the last year of a reference period, on re inscription, the member must declare all HFCs undertaken and planned up until the 31st of March of that year. A form will be provided for correction of said declaration in cases where circumstances prevent the activities from taking place.

4.2 Registration of HFCs by the OPPQ

The OPPQ shall continue to register the HFCs accumulated by a member directly to the online registry for all formal activities organised by the OPPQ in its continuing education program as well as for the formal activities announced on its web site for whom the organisers have undertaken the responsibility to submit to the OPPQ the signed presence sheets.

At re inscription, the member is to declare all other hours of continuing education in each category excluding the ones mentioned above. These shall be added to the online registry. (No submission of evaluation or allocation of HFC should be submitted to the OPPQ by a member not organizing or giving a course.)

Online Registry

The online registry of HFCs ("**Relevé du cumul des HFC")** can be consulted on the web page of the OPPQ. (www.oppq.qc.ca) It will continue to display the total of HFCs declared by the member and will be updated regularly.

4.3 Verification of the portfolio

Verification of the member's portfolio is the principal method of control of this policy. Each member has the responsibility to maintain his/her portfolio up to date, to include all documents that justify each learning activity and keep an accurate tally of his HFCs. The portfolio inspection will be randomized. The member must provide the entirety of the portfolios on request to the OPPQ.

The member who, at the end of a reference period, has not met the requirement in HFCs will not receive any warning but will be among the priority list of members to have their portfolio inspected.[1]

5. CONSEQUENCES TO NON CONFORMISM

Once inspected, in the case a portfolio is judged to be unsatisfactory, the OPPQ will decide one of the three following options:

1. Imposition of corrective measures.
2. If corrective measures are not undertaken, the member will be reported to the bureau of inspection or to the syndic of the Order.
3. In extreme cases, the member may have a limitation of practice or even be striked from the role.

Article 14 of the Code of ethics[2] supports the Policy Addressing Continuing Competency:

> " […]
> **14. Members must ensure the quality of their professional services offered to the public, in particular,**
> **(1) by ensuring that their knowledge and skills are kept up to date, furthered and developed;**
> **(2) by optimizing their professional competence;**
> **(3) by fostering the advancement of the profession; and**
> **(4) by remedying any shortcomings identified during the professional inspection program.** […] "

6. GENERAL INFORMATION

6.1 Number of HFCs to register in the portfolio

The number of hours (HFC) written on a certificate of participation delivered by an organism not listed on the OPPQ web page, may not be the correct number to register in your portfolio. It is important to subtract all time dedicated to breaks, meals and any activity of a non academic nature such as social or sport activities when calculating the

[1] The details regarding the mechanisms of portfolio inspection will be communicated in detail in a following document.

[2] "Code of Ethics of Physical Therapists and Physical Rehabilitation Therapists", Sept. 6, 2007, p. 2 (document available on the OPPQ website).

number of HFCs to register. Please note that all activities are calculated in real time i.e. 1 hour of education equals 1 HFC.

6.2 Learning activities posted on the OPPQ web site

The learning activities that will be posted on the OPPQ web site will fall in one of the three following categories: Activities organized in the *continuing education program*, activities submitted for a brief evaluation to the OPPQ by educators or organizers, or activities offered by recognized physiotherapy organizations (CPA, Order of Ontario, Order of Alberta, WCPT etc). No other activity will be posted. Note that upcoming activities are to be posted and regularly updated.

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APPENDICES

QUICK REFERENCE ESSENTIAL COMPETENCY PROFILE FOR PHYSIOTHERAPISTS IN CANADA, 2009

NPAG GCNP
National Physiotherapy Advisory Group
Groupe consultatif national en physiothérapie

INTRODUCTION

This Quick Reference to the *Essential Competency Profile for Physiotherapists in Canada, October 2009* (the Profile) is intended to provide an overview of the essential competencies (i.e., the knowledge, skills and attitudes) required by physiotherapists in Canada at the beginning of and throughout their career.

The Profile is intended for use by academics, accreditation bodies, professional associations, regulators and individual practitioners. For enabling competencies that further describe the key competencies provided here, please consult the complete Profile document.

The central physiotherapist role of Expert integrates the other six roles for physiotherapists to practice safely and effectively regardless of their context of practice.

The overarching assumptions that apply to the competencies are that:

i. Physiotherapists practice client-centred care and only act with the client's informed consent,
ii. Physiotherapy practice is evidence informed, and
iii. Client safety is paramount.

PHYSIOTHERAPIST ROLES

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.

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

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

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

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

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.

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 COMPETENCIES

EXPERT
1.1 Consults with the client to obtain information about his/her health, associated history, previous health interventions, and associated outcomes.
1.2 Collects assessment data relevant to the client's needs and physiotherapy practice.
1.3 Analyzes assessment findings.
1.4 Establishes a physiotherapy diagnosis and prognosis.
1.5 Develops and recommends an intervention strategy.
1.6 Implements intervention.
1.7 Evaluates the effectiveness of interventions.
1.8 Completes physiotherapy services.

COMMUNICATOR
2.1 Develops, builds, and maintains rapport, trust, and ethical professional relationships through effective communication.
2.2 Elicits, analyzes, records, applies, conveys and shares information.
2.3 Employs effective and appropriate verbal, non-verbal, written, and electronic communications.

COLLABORATOR
3.1 Establishes and maintains interprofessional relationships, which foster effective client-centered collaboration.
3.2 Collaborates with others to prevent, manage and resolve conflict.

MANAGER
4.1 Manages individual practice effectively.
4.2 Manages and supervises personnel involved in the delivery of physiotherapy services.
4.3 Participates in activities that contribute to safe and effective physiotherapy practice.

ADVOCATE
5.1 Works collaboratively to identify, respond to and promote the health needs and concerns of individual clients, populations, and communities.

SCHOLARLY PRACTITIONER
6.1 Uses a reflective approach to practice.
6.2 Incorporates lifelong learning and experiences into best practice.
6.3 Engages in scholarly inquiry.

PROFESSIONAL
7.1 Conducts self within legal/ethical requirements.
7.2 Respects the individuality and autonomy of the client.
7.3 Contributes to the development of the physiotherapy profession.

Document available on the Canadian Alliance of Physiotherapy Regulators website: http://www.alliancept.org/alliance_resources.shtml

QUICK REFERENCE

ESSENTIAL COMPETENCY PROFILE FOR PHYSICAL REHABILITATION THERAPISTS IN QUÉBEC*

September, 2010

Ordre professionnel de la physiothérapie du Québec

INTRODUCTION

This Quick Reference to the *Essential Competency Profile for Physical Rehabilitation Therapists in Québec, September 24, 2010* (The Profile) is intended to provide an overview of the essential competencies (i.e. the knowledge, skills and attitudes) required by physical rehabilitation therapists in Québec, at the beginning of and throughout their career.

The Profile is intended for use by institutions of education, accreditation bodies, professional associations, regulators and individual practitioners. For enabling competencies that further describe the key competencies provided here, please consult the complete Profile document.

The central physical rehabilitation therapist role of Expert integrates the other six roles for physical rehabilitation therapists to practice safely and effectively regardless of their context of practice.

The overarching assumptions that apply to the competencies are that:

i. **The responsibility level in practice of the seven roles of the physical rehabilitation therapist is modulated depending on the category in which the patient falls according to the "Order in council [...]"** and never on a direct access basis.**
ii. Physical rehabilitation therapists practice client centered care and only act with the client's informed consent.
iii. Physiotherapy practice is evidenced informed, and
iv. Client safety is paramount.

PHYSICAL REHABILITATION THERAPISTS ROLES

EXPERT

As experts in function and mobility, physical rehabilitation therapists (T.R.P.) integrate all of the P.R.T. roles to act in the promotion, prevention, improvement and maintenance of mobility, health and wellbeing of Quebeckers. The level of responsibility varies according to the categories of treatment set forth in the order of council** or the regulation in effect.

COMMUNICATOR

Physical rehabilitation therapists use effective communication to develop professional relationships with all client categories**, families, other care providers and partners.

COLLABORATOR

Physical rehabilitation therapists work collaboratively and effectively to promote intradisciplinary and interprofessional practice and achieve optimal care for all client categories**.

MANAGER

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

HEALTH ADVOCATE

Physical rehabilitation therapists use their knowledge and expertise to promote the health and wellbeing of individual clients in all categories**, communities, populations and the profession.

SCHOLARLY PRACTITIONER

Physical rehabilitation therapists are committed to ongoing learning for the purpose of improving outcomes in all client categories** through different means.

PROFESSIONAL

Physical rehabilitation therapists are committed to the best interests of clients in all categories** and of society through ethical practice, support of professional-led regulation and high personal standards of behaviour.

KEY COMPETENCIES

EXPERT

1.1 Obtains the prerequisites he/she requires before his/her intervention (for categories 1, 2, 3 and 4).
1.2 Consults with the client to obtain information about his/her health, associated history, previous health interventions and associated outcomes (for category 1 and in collaboration with the pht or physician in the case of category 2).
1.3 Collects assessment data relevant to the reason for referral and physiotherapy practice (for category 1 and in collaboration with the pht or physician in the case of category 2).
1.4 Analyses collected data (for category 1 and in collaboration with the pht or physician in the case of category 2).
1.5 Develops and recommends an intervention strategy (for category 1 and in collaboration with the pht or physician in the case of category 2).***
1.6 Implements treatment interventions (for categories 1, 2, 3 and 4).
1.7 Evaluates the effectiveness of his/her interventions (for categories 1, 2, 3 and 4).
1.8 Plan the end of his/her interventions (for categories 1, 2, 3 and 4).

COMMUNICATOR

2.1 Develops, builds, and maintains trust and ethical professional relationships through effective communication.
2.2 Elicits, analyzes, records, applies and shares information.
2.3 Employs effective verbal, non-verbal, written and electronic communications.

COLLABORATOR

3.1 Establishes and maintains intradisciplinary and interprofessional relationships, which foster effective client-centered collaboration.
3.2 Collaborates with others to prevent, manage and resolve conflict.

MANAGER

4.1 Manages individual practice effectively.
4.2 Manages and supervises personnel involved in the delivery of physiotherapy services.
4.3 Participates in activities that contribute to safe and effective physiotherapy practice.

HEALTH ADVOCATE

5.1 Works collaboratively to identify, respond to and promote the health needs and concerns of individual clients, populations and communities; promotes these needs and concerns.

SCHOLARLY PRACTITIONER

6.1 Uses a reflective approach to practice.
6.2 Incorporates lifelong learning and experiences into best practice.

PROFESSIONAL

7.1 Conducts self within legal/ethical requirements.
7.2 Respects the individuality and autonomy of the client.
7.3 Contributes to the development of the physiotherapy profession.

* Extracted from *Essential Competency Profile for Physical Rehabilitation Therapists in Québec, September 24, 2010,* OPPQ, available on the OPPQ website: www.oppq.qc.ca.

** *Order in council respecting the integration of physical rehabilitation therapists into the Ordre professionnel des physiothérapeutes du Québec* (R.S.Q., c. C-26, r.178.1.1).

*** Certain aspects of this competency apply differently for categories 3 and 4, please refer to articles 1.5.7 and 1.5.8, page 11 of the *Essential Competency Profile for Physical Rehabilitation Therapists in Québec.*

1 2 3 4: Op. cit. *Order in council respecting the integration [...]*