



Nova Scotia
Physiotherapy
Association

Q and A from April 1st, 2023

Town Hall Panelists

Monica MacDonald - NSPA President

Derek Rutherford - Interim Director Dalhousie School of Physiotherapy

Mark Williams - Executive Director NS College of Physiotherapists

Facilitator - Stephen Richey

Q: With a strong push towards maximizing and expanding the scope of practice of health Professions in the province; what is the role of each organization in this process? Where do you see your role in the future in terms of expanding scope of practice?

MW: This question is currently in front of the legislature in terms of the Patient Access to Care Act with provisions that relate to expanding the scope of practice. On a fundamental level the college relies on feedback from the physiotherapy community. One of the college's primary roles is advising on any legislative changes. Another role of the college is developing practice standards, guidelines and advisories. The public interest is the primary perspective for the college and we ensure structures are in place for protecting the public. A foundational role is maintaining a registry of expanded scope through Licencing. Finally, the college is the enforcement agency, in charge of ensuring physiotherapist work safely and within their scope of practice.

DR: The University's main role in physiotherapy focuses on entry to practice, the essential competency profile and national curriculum guidelines. These are the foundations that every physiotherapist across Canada would have before starting their career as a physiotherapist. Another piece, reflecting on the essential competency profile, is when it comes to expanding scope of practice there are many competencies that exist around collaboration, management, scholarship, leadership. The university offers educational optional options for these other areas physiotherapy could move into, to use skills in another way which could expand scope of practice.

MM: The NSPA is the voice of the profession and is currently advocating for optimizing and advancing scope. We need to define what our scope is, what is our optimized scope, what is our advanced scope, what is expanded scope. Determining priorities we feel would be of the most benefit to physiotherapist and health care in NS and trying to push for optimized scope. (ie. ability for PTs to refer for diagnostic imaging). The Association has an important role to play in defining scope with insight from stakeholders.



Nova Scotia
Physiotherapy
Association

Q: Over the last number of years, particularly since the onset of the COVID-19, there has been increasing difficulty in achieving the number of clinical placements required for physiotherapy student's education. What is an initiative that each organization could undertake to help support the clinical community while also providing high quality placement opportunities?

DR: Students must complete 30 weeks of practice education placements across Atlantic Canada. The university has received feedback and questions asking how to take students and how to be a preceptor for a student. They feel they have the clinical skills but are unsure how to be a student educator as well to instill knowledge in management, leadership, collaboration, etc. Right now it's about moving forward with a model where the university can support clinical educators, such as continuing education.

MM: One of the NSPA strategic priorities is promoting continued excellence within the profession. We continue to provide opportunities for professional development for our members to continue to grow in their own practice. Building strength and confidence in practice will help support our members provide high quality placement opportunities for students. As well, the NSPA shares placement opportunities and supports the students in whatever way we can.

MW: The College offers continuing education credits, and will be looking at this model to see if more incentive is needed. With the recent implantation of the interim competency evaluation process there are parallels with the sponsorship and residency program. The college has had to change what the intent of the sponsorship and residency program is. There are opportunities with the college to work the university on processes.

Q: Does the school have plans to increase numbers of students? It is hard to have students if you don't have enough staff. Circular problem.... not enough staff so can't have students, but not enough student placements so apparently can't increase numbers graduated. And right now takes a full year post grad to have a student resident fully licensed.

DR: No, the university enrolls 62 students each year into the program. There are no indications to increase that. There are placement models, including 2:1 (Peer Assisted Learning) or "Near Peer" models where the primary PT doesn't have to be the primary supervisor in all instances. A PT resident could be involved in the education. Another option could be 2nd year student be involved in the education of a 1st year student both supervised by a clinical instructor. Please reach out to the school if you are interested in more information about these models.

Q: Thoughts on recruiting placements to rural areas as that is where we need to be attracting employment?



Nova Scotia Physiotherapy Association

DR: For the university it is important to consider advancement and organizing bursaries, scholarships, donations for students particularly having financial difficulties relating to placements or if a placement is offered in a rural setting but the student does not have housing in that area. The school is looking at how to better support the students in these instances.

Q: How are we identifying the barriers clinicians are facing to take on students? Is anyone considering the barriers on a geographical level like in rural communities or on a competency level? Are we offering or considering initiatives around better preparing preceptors?

DR: The school tries to identify barriers through feedback sessions with the students and clinical instructors. Working with clinicians and offering e-preceptor training courses. With regards to offering initiatives for preceptors- this is part of what physiotherapy is and what physiotherapist do, bring in new professionals and foster them to create excellence in the province. It is the responsibility of the whole PT profession.

MM: The collective “we” is a huge component of everything we should be doing. How can we all share our resources and advocacy efforts to push the profession forward? The Association is open and ready to help and collaborate.

**Q: More than 50% of PTs are working in Private Practice. What can we do to better prepare our PTs to succeed in a highly competitive marketplace? Mark- can we loosen restrictions for marketing and advertising so we can be as competitive as chiropractors?
Derek- can students receive more instruction/training about business/marketing/advertising?**

MW: Advertising is set in our regulations. We can look to see what is appropriate based on the fact that our regulations need to be looked at and updated. We would look for feedback from as many stakeholders as possible within that context. This would require participation from the government, specifically approval from Cabinet.

DR: All students do receive information in one of their final courses around business marketing and advertising. Options do exist at other universities. 1. Other programs in the country offer electives, could we entertain this? 2. We offer interprofessional health education mini courses which are relevant to our profession. Could we develop a mini course around this? 3. If students are interested in business and physiotherapy, perhaps the future will see these educational degree options intertwined.

Q: From each of your points of view... how well are we positioned to quickly take advantage of any rapid changes / opportunities that NS government decisions may open for? Follow up point/question, thinking SWOT -- what are our strengths and weaknesses in this moment of potential opportunity?



Nova Scotia Physiotherapy Association

MM: We as an Association do our best to respond to new, rapid initiatives. We may not respond as quickly as we would like, as we need to know what our members opinions are, what is happening on a national level, what is in the best interest of our members, what is in the best interest of the profession. There are many questions we must reflect on for each item presented. Our strength is a lot of the priorities being brought forward by the government are things that have been working on for years and have a strong foundation to draw on. Another challenge we face is that often the association is not consulted in advance of decision being made at the government level. We are reacting instead of being part of the process from the start.

MW: The College has had to respond rapidly, recently to the government and feels fortunate to have gone through that as they have become more connected with the network of regulated health professionals, and there has been a lot of resource sharing. The college also likes to take time and consider before responding and have become good at tapping into the collaborations going on around them. With a lot of the things going on with self-regulation, the college has been able to tap into other jurisdictions that have gone through similar, significant cultural shift in terms of how we operate as a society, and regulation has been changing rapidly; there is strength in accessing that experience. The college is going through a significant change as Joan Ross is moving on after being with the college for over 25 years. This is obviously a loss for the College, however, we have done what we can to mitigate the potential for lost organisational experience and memory.

DR: It can take a while for new initiatives to move through the approval process within the university. However, given how rapidly things happened during COVID19, I was really impressed with how people came together to ensure progression of students, to ensure progression of placements, and to ensure that the profession moved forward. Depending on the type of change, things can happen rapidly, but other tasks may not be able to happen so quickly.

Q: Where/how will physiotherapy records fit with the new one record system in healthcare in NS?

MW: The College is not deeply involved with this change; this is at the government and the health authority level. There has been talk of one record for years. We have a significant split between the public system, private system, and in the long term care system. I'm not entirely sure if the private system is going to be connected in the early stages. The first priority should be removing the fax machine as a medical communication system. I'm hopeful that we (meaning healthcare providers) will be asked "what do we need right now".

MM: The links between the public system effectiveness and private system are important. This is something that the Association will be advocating for and making sure that it's safe for us to do so. We will be pushing for physiotherapists to be recognized as primary care professionals



Nova Scotia
Physiotherapy
Association

and looking to promote access to medical records and better communication between collaborative teams.

Q: With the health authority being a gate keeper in a lot of our advocacy pushes, have they been receptive to talks and conversations around expanded roles?

MM: There is a lot of talk at the national level from the advocacy initiatives and standpoints and what is going on across the country to try to sway government towards these advocacy efforts. Mark and I were at a meeting recently with the premier, minister of health, and other leaders in healthcare and provided an opportunity to speak on ways that physiotherapy could help relieve some strain on the health care system.

MW: Yes, the responses are generally “we’re listening”. There is always resistance to change. Physiotherapists should keep doing what they do (being excellent) and speak up for what they need.

Physiotherapists are not being utilized to their full extent within the system.

Final comments:

DR: The school is starting to offer their PT Matters sessions, focused on connecting with our our research faculty, our rehabilitation research program and PhD in Health Students. There is also a new research committee within the school looking to connect with our wider school of physiotherapy community on initiatives related to scholarship and research engagement. Please contact with me if there is interest on how to better engage with the clinical community and Dal in regards to some of the research outputs and initiatives at the school and faculty of health.

MW: The colleges AGM will be in person on April 30th. There will also be a time to celebrate Joan’s time with the college.

MM: I hope to continue to work together to better our profession within the province. It will take everyone to push the profession forward. Consider volunteering and getting involved.