NPAG

Competency Profile for Physiotherapists in Canada (2017)

CAPR
Canadian Alliance of Physiotherapy Regulators

ACORP
Alliance canadienne des organismes de réglementation de la physiothérapie

Canadian Council of Physiotherapy University Programs

Conseil Canadien des Programmes Universitaires de Physiothérapie

Canadian Physiotherapy Association

Association canadienne de physiothérapie

Physiotherapy Education Accreditation Canada
Agrément de l'enseignement de la physiothérapie au Canada

NPAG GCNP
National Physiotherapy Advisory Group
Groupe consultatif national en physiothérapie

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The "Competency Profile for Physiotherapists in Canada" (2017) replaces the "Essential Competency Profile for Physiotherapists in Canada" (2009), the "Essential Competency Profile for Physiotherapists in Canada" (2004) and the "Competency Profile for Entry-Level Physiotherapists in Canada" (1998).

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Essential Competencies & Entry-to-Practice Milestones

This fourth-generation competency profile is a foundational document that describes the essential competencies required of a physiotherapist in Canada throughout their career and specific milestones expected of a physiotherapist at entry to the profession. The point of "entry-to-practice" is particularly significant as it represents the time at which learners become clinicians. It is also the endpoint of the formal involvement of program accreditors and educators and the starting point of regulation, continuing professional development, and specialization.

The Essential Competencies and Entry-to-Practice Milestones are intended to provide guidance in a number of areas including: informing curriculum content, setting accreditation standards, developing exam blueprints, and establishing a baseline for areas of specialization.

A robust methodology based on industry best practices was used to develop the material herein. A team of nine subject matter experts (clinicians and educators) drawn from across the country worked over a six-month period to generate associated content. Input gathered from a series of focus groups with key stakeholder groups and recent scholarly literature was also incorporated. The draft set of competencies and milestones was then validated via a national survey of practising physiotherapists. Subject matter experts reviewed survey results in depth and proffered a set of final adjustments and recommendations to the NPAG Steering Committee. On May 3, 2017 these recommendations were reviewed and accepted. Since that time, all four NPAG member organizations have officially approved and endorsed the Essential Competencies and Entry-to-Practice Milestones through motions of their respective Boards or Councils.

Context of Physiotherapy Practice

i. Description of Physiotherapy Practice

Physiotherapists are primary health care practitioners who consult and collaborate with clients 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 practise both independently and as part of interprofessional teams along the health system continuum from primary to tertiary care.

ii. Contexts of Practice

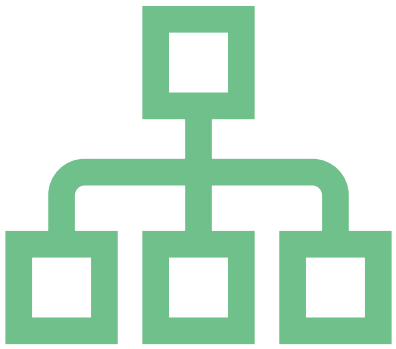
Physiotherapists work within diverse contexts of practice which include consideration of the types of clients, areas of practices, type and goals of physiotherapy service, practice settings, and funding models. The contexts of practice are interrelated and also influence the roles and competencies that individual physiotherapists require to practise safely and effectively.

iii. Assumptions

A number of overarching assumptions apply to all competencies described herein.

1. Physiotherapists practise client-centred care and only act with the client's informed consent;
2. Physiotherapy practice is evidence-informed, and;
3. Client safety is paramount.

Organizational Structure



A roles-based framework, retained from the 2009 Essential Competency Profile, is used as an organizational principle. The Essential Competencies and Entry-to-Practice Milestones are set out under seven domains of physiotherapy practice, as follows:

1. **Physiotherapy Expertise**
2. **Communication**
3. **Collaboration**
4. **Management**
5. **Leadership**
6. **Scholarship**
7. **Professionalism**

Definitions of Key Terms

Essential competency: An essential competency is a required ability of a physiotherapist.

Milestone: A milestone is an ability that is expected of a physiotherapist at a specific stage in the career. It is related to an essential competency.

Entry-to-practice: Entry-to-practice is the point in time following completion of education and assessment (at the point of licensure as a physiotherapist).

Entry-to-practice milestone: An entry-to-practice milestone is an ability that is expected of a physiotherapist at entry-to-practice. It is related to an essential competency.

Proficiency: Proficiency is the expected level of performance associated with the milestones at a defined point in the career.

Entry-to-practice proficiency: Entry-to-practice proficiency is the expected level of performance associated with the milestones at entry-to-practice. It is described below.

Statement of Entry-to-Practice

Entry-to-practice physiotherapists have the ability and responsibility to use their broad knowledge base to inform their practice. They work in an autonomous, safe, organized manner, and employ sound clinical decision-making.

Autonomy: They are aware of and work within the physiotherapy scope of practice. They appropriately seek guidance when they encounter situations outside of their ability.

Safety: They are aware of and consistently comply with standards and regulations relevant to their practice environment. They have an understanding of the risks, cautions, contraindications, and best practices relevant to conditions commonly encountered in physiotherapy practice.

Organization: They practise in an organized manner but may require more time to complete tasks than an experienced physiotherapist.

Clinical Decision-Making: Clinical decision-making is largely driven by the knowledge and skills acquired through academic and clinical education, rather than by practice experience. They use a clinical reasoning approach that may be more time consuming and effortful than an experienced physiotherapist.

Glossary

In the listing of Essential Competencies and Entry-to-Practice Milestones that follows, terms that appear in **coloured text** are defined in the Glossary at the end of the document.

Domain 1 Physiotherapy Expertise

As experts in mobility and function, physiotherapists use clinical reasoning that integrates unique knowledge, skills and attitudes to provide quality care and enhance the health and wellbeing of their clients.

Essential Competencies	Entry-to-Practice Milestones	
1.1 Employ a client-centered approach.	**1.1.1**	Act in a manner that respects client uniqueness, diversity and autonomy, and is in the **client's** best interest.
	1.1.2	Provide the **client** with relevant information throughout care.
	1.1.3	Actively involve the **client** in decision-making.
	1.1.4	Empower **client** to engage in their own care.
	1.1.5	Build and maintain rapport and trust with the **client**.
	1.1.6	Ensure ongoing, informed **client** consent.
1.2 Ensure physical and emotional safety of client.	**1.2.1**	Identify **client**-specific precautions, contraindications and risks.
	1.2.2	Employ safe **client** handling techniques.
	1.2.3	Apply assessment and intervention procedures in a manner that enhances the **client's** safety and comfort.

Essential Competencies	Entry-to-Practice Milestones	
1.2 Ensure physical and emotional safety of client. (Continued)	**1.2.4**	Monitor and respond to **client's** physical and emotional state throughout care.
	1.2.5	Identify and respond to **near misses** and adverse events.
1.3 Conduct client assessment.	**1.3.1**	Interview **client** to obtain relevant information about health conditions, and personal and environmental factors.
	1.3.2	Determine **client's** expectations, and their relevance to physiotherapy.
	1.3.3	Obtain relevant information about **client's** status from other sources.
	1.3.4	Identify comorbidities that impact approach to assessment.
	1.3.5	Identify urgent health conditions that require immediate attention and take appropriate action.
	1.3.6	Identify non-urgent health-related conditions that may benefit from referral to other services, and advise **client** accordingly.
	1.3.7	Select and perform appropriate tests and measures.
1.4 Establish a diagnosis and prognosis.	**1.4.1**	Interpret assessment findings and other relevant information.
	1.4.2	Identify **client's** body structure and function impairments, activity limitations and participation restrictions.
	1.4.3	Develop a **physiotherapy diagnosis**.

Essential Competencies	Entry-to-Practice Milestones	
1.4 Establish a diagnosis and prognosis. (Continued)	**1.4.4**	Develop a working prognosis.
	1.4.5	Determine if physiotherapy is indicated.
	1.4.6	Determine if referral to another physiotherapist or another provider is indicated.
1.5 Develop, implement, monitor and evaluate an intervention plan.	**1.5.1**	Establish physiotherapy goals.
	1.5.2	Determine an intervention plan.
	1.5.3	Implement planned interventions.
	1.5.4	Assist **client** to develop self-management skills.
	1.5.5	Monitor and respond to **client** status during interventions.
	1.5.6	Reassess **client** status and needs as appropriate.
	1.5.7	Modify intervention plan as indicated.
1.6 Complete or transition care.	**1.6.1**	Evaluate **client** outcomes and goal attainment.
	1.6.2	Develop a discharge or transition of care plan.
	1.6.3	Prepare **client** for discharge or transition of care.
	1.6.4	Ensure effective transfer of information at transition.
1.7 Plan, deliver and evaluate programs.	**1.7.1**	Identify opportunities for group **physiotherapy programming**.
	1.7.2	Establish **program** goals and develop a plan.
	1.7.3	Implement **program** plan.
	1.7.4	Evaluate **program**.

Domain 2 Communication

As communicators, physiotherapists use effective strategies to exchange information and to enhance therapeutic and professional relationships.

Essential Competencies	Entry-to-Practice Milestones
2.1 Use oral and non-verbal communication effectively.	**2.1.1** Speak clearly and concisely.
	2.1.2 Listen actively, to build trust and foster exchange of information.
	2.1.3 Use and respond to **body language** appropriately.
	2.1.4 Give and receive feedback in a constructive manner.
2.2 Use written communication effectively.	**2.2.1** Write in a clear, concise and organized fashion.
	2.2.2 Ensure written communication is legible.
	2.2.3 Prepare comprehensive and accurate health records and other documents, appropriate to purpose.
2.3 Adapt communication approach to context.	**2.3.1** Adjust communication strategy consistent with purpose and setting.
	2.3.2 Use appropriate terminology.
	2.3.3 Adjust communication based on level of understanding of recipient.
	2.3.4 Ensure communication is timely.
	2.3.5 Share information empathetically and respectfully.
2.4 Use communication tools and technologies effectively.	**2.4.1** Employ **assistive and augmentative devices** to enhance communication.
	2.4.2 Use electronic technologies appropriately and responsibly.
	2.4.3 Use images, videos and other media to enhance communication.

Domain 3 Collaboration

As collaborators, physiotherapists work effectively with others to provide **inter- and intra-professional care**.

Essential Competencies	Entry-to-Practice Milestones
3.1 Promote an integrated approach to client services.	**3.1.1** Identify practice situations that may benefit from collaborative care.
	3.1.2 Engage **client** as a team member.
3.2 Facilitate collaborative relationships.	**3.2.1** Recognize and respect the roles of others.
	3.2.2 Share information about the physiotherapist's role and knowledge.
	3.2.3 Negotiate shared and overlapping roles and responsibilities.
	3.2.4 Maintain mutually supportive working relationships.
	3.2.5 Interact with others in a manner that promotes inclusion.
3.3 Contribute to effective teamwork.	**3.3.1** Respect accepted principles for teamwork.
	3.3.2 Participate in **shared leadership**.
	3.3.3 Share relevant information with the team.
	3.3.4 Participate and be respectful of all members' participation in collaborative decision-making.
	3.3.5 Participate in team evaluation and improvement initiatives.
3.4 Contribute to conflict resolution.	**3.4.1** Recognize conflict or potential conflict, and respond constructively.
	3.4.2 Apply conflict resolution principles in a structured fashion.

Domain 4 Management

As managers, physiotherapists manage self, time, resources and priorities to ensure safe, effective and sustainable services.

Essential Competencies	Entry-to-Practice Milestones
4.1 Support organizational excellence.	**4.1.1** Support organizational mission and vision.
	4.1.2 Comply with organizational policies, procedures and directives.
	4.1.3 Address discrepancies between employer expectations and professional standards.
	4.1.4 Follow proper **business practices**.
4.2 Utilize resources efficiently and effectively.	**4.2.1** Provide services that balance **client** needs and available resources.
	4.2.2 Address issues related to waitlists, caseloads and access to services.
	4.2.3 Manage own time effectively.
	4.2.4 Address issues related to availability of equipment and supplies.
4.3 Ensure a safe practice environment.	**4.3.1** Identify risks and mitigate hazards in the workplace.
	4.3.2 Maintain a clean, organized and accessible work environment.
	4.3.3 Adhere to individual, team and system-level safety practices.
	4.3.4 Apply best practices for infection control.
	4.3.5 Adapt work environment to enhance emotional safety.
	4.3.6 Ensure regular equipment cleaning and maintenance.

Essential Competencies	Entry-to-Practice Milestones
4.4 Engage in quality improvement activities.	**4.4.1** Apply quality improvement strategies in direct service provision.
	4.4.2 Participate in organizational quality improvement initiatives.
	4.4.3 Use outcome data to evaluate service delivery.
4.5 Supervise others.	**4.5.1** Assess the competence of **personnel involved in physiotherapy service delivery** prior to assigning care.
	4.5.2 Assign care to **personnel involved in physiotherapy service delivery**, and monitor delivery.
	4.5.3 Contribute to orientation and training of **personnel involved in physiotherapy service delivery.**
	4.5.4 Provide guidance and feedback to **personnel involved in physiotherapy service delivery.**
4.6 Manage practice information safely and effectively.	**4.6.1** Maintain comprehensive, accurate and timely records of **client** and practice management.
	4.6.2 Manage health records and other information in paper and electronic format.
	4.6.3 Ensure secure retention, storage, transfer and destruction of **documents**.
	4.6.4 Maintain confidentiality of records and data, with appropriate access.

Domain 5 Leadership

As leaders, physiotherapists envision and advocate for a health system that enhances the wellbeing of society.

Essential Competencies	Entry-to-Practice Milestones
5.1 Champion the health needs of clients.	**5.1.1** Advocate for accessibility and sustainability of physiotherapy and other services across the continuum of care.
	5.1.2 Foster **client** engagement in finding solutions to address health needs.
	5.1.3 Promote a culture of **client**-centredness.
5.2 Promote innovation in healthcare.	**5.2.1** Maintain awareness of emerging technologies, and advocate for their application to enhance **physiotherapy services**.
	5.2.2 Advocate for new approaches to improve **client** care.
	5.2.3 Promote solutions to challenges encountered in **physiotherapy practice**.
5.3 Contribute to leadership in the profession.	**5.3.1** Promote the value of physiotherapy to **client** health.
	5.3.2 Engage in activities to support advancement of the physiotherapy profession.
	5.3.3 Contribute to leadership activities in the workplace.

Domain 6 Scholarship

As scholars, physiotherapists demonstrate a commitment to excellence in practice through continuous learning, the education of others, the evaluation of evidence, and contributions to scholarship.

Essential Competencies	Entry-to-Practice Milestones
6.1 Use an evidence-informed approach in practice.	**6.1.1** Incorporate **best available evidence** into clinical decision-making.
	6.1.2 Incorporate **client context** into clinical decision making.
	6.1.3 Incorporate personal knowledge and experience into clinical decision-making.
	6.1.4 Make decisions using an established clinical reasoning framework.
	6.1.5 Use a structured approach to evaluate effectiveness of decisions.
6.2 Engage in scholarly inquiry.	**6.2.1** Identify ethical considerations related to scholarly inquiry.
	6.2.2 Formulate researchable questions relevant to practice.
	6.2.3 Access reliable sources of information.
	6.2.4 Critically appraise information.
	6.2.5 Contribute to **research activities**.
	6.2.6 Contribute to **knowledge management**.

Essential Competencies	Entry-to-Practice Milestones
6.3 Integrate self-reflection and external feedback to improve personal practice.	**6.3.1** Seek feedback from others on personal performance and behaviour.
	6.3.2 Compare personal performance and behaviour with professional and organizational expectations.
	6.3.3 Identify learning needs based on self-reflection and external feedback.
	6.3.4 Develop and implement a plan to address learning needs.
6.4 Maintain currency with developments relevant to area of practice.	**6.4.1** Access emerging information relevant to area of practice.
	6.4.2 Determine potential for applicability of emerging information to personal practice.
6.5 Contribute to the learning of others.	**6.5.1** Identify the physiotherapy-related learning needs of others.
	6.5.2 Contribute to the education of peers and other healthcare providers.
	6.5.3 Contribute to the **clinical education** of students.
	6.5.4 Assess effectiveness of learning activities.

Domain 7 Professionalism

As autonomous, self-regulated professionals, physiotherapists are committed to working in the best interest of **clients** and society, and to maintaining high standards of behaviour.

Essential Competencies	Entry-to-Practice Milestones
7.1 Comply with legal and regulatory requirements.	**7.1.1** Comply with applicable federal and provincial / territorial legislation.
	7.1.2 Comply with regulatory requirements.
	7.1.3 Maintain confidentiality and privacy as appropriate.
7.2 Behave ethically.	**7.2.1** Use an ethical framework to guide decision-making.
	7.2.2 Address real, potential or perceived conflicts of interest.
	7.2.3 Promote services in an ethical manner.
7.3 Embrace social responsibility as a health professional.	**7.3.1** Maintain awareness of issues and advances affecting the health system locally, nationally and globally.
	7.3.2 Demonstrate awareness of the social determinants of health and emerging trends that may impact **physiotherapy practice**.

Essential Competencies	Entry-to-Practice Milestones
7.4 Act with professional integrity.	**7.4.1** Behave with honesty and respect for others.
	7.4.2 Behave in a manner that values **diversity**.
	7.4.3 Work within physiotherapy scope of practice and personal level of competence.
	7.4.4 Accept accountability for decisions and actions.
	7.4.5 Maintain professional **deportment**.
	7.4.6 Maintain professional boundaries.
	7.4.7 Respond constructively to changes affecting the workplace.
7.5 Maintain personal wellness consistent with the needs of practice.	**7.5.1** Balance personal and professional demands.
	7.5.2 Address physical, emotional and psychological factors negatively impacting workplace performance.

Glossary

In the statements of Essential Competencies and Milestones that follow, terms that are included in the Glossary appear in in **coloured text**. Glossary definitions are provided only to assist in the interpretation of the Essential Competencies and Milestones.

Assistive and augmentative communication devices	Assistive and augmentative communication devices comprise communication methods and technologies used to supplement or replace speech or writing for those with impairments in the production or comprehension of spoken or written language. (Note 1)
Best available evidence	Best available evidence includes published research information, **practice-based evidence**, documented best practices, expert opinion.
Body language	Body language is nonverbal communication where thoughts, intentions, or feelings are expressed by physical behaviors, such as facial expressions, body posture, gestures, eye movement, touch and the use of space.
Business practices	Business practices include activities such as human resource management, financial management, record keeping and reporting, advertising, fee collection and billing.
Client	A client is a recipient of **physiotherapy services**, and may be an individual, family, group, organization, community or population. An individual client may be referred to as a patient. In some circumstances a client may be represented by their substitute decision maker.
Client context	Client context refers to the personal and environmental factors affecting the client, as well as the client's preferences regarding **physiotherapy services**. (Note 2)
Clinical education	Clinical education is physiotherapy education conducted in a practice setting under the supervision of a qualified healthcare practitioner.

Glossary (Continued)

Deportment	Deportment refers to presentation, behaviour, manner of speaking, appearance, grooming and personal hygiene.
Diversity	Diversity refers to variation among people including, but not limited to, variation based upon factors such as race, ethnicity, colour, religion, age, sex, sexual orientation, marital status, family status, and disability. (Note 4)
Documents	Documents refers to **client** records of care, workload data, medical-legal reports, referrals, letters, emails and similar written materials relating to practice, etc.
Evidence-informed practice	Evidence-informed practice integrates **best available evidence** with **client context** and the personal knowledge and experience of the physiotherapist to inform clinical problem solving and decision-making. (Note 3)
Innovation	Innovation is the realization of a new or improved product, service, method, approach.
Inter-professional care	Inter-professional care refers to care provided through collaboration between physiotherapists and other healthcare professionals.
Intra-professional care	Intra-professional care refers to care provided through collaboration among individuals providing **physiotherapy services**.
Knowledge management	Knowledge management (also known as knowledge translation) is a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products, and strengthen the health care system.
Near misses	Near misses refer to a patient safety incident that did not reach the patient. "Near misses" replaces the term "close calls". (Note 5)
Personal knowledge and experience	Personal knowledge and experience refers to the formal and informal learning of the physiotherapist, acquired over career-span.

Glossary (Continued)

Personnel involved in physiotherapy service delivery	Personnel involved in physiotherapy service delivery includes support personnel, assistants, volunteers, and other healthcare providers, who may provide **physiotherapy services** under the direction and supervision of a physiotherapist.
Physiotherapy diagnosis	A physiotherapy diagnosis is 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 practice	Physiotherapy practice refers to all aspects of work carried out by a physiotherapist in order to provide or support physiotherapy services, and includes professional activities, research, acquiring and managing physical resources applied in **physiotherapy service** provision, and business activities where a physiotherapist operates a business that provides **physiotherapy services**.
Physiotherapy programming	Physiotherapy programming involves a common intervention approach delivered to a group of **clients**, such as exercise classes, education sessions, etc. The intervention may be provided to individual **clients** or to clients collectively.
Physiotherapy services	Physiotherapy services are services provided by or under the direction of a physiotherapist. This includes client assessment and intervention, and related communication with and reporting to various parties for the purposes of delivering **client** care.
Practice-based evidence	Practice-based evidence is evidence collected from routine clinical practice.
Practice information	Practice information refers to information about **physiotherapy practice**.
Program	A program is any structured approach to service provision for multiple **clients**, such as delivery of group sessions, community health initiatives or a public health campaign.

Glossary (Continued)

Research activities	Research activities are systematic studies to find or create new relevant knowledge.
Shared leadership	Shared leadership is a process where healthcare teams support a choice of leader depending on the context of the situation at hand. Shared leadership is also referred to as collaborative leadership. (Note 6)

Note 1 **For further information see:**

Fossett, B; Mirenda, P. (2009). Augmentative and Alternative Communication. In Odom, SL; Horner, RH; Snell, ME. Handbook of Developmental Disabilities. Guilford Press. 330–366.

Note 2 **For further information see:**

World Health Organization. International Classification of Functioning, Disability and Health. http://www.who.int/classifications/icf/en/

Note 3 **For further information see:**

Sackett, DL; Straus, SC; Richardson, WS; Rosenbert, W; Harnes, RB. (2000). Evidence Based Medicine: How to practice and teach EBM. (2nd ed). Edinburgh: Churchill Livingston).

Woodburt, MG; Kuhnke, JL. Evidence-based Practice vs. Evidence-informed Practice: What's the Difference? Wound Care Canada. Vol 12, No 1, Spring 2014. 18-21.

Note 4 **For further information see:**

Canadian Human Rights Commission. (2017). Your Guide to Understanding the Canadian Human Rights Act. http://www.chrc-ccdp.gc.ca/eng/content/your-guide-understanding-canadian-human-rights-act-page1

Note 5 **For further information see:**

Canadian Patient Safety Institute. (2012). Canadian Incident Analysis Framework. http://www.patientsafetyinstitute.ca

Note 6 **For further information see:**

Canadian Interprofessional Health Collaborative. (2010). A National Interprofessional Competency Framework. https://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf