Advanced Practice in Alberta, Canada

This article is based on a presentation given by Dianne Millette, registrar of the College of Physical Therapists of Alberta at the 2013 FSBPT Annual Meeting.

There is currently no role for advanced practice physiotherapists in Alberta, Canada but that advanced practice does exist in Ontario, Canada, where 7,600 of the nation's 18,000 physical therapists work.

In terms of the Canadian regulatory context in which physical therapists work, they are self regulating and in a provincial authority, with various models within the provincial regulatory schemes. All are licensure models. There is protected title and direct access.

In terms of the health policy context, Canada focuses on primary care (the right provider at right time with right service) and providing patients with a "medical home." Much effort is going into creating new delivery models to accomplish that end.

Alberta is creating family care clinics to meet population needs but which are not necessarily run or directed by a physician. There is also the creation of primary care networks which are physician-led operations where they may purchase physiotherapy services to be part of the network.

There are also efforts to reduce the wait list and wait time, maximize scopes of practice, improve physician working conditions (reasonable hours, etc.), and reduce overall healthcare costs, particularly the burden of chronic disease.

What does advanced practice mean?

Describing advanced practice is a significant issue in that there is no clear definition. Among the reasons for the confusion is lack of agreement or understanding on what the term means. Descriptors such as "extended scope practitioner," "enhanced scope practitioner" and "clinical specialist" may not mean the same things. There is also the question as to whether the role is truly "advanced;" it may simply be about the evolution of the profession or learning new skills.

The issue may have surfaced because policy development did not occur in a planned way and roles were created to meet different institutional-based needs. As a result, there is a lot of confusion.

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Origins of advanced practice

The early frameworks of advanced practice were developed in nursing in the rural US, along with physiotherapy in the US military and the United Kingdom. The United Kingdom developed specialist roles including the clinical specialist and extended scope practitioners, and both lead to consultant roles.

In any discipline of advanced practice, there is professional maturity (significant expertise in clinical care, interpersonal competence and formal qualifications), the ability to challenge the status quo (finding new ways to work together and acting as a broker and collaborator) and the ability to pioneer innovation (make changes based on reflection and to be engaged in research).

How others describe advanced practice

Speech Language Pathology and Audiology in Alberta
Advanced practice is an umbrella term that describes an advanced level of practice as one that requires educational preparation beyond an entry-to-practice level, promotes in-depth clinical knowledge and develops expertise in meeting the health needs of targeted client populations. Those competencies are encompassed in two roles - clinical specialist and expanded scope practitioner.

Nursing
Advanced practice nursing is a role that requires highly experienced, knowledgeable and educated nurses who are able to diagnose and treat and refer to specialists. They have achieved specific competencies often to used protected title

Sunnybrook Health Sciences Center (tertiary care center)
Advanced practice is a leadership role with a clinical (expert level) component. Advanced practice isn't just about clinical expertise. It is a leadership role with additional domains that include research, scholarship, professional development, organizational leadership and education.

At the Holland Centre, our candidate selection criteria includes a Research Masters degree, a strong background in orthopedics, complex decision-making skills, professional leadership, evidence of innovation, experience in program development and outcome evaluation. The role of Advanced Practice Physiotherapists (APP) is to work collaboratively with the Orthopedic Surgeons and other Outpatient Team members.

Sunnybrook's Holland Musculoskeletal Program has developed an award-winning model to care to improve access and quality of care for patients with hip and knee arthritis, shoulder pathology and spine pain in direct response to their needs.

We have created a role for Advanced Practice Physiotherapists (APP) that includes centralized referral management, comprehensive patient assessment and patient education on community resources and treatment options as well as student education and research.

Physical Therapist definition
The physical therapist defines advanced practice as a broader role that denotes not only an advanced clinical skill set, but also education, program development, critical appraisal and analytical, research and leadership skills that contribute to the knowledge, development and advancement of the physiotherapy profession. (Note that from a regulatory perspective, one should be concerned that the definition says nothing about the patient.)

Common themes

These are the common themes of advanced practice.

- There is clinical expertise based on significant experience and training.
- There is a focus on interpersonal competence including the ability to communicate and collaborate.
- There is formal education beyond entry level (with a focus on education).
- There is involvement in leadership, research, teaching and mentoring.
- Activities performed may be outside of the traditional scope of practice.

It is, as a result, advancement of the profession that is complementary to other roles and focused on the patient.

The Alberta legislative model

Alberta has 2,300 physiotherapists of which 58% are in public practice and 42% in private practice. There are no formal advanced practice or extended scope roles. It's a primary healthcare model but with many unattached patients. A new legislative model took effect in 2011 with opportunities to advance new policy.

Physiotherapists now have the ability to refer to specialists for minor and major consultations (formal process), to order diagnostic imaging in three forms and have created a collaborative prescribing relationship with the College of Pharmacists.

It is a long road to implement the new legislation (12 years), but there is no sense of urgency. There has been an attempt to anticipate the "new normal" for physiotherapy practice based on what was evolving, and there will be a need for new partnerships.

Among the challenges in Alberta:

- Clarity of purpose. Why was policy change being considered? The focus was on public interest.
- Physiotherapists. Many physiotherapists did not want a policy change. They needed to believe they had the ability to develop new competencies.
- Employers. Employers needed to create roles and to deal with issues of classification and payment.
- Government. Some convincing of policy was necessary.
- Other health professions. Competence to other health professions had to be demonstrated.
- Purpose and focus. It was critical to establish timely patient access to needed services.
- Alignment. It had to be determined how best to align with physiotherapist

competencies focused on muscular-skeletal assessment and diagnostic skills.

External consultation comments

Prescribing

- "I don't believe that our profession is qualified or trained to prescribe these medications from a legal perspective." (The comment was probably true at that time.)
- "Our physical therapists do not believe that prescriptive authority is needed, nor is it within the scope of their training."
- "The consequences of uninformed prescribing of oral NSAIDS is enormous and a potential major public health hazard."
- "Patient medication profiles and complete medical histories are often not available to the physical therapist. Drug interactions are possible when the physical therapist does not have the knowledge of other considerations for which the physician prescribes medications."
- "Conflict may develop between what the physician views as an appropriate medication and what the physical therapists prescribe. Our preferred approach is to stay with physicians only prescribing medication."
- "Physical therapists will have to be clinically competent in evaluating cardiovascular, gastrointestinal, hematologic and renal risk, as well as other less common adverse effects of these agents such as liver disease, neurologic toxicity and dermatologic complications."
- "Prescribing may be appropriate for primary healthcare providers. The proposal needs extensive work with pharmacists to ensure that there is a full appreciation of its implications." (This comment led to internal conversations about timely drug therapy.).

Once it was realized the timing was not right, the prescribing policy proposal was removed and the College of Physical Therapists entered into a collaborative prescribing relationship with pharmacists.

Pharmacists were given prescribing privileges, and a memorandum of agreement was established with the College of Pharmacists that allowed physical therapists to refer to a pharmacist who had prescribing authority.

Practitioners from both regulatory bodies were interested in a pilot project. It has since been completed, and an independent evaluator has been retained to ascertain patient and practitioner experience. One of the challenges was that it took a long time to get community pharmacists to go through this process.

Imaging

- "Access to radiological tests and procedures is currently an issue with long wait lists. How will this be addressed if another provider begins ordering? How will it be ensured that unnecessary tests not be ordered, or that the 'best test,' which may not be an x-ray, is the first test ordered? Who will interpret the x-ray?"
- "Continuity of care and communication with the healthcare team, including the physicians are critical issues to consider."
- "I do not believe our profession has the competency to order x-rays."

- “Within the context of the local primary care initiatives model and primary care, this level of competency and function/scope will be required to move the primary care model forward.”
- “Physiotherapists need education to do this properly.”

The College of Physical Therapists had to convince the College of Physicians and Surgeons of Alberta as they control who gets accredited to order images. The College of Physical Therapists also consulted early and often as plans were developed to begin a post-entry level training program and develop standards of practice and criteria to authorize physiotherapists to order imaging. The government granted authority as part of the legislative process and so did the College of Physicians and Surgeons.

There are still many implementation challenges such as policy change within institutions, lack of access to electronic health records for physiotherapists in the private sector and a need for evaluation.

Physiotherapists are now authorized, and all are in the private sector. Implementation issues remain, and an evaluation strategy is being developed. Information is also being sought about utilization and management of adverse events, but the issue is getting data.

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Dianne is the Registrar of the College of Physical Therapists of Alberta, located in Edmonton, Alberta, Canada and the President of the Canadian Alliance of Physiotherapy Regulators, the national regulatory federation in Canada. She has been involved in health professions regulation for over 25 years in Canada and the United States. Dianne is a physiotherapist and holds a Master of Health Science degree from the University of Toronto. Over the past several years in Alberta, Dianne has been involved in developing policy and regulation that allows physiotherapists to order diagnostic imaging and develop partnerships with pharmacists who can prescribe drug therapy.