

 Prince Edward Island College of Physiotherapy Standards of Practice	POLICY TITLE: Use of Title
	DATE CREATED: October 2020
CATEGORY: Practice Standard	DATE APPROVED: November 1, 2020
AUTHORITY: RHPA/Physiotherapy Regulations	DATE REVISED:

A physiotherapist uses their title, credentials, and other designations to clearly identify themselves to clients, other healthcare providers, and the public.

DEFINITIONS

Clients: Recipients of physiotherapy services, and may be individuals, families, groups, organizations, communities, or populations. The term client encompasses patients and residents. In some circumstances clients may be represented by their substitute decision-maker.

Clinical Specialist: The PEI College of Physiotherapists (PEICPT) recognizes a “clinical specialist” to be a registrant who possesses a specialist certification in a defined area of physiotherapy practice. As of July, 2020 this included the Canadian Physiotherapy Association Clinical Specialist program and American Board of Physical Therapy Specialties programs.

Credentials: Refers to those words or abbreviations that indicate an educational qualification, certification, or specific competency.

Title: Refers to the words “physiotherapist”, “physical therapist” and “PT” as described in Part 3, section 17 of the *Physiotherapists Regulations*.

PURPOSE

Members must represent their qualifications in a manner that is true, accurate and not misleading. The public has the right to know who the physiotherapist treating them is, and what their qualifications are. Public interest is protected through a consistent application of use of title, title abbreviations and credentials.

APPLICATION

This policy applies to all members of the PEICPT.

Use of Title

As per section 89 of the Regulated Health Professions Act, only members of the PEICPT can use the title “physiotherapist”. This includes variations and short forms, such as “physical therapist”, “PT”, and equivalent terms in other languages. It is illegal for anyone who is not a member of the college to use the title “physiotherapist”. Members who believe that a non-member is holding themselves out as a physiotherapist must report this to the college.

Members must use their title when they are engaging in physiotherapy clinical practice and when identifying themselves to clients and others. Documents or records signed in the capacity or role of a physiotherapist (e.g. charts, reports, bills) must include either the full professional title or an approved abbreviation (e.g. PT). The title used must be associated with their class of registration:

- Members with a certificate of independent practice or a special registration must use the “physiotherapist” title.
- Members with a certificate of provisional practice must use the “Physiotherapist Resident” or “PT Resident” title.

Members may not use the “physiotherapist” or “physiotherapist resident” title when they are practicing outside of the scope of practice of physiotherapy.

Use of “Clinical Specialist” Title

Members must not use the title “specialist” unless they have completed a speciality certification program recognized by the PEI College of Physiotherapy. Physiotherapists who have a speciality designation from an approved program may apply to the PEI College of Physiotherapy (PEICPT) for authorization to use the title “Clinical Specialist” (Appendix A). The area of clinical speciality must be identified. The speciality designation must be used in conjunction with and follow the protected titles (Physiotherapist, Physical Therapist or PT), for example: name, PT, Clinical Specialist (Sport).

In order to maintain authorization, members must confirm you continue to hold the speciality designation annually at time of renewal.

Use of other Credentials

Academic degrees, diplomas, or certificates although permitted in association with the member’s name, are not a title or professional designation, and therefore shall be written on a line below. While advanced and enhanced competency is encouraged, physiotherapists must limit the denotation of credentials with educational standards that are consistent and verifiable. Acceptable credentials include:

- Name of the academic diploma or degree(s) earned at a university to allow practice as a physiotherapist, as the title appears on the certificate.
- Acceptable abbreviation of the title of the diploma or degrees(s).
- Master’s and Doctorate degrees from an accredited Canadian University, or deemed equivalent to those degrees.

Programs that do not grant a university degree must be written in full. This includes, but is not limited to the following examples:

- Certified by Acupuncture Foundation of Canada
- Fellow of the Canadian Academy of Manipulative Physiotherapy
- Certified Hand Therapist
- Certified Respiratory Educator

Membership in other groups or organizations (e.g CPA) must be written out in full. These are typically voluntary memberships and are not part of a professional title. The acronyms for these groups or organizations are often mistaken for professional credentials.

Example: Jane Doe PT
 BScKin, MScPT
 MCPA (Member of the Canadian Physiotherapy Association)

Members may not use the title “doctor” or the short form “Dr.” preceding their professional name in the provision or communication of physiotherapy services to the public. The title Dr. may be used for research/academic purposes in non client care settings.

APPENDIX A (SAMPLE)

Application Authorization to use credential Clinical Specialist

Applicant Name: _____

Registration Number: _____

I am applying for authorization to use the following speciality designation

Clinical Specialist (_____)
speciality area

Date certification awarded (uploaded): _____ Date certification expires: _____

STATUTORY DECLARATION

I _____, solemnly declare that I hold the speciality designation indicated on this application form. I understand that I must inform the PEI College of Physiotherapy immediately if I no longer hold the speciality designation. I understand that I can only use the title "Clinical Specialist" while authorized by the PEI College of Physiotherapy.

I certify and declare that the information provided in this application is true.

Applicant's Signature: _____ Date: _____