

 <p>Prince Edward Island College of Physiotherapy</p> <p>POLICIES & PROCEDURES</p>	<p>POLICY TITLE:</p> <p>Physiotherapist Resident License</p>
	<p>DATE CREATED: August 2019</p>
<p>CATEGORY: Registration</p>	<p>DATE APPROVED:</p>
<p>AUTHORITY: Regulated Health Professions Act and Physiotherapists Regulations</p>	<p>DATE REVISED: October 2020</p>

PURPOSE

The Physiotherapists Regulations allow registration on the Physiotherapist Residents Register to a person who has not yet completed all requirements for unrestricted practice of physiotherapy under certain terms and conditions, including supervision and using the title “Physiotherapist Resident”.

DEFINITIONS

Physiotherapist Resident: a member who has completed all other requirements for registration on the General Register of the PEI College of Physiotherapy, but not yet successfully completed the final competency examination.

Supervising Physiotherapist: a member in good standing on the General Register of the Prince Edward Island College of Physiotherapy, who has minimum 3 years of experience working in Canada with no restrictions, who agrees to assess and monitor the actions of a Physiotherapist Resident, and has completed the Supervisory Agreement (Appendix A). Selection criteria is outlined in the *Framework for Entry to Practice Supervision by Physiotherapy Regulators in Canada*.

PCE: Physiotherapy Competency Exam administered by the Canadian Alliance of Physiotherapy Regulators (CAPR) which includes a Written Component (PCE-W) and a Clinical Component (PCE-C)

PROCESS

The application to be a Physiotherapist Resident is completed online through the HMS portal. In order to be registered on the Physiotherapist Residents Register, the applicant must provide evidence that they have:

- successfully completed a credentialed university program on Physiotherapy (or “degree”) as defined in section 12 of the *Physiotherapist Regulations* and is qualified in all other respects, and
- successfully completed the Written Component (PCE-W) and registered to take the next offering of the clinical component (PCE-C) of the Physiotherapy Competency Exam, and documentation for both have been received by the Registrar, and
- paid the appropriate licensing fee once advised to do so by the registrar.

The applicant will be then be notified by the registrar, provided their registration certificate and license #, and be listed on the public website.

The Physiotherapist Resident license shall expire on the date determined by the Registrar or, within 15 days of the results of the PCE-C being made available to the applicant, whichever is sooner. A Physiotherapist Resident licence may be extended where the applicant has been unsuccessful in their attempt to pass the PCE-C but has registered to take the next offering of the exam.

TERMS OF PHYSIOTHERAPIST RESIDENT LICENSE

A Physiotherapist resident shall only operate under the supervision of a Physiotherapist in good standing, who has 3 years of experience working as a physiotherapist in Canada without restrictions. The Supervisory Agreement (appendix A) must be completed and signed by the Physiotherapist Resident, and their supervising physiotherapist(s). A copy of this form is to be returned to the registrar, and the original kept by the supervising physiotherapist.

In accordance to the *Framework for Entry to Practice Supervision by Physiotherapy Regulators in Canada*, the requirements for supervision vary with the needs of the Physiotherapist Resident involved. This includes the duration of supervision and supervision approach. The supervisor is required to monitor the activities of the resident and must be on site to directly or indirectly monitor the activities of the resident until the initial evaluation is completed. Afterwards, the supervisor is expected to consider the individual needs of the resident and provide the necessary level of supervision to ensure safe delivery of physiotherapy services and protection of the public. The supervising physiotherapist must be immediately available either in-person or by phone during all times the physiotherapist resident is providing physiotherapy services to the public.

The supervisor and resident must meet on a regular basis to review the performance of the resident, and a record of these discussions is to be kept by the supervising physiotherapist. The meeting can be formal or informal, but should include the resident's understanding of relevant legislation, code of ethics, practice standards, scope of practice, consent, safety, confidentiality, professional conduct and performance, communication, documentation, use of support personnel and fees/billing.

Supervisory Agreement

The Prince Edward Island College of Physiotherapy (PEICPT) allows a graduate from a credentialed university degree program in Physiotherapy to be engaged in direct patient clinical care as a Physiotherapist Resident as long as:

1. They are under the supervision of a licensed Physiotherapist of the PEICPT
2. They have met all other requirements on PEI for licensure but have not successfully completed, or are awaiting the result of the Clinical Component of the Physiotherapy Competency Examination (PCE-C)

As a Supervisor, I agree to provide supervision of the Physiotherapy Resident identified below in accordance with the **Framework for Entry to Practice Supervision by Physiotherapy Regulators in Canada**, during the applicable period they are working on PEI. I also agree to complete all components of the **provisional practice monitoring tool** as outlined, and submit them to the PEICPT when required.

*Signature of Supervising Physiotherapist**

Date (D/M/Y)

* Supervising Physiotherapist has a minimum number of 3 years of experience in independent practice in Canada

We both further agree to notify the PEICPT if this agreement is terminated for any reason, or if a new Supervisor needs to be assigned/added.

Signature of Supervising Physiotherapist

Signature of Physiotherapy Resident

Type/print name of PT Supervisor

Type/print name of PT Resident

License number of Supervisor

License number of Resident

Date (D/M/Y)

Date (D/M/Y)

Facilit(ies) of Employment: _____

Address(es): _____

Telephone number/Facsimile: _____

Initial Date of Employment: _____

(Original copies to be kept by Supervising Physiotherapist)