

Primary Care Interprofessional Team Toolkit

Revised October 2012

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Background

This toolkit builds from earlier work to help clinics in the Physician Integrated Networks to identify which providers to integrate. This version builds on this work and introduces additional resources which provide more details about each step of the process. Resources were chosen based on the questions and barriers identified by Manitoba physicians, other providers and Primary Care Network teams.

An extensive review of the literature was conducted as well as an environmental scan of Primary Care Network planning teams. Resources from the literature review were included in the toolkit based on the input we received--the item answered the questions, the resource was brief and user-friendly, and the resource could be used to provide more depth to the particular step of the process.

The following items have been added based on the input we received:

- Provide clear definitions of the roles of all team members/ providers
- Provide a clear definition of the intention and definition of collaboration
- Provide tools for:
 - o Conflict resolution
 - o Communication
 - o Teamwork
 - o Leadership
 - o Cultural diversity
 - o Measurement of team effectiveness
 - o Steps to implementation
 - o Virtual teams

The last section of the toolkit provides essential information regarding the scopes of practice and profiles of Manitoba health professionals. We extend our thanks to Manitoba's regulated health professions for providing this critical information.

It is our hope that you will find the components of the toolkit helpful to the process of building and integrating an interdisciplinary team in primary care. If you have questions or suggestions we look forward to hearing from you at (204) 788-6732 or phc@gov.mb.ca.

How to use this toolkit

This toolkit provides instructions and resources for building a team to meet your practice's goals as well as profiles of Manitoba health professions. It goes through a three step process to identify the needs or tasks to be addressed, determining the right fit/right provider and integrating the new provider into the practice. A process for working through each step is described and additional web based resources are highlighted. There is a section addressing common questions related to liability in collaborative practice as well as a discussion on Community Collaboration. The final section of the toolkit supports Step Two of the process of creating a team, by highlighting the scope of practice and practice profile of Manitoba's health professionals. This information can be very helpful in validating or challenging assumptions about what other health care providers can contribute.

This toolkit aims to provide some helpful information and to serve as an initial reference guide to practices that are considering implementing interprofessional teams. The evidence-informed resources in this toolkit will help you and your team through all stages of team development, integration and evaluation.

Rationale for interprofessional, collaborative care

Interdisciplinary teams are a core component of Manitoba Health's Primary Care Network strategy. An interprofessional team can be designed to increase patient access to the care they need when they need it and enable physicians to more time to spend with patients to meet their medical needs.

Physicians responding to 2011 National Physician Survey report increasing demands on their time and hours of work. Factors contributing to this include increases in the complexity of patient needs, administrative and paperwork, aging populations, and patient expectations.¹ Pressures to see more patients continue to mount and in 2010, it took longer for patients requiring urgent care to see a physician than in 2007. Physicians are seeking alternative strategies to meet the needs of their patients.

The Canadian Medical Association supports collaborative practice models as one way to ensure patient-centered care and the sustainability of the health care system, and to free up physician time.² Evidence regarding the outcomes of teamwork in primary care is growing. Some of the benefits for patients can include:

- Patients can more easily access care when they need it³
- Improved patient safety⁴

¹ CMA. (2011). National Physician Survey.

² CMA. (2011). Principles to guide health care transformation in Canada.

³ CMA. (2011). Principles to guide health care transformation in Canada.

- Reduction in hospital admissions and lengths of stay⁵⁶
- More patient involvement in learning to manage their own health care.

Benefits for providers and practices can include:

- Improved workplace and provider satisfaction⁷
- The support of a team to provide a variety of care needs, such as prevention, nutrition counselling, mental health care, patient self-management, immunizations, home visits, and chronic disease monitoring
- The opportunity to focus on providing services that are uniquely in their expertise, spend more time with patients and reduce wait times, and to grow their roster size⁸
- The opportunity to understand the business case for hiring allied health professionals and correspondingly growing their roster size and income⁹

The Canadian Medical Association’s report on Primary Care reform stated “...those who succeed at integrating non-physician professionals into their practice have found that their job satisfaction increased over time, since they can concentrate on providing services that are uniquely within their expertise, which translates into more time spent with patients. In addition, waiting times tend to decrease, since physicians can see patients more promptly”¹⁰

⁴ Royal College of Physicians and Surgeons of Canada. (2008). Royal College and Canadian Patient Safety Institute Launch Road Map for Medical Educators to Ensure Patient Safety.

⁵ Western Canadian Interprofessional Health Collaborative. (2010). Interprofessional (IP) Interventions: Impact of Cost Benefits.

⁶ Cochran Collaboration. (2010). Interprofessional collaboration: effects of practiced based interventions on professional practice and healthcare outcomes.

⁷ Western Canadian Interprofessional Health Collaborative. (2010). Interprofessional (IP) Interventions: Impact on Quality Workplace and Provider Satisfaction.

⁸ CMA. (2005). Primary Care Reform. *Practice Solutions*. Ottawa, ON.

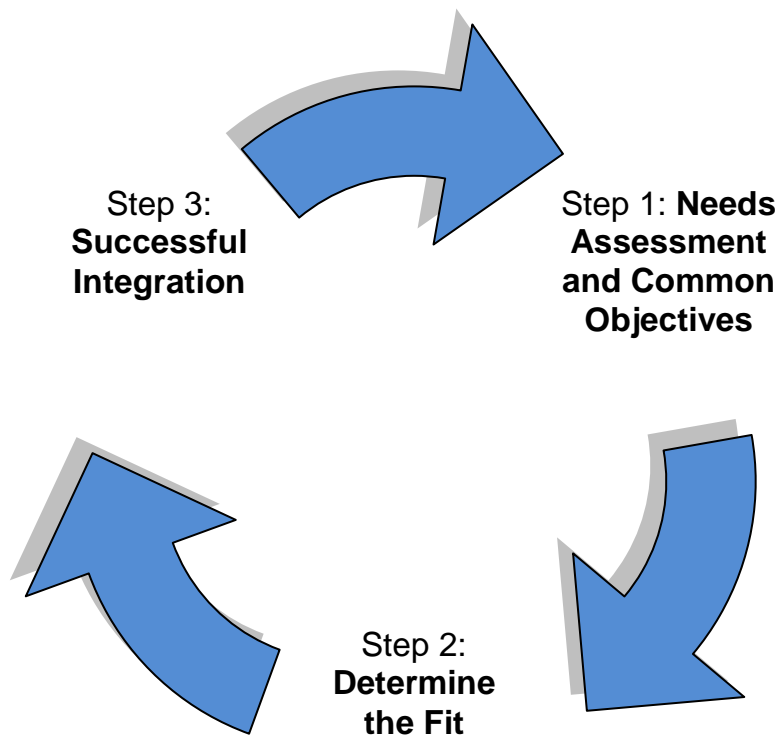
⁹ Ibid.

¹⁰ Ibid.

Integrating Primary Care Providers

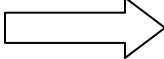
How to Select and Introduce Additional Team Members

In order to optimize the patient and practice benefits of additional team members, it is essential to methodically evaluate the patient's needs, review potential providers who could assist the practice in meeting the needs, select provider types, and establish how the practice will ensure success. A brief overview of the process is provided below. You may also want to access the College of Family Physicians of Canada's *Interdisciplinary Collaboration Primary Care Toolkit for Family Physicians* at <http://www.cfpc.ca>.



Step 1 – Needs Assessment and Common Objectives

Population and patient needs assessments should be key determinants in deciding what kind of team is needed.¹¹

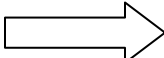
- Highlight the top needs/issues of the clinic's patient population. Reports from the clinic's Electronic Medical Record (if one is used) may assist with this. 

Selecting and Developing your Team Resources:

Improvement Charter Worksheet:
<http://www.impactbc.ca/sites/default/files/resources/qi-toolkit/templates/ImpactBC-ImprovementCharterAimStatementWorksheet.pdf>

Getting Started: Guide for organizations:
<http://www.health.gov.sk.ca/pfcc-getting-started>

Team Education Resources:
<http://www.wrha.mb.ca/professionals/collaborativecare/resources.php>

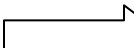
- Review data from relevant regional Community Health Assessments---look for health issues that your practice could target, through additional team members, to better serve the community and potentially increase access. 

Executive summaries of these reports are available on RHA websites such as:
<http://www.wrha.mb.ca/research/cha/index.php>

<http://www.sehealth.mb.ca/Default.aspx?cid=39&lang=1>

<http://neha.mb.ca/cha.html>

http://www.brha.mb.ca/community_assessment_report2009.htm

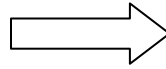
- Consider what other providers could best help your clinic provide high- quality care to your patient population, including comprehensive chronic disease management and primary prevention. 

Profiles of Manitoba Health Professions: Page 17 of this toolkit

Implementing Interprofessional Care in Ontario:
<http://www.healthforceontario.ca/upload/en/watishfo/ipcproject/hfo%20ipcsic%20final%20reportengfinal.pdf>

¹¹ College of Family Physicians of Canada. (2006). Primary Care Toolkit for Family Physicians. <http://toolkit.cfpc.ca/en/interdisciplinary-collaboration/needs-assessment.php>

- Hold discussions with the physicians in the group to determine if the clinic is appropriately addressing these needs, and other issues that may be of interest to the group.

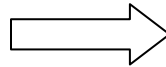


Determine where you are, where you want to be and how to get there:
<http://www.wrha.mb.ca/professionals/collaborativecare/step-2.php>

Stages of building a team:
<http://www.impactbc.ca/resources/resource/sii-the-human-side-of-change>

FHT Guide to collaborative team practice:
http://www.health.gov.on.ca/transformation/fht/guides/fht_collab_team.pdf

- Identify potential solutions as to how the group could work together to address these issues.



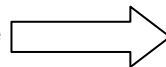
Team Functioning:
<http://www.wrha.mb.ca/professionals/collaborativecare/files/Competencies-3.pdf>

Quick Guide to Collaborative Approach:
http://www.impactbc.ca/sites/default/files/resource/n155_ibc_quick_guide_to_collaborative_approach_2009-01-12.pdf

Improve your Team's Collaboration:
<http://www.wrha.mb.ca/professionals/collaborativecare/journey.php>

Promoting Effective Teamwork in Healthcare in Canada:
http://www.chsrf.ca/Migrated/PDF/teamwork-synthesis-report_e.pdf

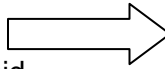
- Evaluate existing resources in the clinic---is the practice using existing staff to the best advantage?



Education Resources:
<http://www.wrha.mb.ca/professionals/collaborativecare/resources.php>

Evidence Synthesis for the Effectiveness of Interprofessional teams in Primary Care:
http://www.chsrf.ca/Libraries/Commissioned_Research_Reports/Jacobson-Interprofessional-EN.sflb.ashx

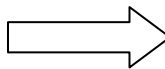
- Evaluate existing resources in the community to explore opportunities for collaboration and to avoid duplication of services. Consider the integration of a virtual team through collaboration with programs in the Regional Health Authority—collocation is not a prerequisite or a guarantee of effective team work.



Contact your RHA

Virtual Teams:
<http://sloanreview.mit.edu/the-magazine/2009-summer/50412/how-to-manage-virtual-teams/>
<http://www.newfoundations.com/OrgTheory/Geisler721.html>

- Determine the objectives---is the goal to provide additional services, improve the work life in the practice, new quality improvement targets, or increasing access and roster size?




How to Improve:
<http://www.ihl.org/knowledge/Pages/HowtoImprove/default.aspx>

Southcentral Foundation's Nuka Model of Care:
http://www.youtube.com/watch?v=tLnZ3_AccoU&feature=player_embedded

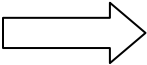
Step 2 – Determine the Fit: Review Roles and Functions of Potential Providers

Every primary care provider has unique and shared skills and knowledge that can be brought to the team. Collaborative care is not a matter of simply assigning or delegating tasks to other providers. Each team member must be respected and valued for their abilities and education as a member of an interprofessional care team. Some skills, training and expertise overlap from one professional to another.

- Review the attached Fact Sheets to learn more about the functions and roles of primary care providers.  Manitoba Health collaborated with professional and regulatory bodies to present the fact sheets included in this toolkit, which are aimed at answering some of these important questions.

Profiles of Manitoba Health Professions:
Page 17 of this toolkit

Quick Guide to Collaborative Approach:
http://www.impactbc.ca/sites/default/files/resource/n155_ibc_quick_guide_to_collaborative_approach_2009-01-12.pdf

- Use the links provided to learn more about the provider group.
- Determine which of these providers could best contribute to meeting the practice's needs. 
- Negotiate the overlap of responsibilities – adding a team member usually affects the roles of existing team members.

Role Clarification:

<http://www.wrha.mb.ca/professionals/collaborativecare/files/Competencies-2.pdf>

Clarifying Roles and Expectations:
http://www.qiip.ca/user_files/module3.pdf

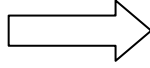
Tools for Interdisciplinary Care:
<http://www.eicp.ca/en/toolkit/patient-engagement/tools.asp>

FHT Guide to collaborative team practice:
http://www.health.gov.on.ca/transformation/fht/guides/fht_collab_team.pdf

CNA Primary Care Toolkit
<http://www.cna-aiic.ca/en/professional-development/nurseone-knowledge-resources/cnas-primary-care-toolkit/>

Step 3 – Successful Integration

- Successful integration requires leadership commitment to manage and oversee the change.



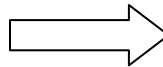
Collaborative Leadership:
<http://www.wrha.mb.ca/professionals/collaborativecare/files/Competencies-4.pdf>

Institute for Patient and Family-Centered Care:
<http://www.ipfcc.org/tools/downloads-tools.html>

Patient-centered care: Improvement Guide:
<http://planetree.org/wp-content/uploads/2012/01/Patient-Centered-Care-Improvement-Guide-10-28-09-Final.pdf>

IHI Triple AIM:
http://www.impactbc.ca/sites/default/files/resource/n161_ihi_-_achieving_the_triple_aim.pdf

- Communication with everyone on the team is important. It is essential that everyone understands the role of a new provider and how it may change their own roles.

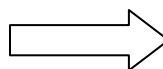


Improving Communication:
http://www.qiip.ca/user_files/module8.pdf

Understanding Change
http://www.qiip.ca/user_files/module6.pdf

Shared Care: Issues you should consider
http://www.cmpa-acpm.ca/cmpapd04/docs/resource_files/infosheets/2005/com_is0551-e.cfm

- Undertake team development work. The group may want to engage a facilitator to help with the transition. Effective group dynamics enhance the returns on a collaborative practice investment.

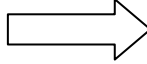


Effective Communication:
<http://www.eicp.ca/en/toolkit/communication/default.asp>

Trust and Respect:
<http://www.eicp.ca/en/toolkit/trust/default.asp>

Making the Most Out of Team Meetings:
http://www.qiip.ca/user_files/module4.pdf

- Communications between team members is a key in providing effective, efficient collaborative care. The CFPC *Primary Care Toolkit* advises that success requires an investment in time for intra-group and intra-disciplinary communication. Options range from scheduled meetings where practice issues or planning complex patient care are discussed, effective use of EMRs, to hallway chats to exchange key information about a patient.



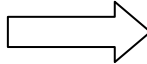
Interprofessional Communication:
<http://www.wrha.mb.ca/professionals/collaborativecare/files/Competencies-5.pdf>

Institute for Patient and Family-Centered Care: <http://www.ipfcc.org/tools/downloads-tools.html>

SBAR Toolkit
<http://www.ihl.org/knowledge/Pages/Tools/SBARToolkit.aspx>

- SBAR (Situation, Background, Assessment, Recommendation) is an effective and efficient way to communicate important information. SBAR offers a simple way to help standardize communication and allows parties to have common expectations related to what is to be communicated and how the communication is structured.

- Periodic evaluation and feedback is a critical part to your team's development and meeting your goals



Interdisciplinary healthcare feedback tool article: Innovation in Healthcare Team Feedback
<http://www.longwoods.com/content/22382> : <http://rypple.com/>

Evaluating team performance:
http://www.qiip.ca/user_files/module5.pdf

Measurement for Improvement:
http://www.impactbc.ca/sites/default/files/resource/n160_ibc_measurement_2010-11-05.pdf

For more information...

The Winnipeg Regional Health Authority web site has many resources to assist in developing and sustaining effective collaborative practice. Documents can be found at www.wrha.mb.ca.

The Ontario Government's *Guide to Collaborative Team Practice* is an excellent guide to establishing and sustaining teamwork in primary care practice. This document can be found at http://www.health.gov.on.ca/transformation/fht/guides/fht_collab_team.pdf.

The College of Family Physicians of Canada's *Primary Care Toolkit for Family Physicians* is available at <http://toolkit.cfpc.ca>. This resource provides additional information regarding communication, teamwork, governance, and continuity and comprehensiveness of care.

The Canadian Nurses Association *Primary Care Toolkit* is available at: http://www.cna-nurses.ca/cna/practice/family/default_e.aspx

This resource provides additional resources such as:

- Role description for RNs in primary care,
- Building collaborative teams, and
- The business case for RNs in primary care.

Liability and Risk Management in Collaborative Practice

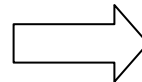
In a collaborative practice, some concerns surrounding medico-legal liability may be raised. Specifically, working in collaborative practice may impact providers' risk regarding vicarious liability, as well as joint and several liabilities.

The Canadian Medical Protective Association and the Canadian Nurses Protective Society have identified the following steps to help decrease your risks when working collaboratively:

- have appropriate and adequate professional liability protection and/or insurance coverage;
- confirm the continuing appropriate and adequate professional liability protection and/or insurance coverage of the other members of the collaborative health care team;
- physicians should contact the CMPA at 1-800-267-6522 to discuss issues related to collaborative practice or the extent of assistance for clinics and other practice arrangements;
- if you have or require commercial insurance, you should consult a business lawyer or insurance professional about how to identify your business insurance needs and protect your individual and business interests. Consider scheduling a periodic review of these issues;
- if commercial insurance is purchased, abide by the terms of the policy and report any potential or actual claim to the insurer while the policy is still in effect; and
- if you change insurers or do not renew a claims-made insurance policy, purchasing tail coverage is recommended¹².

For more information regarding medical liability in a collaborative care setting, please see The Canadian Medical Protective Association (CMPA) document "Collaborative Care: A Medical Liability Perspective";
http://toolkit.cfpc.ca/en/interdisciplinary-collaboration/documents/06_collaborative_care-e1.pdf

For more information regarding liability risks (i.e. direct liability, vicarious liability, joint and several liability) and liability protection, please see the CMPA/CNPS Joint Statement on Liability Protection for Nurse Practitioners and Physicians in Collaborative Practice;
http://www.cnps.ca/joint_statement/English_CMPA_CNPS_joint_stmt.pdf



Liability Risks in Interdisciplinary Care: Thinking Outside the Box
<http://www.conferenceboard.ca/e-Library/abstract.aspx?DID=1979>

Liability Risks Not a Barrier to Health Care Collaboration
http://www.conferenceboard.ca/press/newsrelease/07-04-11/liability_risks_not_a_barrier_to_health_care_collaboration.aspx

¹² CMPA, CNPS. *CMPA/CNPS Joint Statement on Liability Protection for Nurse Practitioners and Physicians in Collaborative Practice* (March 2005). P. 3

Community Collaboration Opportunities

As a primary care clinic, the services provided by the clinic to the community are important and an integral part of community health. This initiative hopes to build on the partnerships that already exist between clinics and the community and support new opportunities for clinics to integrate and develop partnerships with community organizations.

Why develop community partnerships?

Research shows that community programs play an important role in the health of populations:

The presence of community resources and agencies – supported in large part by governments – are seen as serving to strengthen social support, minimize the effects of stress and social exclusion, and mitigate in part some of the effects of low income and status [on population health].¹³

Community involvement in health care delivery can lead to “improved effectiveness and efficiency, better coverage and equity of resource allocation, and greater self-reliance. Utilising community knowledge and support helps cut across language and cultural barriers, is essential for the success of health promotion and prevention activities, improves democratic process, and social change, and enhances the learning process in PHC, keeping organizations abreast with changes in society. While there is limited evidence linking community participation in PHC with improved health outcomes, the potential for it to do so via the benefits outlined is significant.”¹⁴

Most primary care clinics are already working with and within their community. For example, some clinics are supported by a community board, or involved in community run programs. However, there are barriers that limit the collaboration and the ability of clinics to work directly with their communities; “integration of the community sector is hampered by structural constraints such as the lack of budgetary authority for broader scope of services, including physicians’ fees and drugs.”¹⁵

Collaboration and development of linkages with the community are encouraged in both the PIN initiative and the Primary Care Network strategy. Whether with non-profit organizations such as church groups, or

¹³ Raphael, Dennis. Rebecca Renwick, Ivan Brown, Brenda Steinmetz, Hersh Sehdev and Sherry Philips. (2001). Making the links between community structures and individual well-being: community quality of life in Riverdale, Toronto, Canada. *Health & Place*. (7). 179-196.

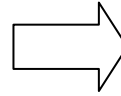
¹⁴ Crampton, Peter. (1999) *Third Sector Primary Health Care: A report prepared for the National Health Committee*. Department of Public Health, Wellington School of Medicine.

¹⁵ Lomas, Jonathan. (1997). Devolving authority for health care in Canada’s provinces: 4. Emerging issues and prospects. *Can Med Assoc J*. Mar, 15. 156 (6).

connecting with a Regional Health Authority program, these linkages will help to reduce duplication and help in the delivery of quality primary care.

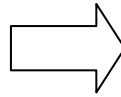
Ideas for partnerships and collaboration

Every community is different. The needs and resources in each community will also vary. Each site will need to explore how your resources, patients and communities can work together to form collaborative partnerships. By working with the regional health authority, clinics can help their patients through better access to a variety of regional resources, such as home care services, mental health and public health services and participate in the benefits of a Primary Care Network.



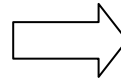
Primary Care Networks:
<http://www.gov.mb.ca/health/pcn/index.html>

The Winnipeg Regional Health Authority has created an online database of health and social services within the City of Winnipeg. This database has been integrated with the provincial CONTACT database and is a useful resource that can assist in identifying community resources and could be helpful in developing partnerships and for directing patients to services for their health issues or concern.



The WHRA Health Services Directory allows you to search for either services in your area or services related to a specific health concern or issue
<http://www.wrha.mb.ca/encompass/>

Contact is a program of the Volunteer Centre of Winnipeg. Contact provides a listing of community resources that provide help, support and information province wide.



Contact Community Information
287-8827 in Winnipeg or toll-free 1-866-266-4636
www.contactmb.org

Profiles/Scopes of
Practice of Manitoba
Health Professions

Athletic Therapist

Name of Profession:

Certified Athletic Therapist [CAT(C)]

Definition of Profession:

Athletic Therapy is dedicated to the prevention, immediate care and subsequent rehabilitation/reconditioning of musculoskeletal injuries. They utilize the most current, evidence based, assessment and treatment techniques in order to provide optimal care to their clients. Athletic Therapists are devoted to the health care of the physically active individual and to the promotion of physical activity.

An Athletic Therapist must have fulfilled the academic and practical requirements as outlined by the Canadian Athletic Therapists' Association in order to utilize the title of Certified Athletic Therapist. The academic requirements are met within one of seven CATA accredited Institutions across Canada. These programs must meet standards, set by the CATA, within their respective Kinesiology degree programs.

A Certified Athletic Therapist has successfully completed a CATA accredited academic degree program, a 1200 hour internship program, and the national certification exams both field and clinical.

Scope of Practice:

The Scope of Practice of a Certified Athletic Therapist includes the prevention, immediate care, and reconditioning of musculoskeletal injuries. Prevention includes musculoskeletal and postural evaluation, equipment selection, fitting and repair, warm-up, conditioning programs, prophylactic or supportive taping, and adapting to the activity, environment and facilities. The provision of on-field, immediate care of activity related injuries by a Certified Athletic Therapist includes: injury assessment, basic emergency life support, recognition and management of acute traumatic neurological dysfunction, provision of first aid, preparation for entrance into appropriate health care delivery systems, or, where appropriate, utilization of techniques facilitating a safe return to participation. A Certified Athletic Therapist assesses injuries and conditions, uses contemporary rehabilitative techniques, therapeutic modalities, soft tissue mobilization, physical reconditioning, and supportive strapping procedures to promote an environment conducive to optimal healing in preparing the individual for safe reintegration into an active lifestyle at home, work or play. The Athletic Therapist, in cooperation with all members of the health care delivery team, is an integral part of a total service to maximize the performance and welfare of the individual. Concomitant with the execution of this role,

the Athletic Therapist nurtures an attitude of positive health.

The Certified Athletic Therapist must present annual documentation demonstrating continued professional development in order to maintain their status with the Canadian Athletic Therapists Association.

Salary:

Athletic Therapists' salaries range from \$30,000 - \$80,000, depending on their employment position. Private practice Athletic Therapists are often owner/operators or work on a percentage basis within a privately owned clinic. Regional Health Authorities in Manitoba employ Athletic Therapists in a number of different roles at this time.

Registering Bodies:

Canadian Athletic Therapists' Association
Manitoba Athletic Therapists' Association

Liability and Accountability:

The Constitution and Code of Ethics of the Canadian Athletic Therapists' Association as well as the Manitoba Athletic Therapists' Association ensure self-regulation and allow treatment without the referral from or supervision of a physician. Athletic Therapists are required by these governing bodies to carry liability coverage according to the clientele with which they work. The range of coverage is from \$1,000,000 to \$5,000,000 professional liability coverage.

Contacts for further information:

Manitoba Athletic Therapists' Association
145 Pacific Ave.
Winnipeg, MB R3B 2Z6
Phone: 204-925-5930

Canadian Athletic Therapists' Association
Suite 402 – 1040, 7th Avenue S.W.
Calgary, AB T2P 3G9
Phone: 403-509-2282

Chiropractor ¹⁶

Name of Profession:

Chiropractor
Doctor of Chiropractic

Definition of Profession:

The practice of chiropractic includes diagnosis, treatment management and prevention of neuro-musculo-skeletal disorders mainly related to the spine and the extremities. Chiropractors are involved in scientific research in collaboration with other health care professionals. Chiropractors provide drug-free, non-surgical care of neuro-musculo-skeletal disorders including back and neck pain, and headaches. Chiropractors are educated and clinically trained in whiplash associated disorders, workplace injuries, repetitive strain injuries, and sports injuries. Chiropractors provide education to patients on matters of wellness, lifestyle and the prevention of injuries.

Educational Requirements:

1. A prerequisite of three years of university-level education prior to entrance into a chiropractic program.
2. Four years, or a minimum of 4200 hours, of chiropractic education leading to graduation from a chiropractic program accredited by the Council on Chiropractic Education of Canada (CCEC) or an accrediting body recognized by the Council on Chiropractic Education International.
3. Passing national exams set by the Canadian Chiropractic Examining Board (CCEB) together with the Provincial Jurisprudence Exam.

Scope of Practice in Relation to Primary Care:

Chiropractic is a health care discipline that emphasizes the inherent recuperative powers of the body to heal itself without use of prescription drugs or surgery. The practice of chiropractic focuses on the relationship between structure (primarily the spine, but also the extremities) and function (as coordinated by the nervous system) and how that relationship effects the preservation and restoration of health and healing. Since human function is neurologically integrated, Doctors of Chiropractic evaluate and facilitate biomechanical and neuro-biological function and integrity through the use of appropriate conservative, diagnostic and chiropractic care procedures. Chiropractors use a neuro-musculo-skeletal model that is evaluated, diagnosed and managed through the use of chiropractic specific adjustive techniques as well as chiropractic ancillary/adjunctive procedures. Doctors of Chiropractic are primary contact health care providers. They apply their education, knowledge, diagnostic skill and clinical judgment necessary to determine appropriate

chiropractic care and management. Doctors of Chiropractic establish a doctor/patient relationship and use specific spinal adjustments and other conservative

clinical procedures. Through their training, chiropractors recognize and identify when collaborative care with and/or referral to other health care providers is appropriate. Doctors of Chiropractic are trained to advise and educate patients and their communities in areas of structural and spinal hygiene and healthy living practices. Chiropractors may also be certified to provide acupuncture treatment.

Salary:

Almost all chiropractors are in private practice. 75-80% of all Manitoba chiropractors fall between an annual net salary of \$70,000 - \$130,000. Based on the chiropractic fee schedule, the hourly rate is around \$260. The starting salary is approximately \$60,100 per annum. The average annual salary is \$97,400, while some chiropractors earn up to \$154,100.¹⁷

Registering Body:

The Manitoba Chiropractors Association (MCA) is the licensing and regulatory body that oversees the practice of chiropractic in Manitoba. The MCA is a charter member of the national association known as the Canadian Chiropractic Association.

Liability and Accountability:

Chiropractic practice in Manitoba is regulated under The Chiropractic Act. This legislation recognizes the Manitoba Chiropractors Association (MCA) as the governing body. Only members of the MCA are permitted to use the title of doctor of chiropractic and practice chiropractic. The prime mandate of the MCA is the protection of the public interest. Standards of Practice and Code of Ethics are set by the MCA. The MCA requires chiropractors to carry an aggregate of \$4,000,000 professional liability coverage. The scope of practice and Standards of Practice are set by the MCA. The Chiropractic Act C.C.S.M. c. C100 Regulation 66/86

Contacts for further information:

Manitoba Chiropractors Association
Suite 610 – 1445 Portage Avenue
Winnipeg, MB R3G 3P4
Tel: (204) 942-3000
Fax: (204) 942-3010
www.mbchiro.org

¹⁶ Fact Sheet provided by Manitoba Chiropractors' Association for the February 2007 edition of this Toolkit.

¹⁷Manitoba Job Futures (2011). *Chiropractors*. Retrieved August 25, 2011 from: <http://mb.jobfutures.org/profiles/profile.cfm?noc=3122&lang=en&site=graphic>

Clinical Assistant & Physician Assistant¹⁸

Name of Profession:

Clinical Assistant (CA)
Physician Assistant (PA)

Definition of Profession:

Clinical Assistants (CA) and Physician Assistants (PA) are health care professionals licensed to practice medicine under the supervision of a licensed medical practitioner.¹⁹ In Manitoba, these professionals have practiced since 2002, primarily in medical and surgical specialties.²⁰

Clinical Assistants and Physician Assistants function as physician extenders and require physician supervision.

Physician Assistants: Graduates of an accredited Physician Assistant (PA) training program.

Clinical Assistants: International Medical Graduates (IMGs) or other allied health professional licensed to practice in Manitoba are eligible to become CAs through a two-part testing process. They must successfully complete a practical and written exam to be placed on the Clinical Assistant Registry.

Educational Requirements:

Physician Assistants are trained in the medical model (usually in Faculties of Medicine) with an emphasis in primary care, and may specialize after graduation. Most PA's graduate with a Master's Degree. Clinical Assistants hold medical, nursing, or other allied health professional degrees prior to taking the RCA Part I and II exams.

Scope of Practice in Relation to Primary Care:

The Clinical Assistant or Physician Assistant scope of practice must mirror that of the supervising physician. The CA or PA effectively extends the same services to clients as does the physician. This is often determined by the CA or PA's level of experience and negotiated between the physician and the CA or PA. The CA or PA may not provide services for any physician that is not listed in the contract of supervision, or that are outside of the supervising physician's scope of practice. Each supervising physician must submit a detailed practice description outlining the duties and functions of the CA or PA in relation to the physician's practice. The College of Physicians and Surgeons of Manitoba (CPSM) must approve this practice description.

Salary:

Current CA salaries in the WRHA range from \$75,000 - \$91,000 per year. PA salaries range from \$83,000 - \$100,000 per year based on a 5-step increment scale. CAs must pass the RCA Part II exam (usually completed prior to completing the first year of employment) in order to continue practicing and advancing in increment.

Registering Body:

College of Physicians & Surgeons of Manitoba (CPSM)

Liability and Accountability:

Clinical Assistants and Physician Assistants are non-unionized employees and are regulated through the Medical Act under the Clinical Assistant Regulation and the Physician Assistant Regulation. All CAs or PAs must apply to be placed on the appropriate registry, require a contract of supervision with a licensed physician(s), and a detailed practice description to be approved by CPSM prior to entering into practice

Contacts for further information:

Chris Rhule, MHS, PA-C
Director, Clinical and Physician Assistant Program
Winnipeg Regional Health Authority
St. Boniface Hospital
I.H. Asper Clinical Research Institute
CR1053, 369 Taché Avenue
Winnipeg, MB R2H 2A6
Phone: 204-226-0835
Fax: 204-233-6065
crhule@hsc.mb.ca

College of Physicians & Surgeons of Manitoba (CPSM)
100-1661 Portage Avenue
Winnipeg, MB R3J 3T7
Phone: 204-774-4344
Fax: 204-774-0750

Canadian Association of Physician Assistants
www.caopa.net/

¹⁸ Fact sheet updated by the WRHA Clinical and Physician Assistant Program in July, 2011.

¹⁹ University of Manitoba (2009) Physician Assistant Education Program: About us. Retrieved April 30, 2009 from http://umanitoba.ca/faculties/medicine/departments/opas/paep/about_us/3838.htm

²⁰ Canadian Association of Physician Assistants (2009) *What is a PA?* Retrieved April 30, 2009 from: <http://caopa.net/whatsapa.htm>

Counsellor²¹

Name of Profession:

Mental Health Counsellor
Mental Health Therapist
Clinical Counsellor
Psychotherapist
Conseiller/conseillère d'orientation
Vocational guidance counsellor
Marriage and family therapist
Orienteur
Orienteur professionnel
Psychoéducateur

Definition of Profession:

Counselling is a relational process based upon the ethical use of specific professional competencies to facilitate human change. Counselling addresses wellness, relationships, personal growth, career development, mental health, and psychological illness or distress. The counselling process is characterized by the application of recognized cognitive, affective, expressive, somatic, spiritual, developmental, behavioural, learning, and systemic principles.²²

Educational Requirements:

With the exception of the provinces of Quebec, Ontario, and Nova Scotia, counselling is an unregulated profession. The Canadian Counselling and Psychotherapy Association has a Canadian Certified Counselling (CCC) certification process, which requires a minimum of a Master's Degree in Counselling or a related field.

Scope of Practice in Relation to Primary Care:

The counselling profession:

- Is attentive to and responds to diversity and inclusiveness;
- Works in the best interest of individuals, couples, families, groups, organizations, communities, and the public-at-large;
- Works in the domains of cognition, emotion, expression, somatics, human development, behaviour, learning, and interactive systems;
- Promotes mental health by developing and enhancing:
 - Personal, relational, sexual, career, and spiritual growth and well-being,

- Personal awareness and resources,
- Decision-making and problem solving;
- Remediates or provides treatment for disorders in cognitive, behavioural, interpersonal, and emotional functioning;
- Applies specific and recognized evaluation and assessment methods;
- May also include supervision, education, training, consultation, research, and diagnosis.

Counsellors can provide mental health counselling in a primary care setting. Some counsellors specialize in areas such as:

- Family and Marriage Counselling
- Art Therapy
- Drama Therapy
- Music Therapy
- Addictions Counselling
- Career Counselling
- Trauma Counselling
- Critical Incident Counselling
- Grief Counselling

Salary:

Counsellors typically charge \$60-\$120 per hour based on location and type of clients served.

In Manitoba, the starting salary is approximately \$27,000 per annum, with an average salary of \$44,000 per annum. \$70,500 per annum is considered a high salary.²³

Registering Body:

There are seven regulatory colleges in Quebec that relate to the practice of psychotherapy and four regulatory colleges that relate to counselling (indicated by an asterisk):

- Ordre des conseillers et conseillères d'orientation du Québec*
- Ordre des psychoéducateurs et psychoéducatrices du Québec*
- Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec*
- Ordre des infirmières et infirmiers du Québec
- Ordre des ergothérapeutes du Québec
- Ordre des psychologues du Québec
- Collège des médecins du Québec

In Ontario, the registering body, commencing 2012, is the Ontario College of Registered Mental Health Therapists and Registered Psychotherapists. In Nova Scotia, the regulatory body, commencing 2012, is the Nova Scotia College of Counselling Therapists. In all

²¹ Fact Sheet provided by the Canadian Counselling and Psychotherapy Association (CCPA) for the August 2011 edition of this Toolkit.

²² Counsellors are distinct from Psychologists, Psychiatrists, and Social Workers, however, many of these professionals often call themselves counsellors. The terms psychotherapy and counselling are often used interchangeable, although psychotherapy may be viewed as a specialty area of counselling.

²³ Manitoba Job Futures (2011). *Family, marriage and other related counsellors*. Retrieved August 25, 2011 from: <http://mb.jobfutures.org/profiles/profile.cfm?noc=4153&lang=en&site=graphic>

other provinces, there is no statutory registering body. The Canadian Counselling and Psychotherapy Association (CCPA) provides a voluntary, self-regulatory body.

Liability and Accountability:

None, with the exception of Quebec, Ontario, and Nova Scotia.

Contacts for further information:

Canadian Counselling and Psychotherapy Association
(CCPA)/
Association canadienne de counselling et
psychothérapie (ACCP)
114 – 223 Colonnade Rd. S.
Ottawa, ON K2E 7S8
Tel: (613) 237-1099
Toll free: 1-877-765-5565
Fax: 613-237-9786
www.ccpa-accp.ca/

Dietitian²⁴

Name of Profession:

Registered Dietitian (RD)

Definition of Profession:

As defined within our Act:

Practice of dietetics:

The practice of dietetics means the translation and application of scientific knowledge of foods and human nutrition through:

- a) Assessment, design, implementation and evaluation of nutritional interventions
- b) Integration of food and nutrition principles in the management of food service systems: and
- c) Dissemination of information to attain, maintain, promote and protect the health of individuals, groups and the community.

Educational Requirements²⁵:

The requirements for becoming a registered dietitian are as follows:

1. Completion of a baccalaureate degree from an accredited university program majoring in human nutritional sciences.
2. Successful completion of an accredited dietetic internship/practicum program. These programs are typically 40-45 weeks long and allow students to apply academic knowledge to a variety of nutrition practice settings.
3. Pass the Canadian Dietetic Registration Examination (CDRE).
4. Registration with a provincial dietetic regulatory body is required in order to practice as a registered dietitian (RD).

Once applicants have completed their university degree and internship, they can apply to CDM and obtain a graduate dietitian (GD) license while waiting to write the CDRE. Upon successful completion of the CDRE, status changes from GD to RD.

Scope of Practice in Relation to Primary Care:

Listed in definition of profession.

Salary:

The average annual salary for a dietitian in Manitoba is \$54,300 but dietitians' annual salaries can range from \$46,400 – \$70,700.²⁶

²⁴ Fact Sheet provided by College of Dietitians of Manitoba for the February 2007 edition of this Toolkit. Updated by the College in July, 2011.

²⁵ College of Dietitians of Manitoba (2009) *How to become a RD*. Retrieved July 20 2009 from:

http://www.manitobadietitians.ca/about_registered_dietitians/how_to_become_a_rd.aspx

²⁶ Manitoba Job Futures (2011). *Dietitians and nutritionists*. Retrieved August 25, 2011 from:

<http://mb.jobfutures.org/profiles/profile.cfm?noc=3132&lang=en&site=graphic>

Registering Body:

College of Dietitians of Manitoba

Liability and Accountability:

The Registered Dietitian Act stipulates the following Standards of Practice for Dietitians²⁷:

STANDARD 1: Provision of Service to a Client. The Dietitian uses a client-centered approach to provide and facilitate an effective dietetic service.

STANDARD 2: Unique Body of Knowledge. The Dietitians has an in-depth scientific knowledge of food and human nutrition, and integrates this knowledge with that from other disciplines, including health and social sciences, education, communication and management.

STANDARD 3: Competent Application of Knowledge. The Dietitian completely applies the unique body of knowledge of food and human nutrition, and competently integrates this knowledge with that from other disciplines, including health and social sciences, education and communication and management.

STANDARD 4: Continuing Competence. The Dietitian is responsible for life-long learning to ensure competence in her/his area of practice.

STANDARD 5: Ethics. The Dietitian practices in accordance with the ethical guidelines of the profession.

STANDARD 6: Professional Responsibility and Accountability. The Dietitian is accountable to the public and is responsible for ensuring that her/his practice meets legislative requirements, and Standards of Practice of the profession.

Per College Regulations (Schedule A, Section 23) "Every member who engages in the practice of dietetics must obtain or be covered by, and maintain liability coverage to a minimum of \$5,000,000".

Contacts for further information:

College of Dietitians of Manitoba
36-1313 Border Street
Winnipeg, MB R3H 0X4
Tel: (204) 694-0532
Toll Free: 1-866-283-2823
Fax: 204-889-1755
E-mail: office.cdm@mts.net
www.manitobadietitians.ca

²⁷ College of Dietitians of Manitoba (2009). *Practice standards for RDs*. Retrieved July 20, 2009 from:

http://www.manitobadietitians.ca/about_registered_dietitians/practice_standards_for_rds.aspx

Kinesiologist

Name of Profession:

Kinesiologist
Exercise Professional

Definition of Profession:

Kinesiology is the science of human movement, encompassing both its physical and behavioural aspects. Kinesiologists promote and provide best practices in prevention, assessment and intervention to enhance and maintain fitness, health and wellness, performance, and function, in the areas of exercise, work, sport, recreation, and activities of daily living. Practice is based on the core sciences of anatomy, physiology, biomechanics and psychomotor behaviour. Kinesiologists work in many areas including health promotion and fitness, rehabilitation, ergonomics, health and safety, disability management, education and research.

Educational Requirements:

Kinesiologists complete a four-year university degree. Courses include both the life and physical sciences, and the social sciences, and stress both theory and experiential-based learning. In Manitoba, kinesiologists graduate from the Faculty of Kinesiology and Recreation Management at the University of Manitoba (Bachelor of Kinesiology) or from the Department of Kinesiology and Applied Health at the University of Winnipeg (Bachelor of Arts or Science with a major in Kinesiology). Master's and Doctoral programs with a focus in kinesiology are also available across the country (MSc with a focus in Kinesiology, and PhD in Applied Health Sciences at the University of Manitoba).

Kinesiologists who specialize in the management of chronic disease often seek additional certification as Certified Exercise Physiologists (CEP) via the Canadian Society for Exercise Physiology (CSEP).

Scope of Practice in Relation to Primary Care:

Kinesiologists offer a wide variety of physical activity related services to the public, and recommend solutions in health, including illness and injury prevention, management, and rehabilitation. Kinesiologists have important knowledge and skills to contribute across the entire continuum of care for chronic disease, at both the level of the individual and of the community. As kinesiology contributions move across the continuum of care from promotion and prevention to intervention and rehabilitation, collaboration with other health professionals is essential. The kinesiologist has expertise in many areas related to primary care:

- assessing health, function and fitness levels and prescribing exercise
- delivering, monitoring and evaluating physical activity interventions
- managing risk and ensuring safe practices related to physical activity
- behavioural counselling for lifestyle changes to increase physical activity
- linking clients with resources and community supports
- providing referrals to a network of health care professionals
- providing health education and support for those at risk for, or with, chronic disease
- developing physical activity opportunities in the community at large working collaboratively within a health care team

Salary:

Kinesiologists work in both the public and private sectors. Those working as consultants receive an hourly rate that typically ranges from \$55 to \$125. Annual salaries for kinesiologists range from \$45,000 to \$80,000, depending on sector, experience, responsibility, etc.

Registering Body:

There is currently no registering body for kinesiologists in Manitoba. The Kinesiology Coalition of Manitoba is leading discussions to examine regulated status. The profession of kinesiology is regulated in Ontario under Bill 171, and other provinces are at various stages in pursuing regulation.

Liability and Accountability:

It is currently the responsibility of the individual to ensure that they have insurance coverage, whether personal or through their workplace. Those with the CSEP CEP designation have third party Professional Liability Insurance under the CSEP program.

Contacts for more information:

Kinesiology Coalition of Manitoba
c/o Elizabeth Ready, Ph.D.,
Faculty of Kinesiology and Recreation Management,
University of Manitoba
Telephone: 204 474-8641
Fax: 204 261-4802
Email: readyae@cc.umanitoba.ca

c/o Glen Bergeron, Ph.D.,
Department of Kinesiology and Applied Health,
University of Winnipeg
Telephone:
Fax: 204 783-7866
Email: g.bergeron@uwinnipeg.ca

Occupational Therapist^{28,29}

Name of Profession:

Occupational Therapist

Definition of Profession:

Occupational therapists develop individual and group programs for people affected by ageing, illness, injury, developmental disorders, and emotional or psychological problems, to maintain, restore or increase their ability to care for themselves and to engage in work, school or leisure. They also develop and implement health promotion programs with individuals, community groups and employers.

Educational / Licensure Requirements:

An occupational therapist must be registered with the College of Occupational Therapists of Manitoba (COTM) in order to practice in the Province of Manitoba.

A university degree is required for registration with COTM. Since 2005, the entry to practice degree from the University of Manitoba is a Master of Occupational Therapy (MOT). Completion of the Canadian Association of Occupational Therapists (CAOT) National Occupational Therapy Certification Examination is an additional requirement, among others, for initial registration with COTM.

Scope of Practice in Relation to Primary Care:

Occupational therapists can:

1. Analyse client capabilities and expectations related to life activities through observation, interview and formal assessments
2. Develop intervention programs to address client needs related to self-care, work and leisure activities
3. Maintain client records
4. Establish personalized care plans working as a member of an interdisciplinary team
5. Consult and advise on health promotion programs to prevent disabilities and to maximize independent function in all activities of life

Salary:

The starting salary for occupational therapists is \$57,000 per annum. The average annual salary is \$63,800, while some occupational therapists earn \$78,000 at the high end of the scale.³⁰

Liability and Accountability:

There are no restricted actions or controlled acts in *The Occupational Therapists Act*. This legislation does not permit the provision of occupational therapy services by corporations. Occupational therapists are regulated by the College of Occupational Therapists of Manitoba. Practicing Members are entitled to use the designation O.T. Reg. (MB).

Occupational therapists providing clinical services are required to maintain \$5,000,000.00 of liability insurance, which can be employer provided or individually purchased (usually through the Canadian Association of Occupational Therapists from AON).

Contacts for more information:

College of Occupational Therapists of Manitoba (COTM)

7 – 120 Maryland Street
Winnipeg, MB R3G 1L1
Tel: (204) 957-1214
Fax: 204-775-2340
E-mail: Otinfor@cotm.ca
www.cotm.ca

Manitoba Society of Occupational Therapists (MSOT)
7 – 120 Maryland Street
Winnipeg, MB R3G 1L1
Tel: (204) 957-1214
Fax: 204-775-2340
E-mail: msot@mts.net
www.msot.mb.ca

Canadian Association of Occupational Therapists (CAOT)
CTTC Building,
Suite 3400, 1125 Colonel By Drive
Ottawa, ON K1S 5R1
Tel: (800) 434-2268
Fax: 613-523-2552
E-mail: info@caot.ca
www.caot.ca

²⁸ Manitoba Job Futures (2009), *Occupational Therapists*. Retrieved July 20, 2009 from <http://mb.jobfutures.org/profiles/profile.cfm?noc=3143&lang=en&site=graphic>

²⁹ This factsheet was reviewed and amended by the College of Occupational Therapists of Manitoba (May 2009, July 2011).

³⁰ Manitoba Job Futures (2011). *Occupational Therapists*. Retrieved August 25, 2011 from: <http://mb.jobfutures.org/profiles/profile.cfm?noc=3143&lang=en&site=graphic>

Midwife³¹

Name of Profession:

Midwife (RM)

Definition of Profession:

The practice of midwifery means the assessment and monitoring of women during pregnancy, labour and the post-partum period, and of their newborn babies, the provision of care during normal pregnancy, labour and post-partum period and the conducting of spontaneous vaginal deliveries.

Scope of Practice:

A midwife is a primary care provider whose scope of practice includes prescribing and administering medication, ordering and interpreting tests, performing minor surgical and invasive procedures, implementing preventive measures, the detection of abnormal conditions in the mother and child, accessing medical assistance when necessary and taking emergency measures in the absence of specialist help. Midwives have a mechanism for consultation, referral, continued involvement and collaboration. Midwives provide evidence-based, woman-centered care. In addition the midwife's practice may include health promotion, counselling, antenatal education and preparation for parenthood, and extend to certain areas of gynecology, family planning and child care. Midwives practice in a variety of settings including hospitals, clinics, health units, community health centres, birth centres and homes.

Education Requirements:

Midwives must have satisfactorily completed one of the following:

- (a) a program of studies leading to a degree, diploma or certificate in midwifery. The program must be acceptable to the college and must be based on the core competencies of midwifery established by the college.
- (b) an assessment process approved by the college of the applicant's ability to perform the core competencies of midwifery. Midwifery education programs in Canada are typically four year baccalaureate degree programs.

Salary:

Midwives are typically employed by Regional Health Authorities and their salary ranges from \$75,000 - \$91,000 per year.

Registering Body:

College of Midwives of Manitoba

Liability and Accountability:

Midwives are required by the Midwifery Regulation to carry professional liability insurance of not less than \$7 million dollars per occurrence or \$14 million per year. Liability insurance is typically provided via a midwife's employment with a Regional Health authority.

Contacts for further information:

College of Midwives of Manitoba
235-500 Portage Avenue
Winnipeg MB R3C 3X1
(204-783-4520
admin@midwives.mb.ca
www.midwives.mb.ca

Midwives Association of Manitoba
Postal Box 3973
Redwood Postal Outlet
Winnipeg, MB R2W 5H9
www.midwivesofmanitoba.ca

³¹Fact Sheet provided by College of Midwives of Manitoba. (2006). *Who are midwives?* Retrieved October 19, 2012 from: <http://www.midwives.mb.ca/index.html>

Pharmacist³²

Name of Profession:

Pharmacist

Definition of Profession:

Pharmacists possess extensive knowledge and training on medication and medication therapy and provide expert advice and opinion to the health care team, and directly to the patient being treated, regarding safe, effective and appropriate use of medication.

Educational Requirements:

Licensing as a pharmacist requires one year of pre-pharmacy courses plus four years at a Faculty of Pharmacy to obtain a Bachelor degree and then the successful completion of a 360 hour structured practical training program.

Scope of Practice in Relation to Primary Care:

As well as ensuring safety and accuracy in the distribution of drugs, pharmacists consult with patients and their health care providers regarding the preferred medication treatment plan to be used and when non-medication treatment may be the best alternative. Pharmacists provide recommendations for the safe and proper use of the many non-prescription medications. In certain practice settings, pharmacists work collaboratively as part of a patient-centred team to enhance the care provided.

Salary:

A pharmacist's annual salary averages \$101,100 but can range anywhere from \$78,700 when starting to \$126,800 at the high end.³³

Registering Body:

The Manitoba Pharmaceutical Association is the licensing, regulatory body for pharmacy practice in Manitoba.

Liability and Accountability:

The Pharmaceutical Act of Manitoba restricts the dispensing of drugs pursuant to a prescription and the sale of certain drugs to a licensed pharmacist and in a licensed pharmacy. In addition, the federal Food and Drugs Act and Controlled Drugs and Substances Act, and the associated regulations, describe roles and responsibilities of a pharmacist.

Apart from what may be imposed upon the pharmacist in the individual practice site, there is no requirement for a pharmacist to join unions, an advocacy society or have malpractice insurance.

Contacts for further information:

The Registrar
The Manitoba Pharmaceutical Association
200 Tache Avenue
Winnipeg, MB R2H 1A7
(204) 231-4688
Tel: (204) 233-1411
Fax: (204) 237-3468
E-mail: info@mpha.mb.ca
www.mpha.mb.ca

The Dean's Office
Faculty of Pharmacy
Apotex Centre, University of Manitoba
Winnipeg, MB R3E 0T5
Tel: (204) 474-9306
Fax: 204-474-7617
E-mail: pharmacy@manitoba.ca
www.umanitoba.ca/pharmacy/

The Manitoba Society of Pharmacists
202-90 Garry Street
Winnipeg, MB R3C 4H1
Tel: (204) 956-6680
Toll Free: 1-800-677-7170
Fax: 204-956-6686
www.msp.mb.ca/

³² Fact Sheet Provided by the Manitoba Pharmaceutical Association for the February 2007 edition of this Toolkit. Reviewed in July 2011.

³³ Manitoba Job Futures (2011). *Pharmacists*. Retrieved August 25, 2011 from: <http://mb.jobfutures.org/profiles/profile.cfm?noc=3131&lang=en&site=graphic>

Physiotherapist³⁴

Name of Profession

Physical Therapist
Physiotherapist

Definition of Profession:

Physiotherapy is a first contact, autonomous, client-focused health profession dedicated to:

1. Improving and maintaining functional independence and physical performance
2. Preventing and managing pain, physical impairment, disabilities and limits to participation
3. Promoting fitness, health and wellness³⁵

Educational Requirements:

A Physical Therapist/Physiotherapist must be registered with the College of Physiotherapists of Manitoba (CPM) in order to practice in the province of Manitoba. A university degree (Bachelor or Master's Degree from an accredited program) is required for registration with CPM. (Note: at the University of Manitoba, the Department of Physical Therapy is part of the Faculty of Medicine)

Completion of a two-part National Exam is an additional requirement, among others, for initial registration with CPM.

Scope of Practice in Relation to Primary Care:

Physiotherapists are primary health care professionals that play a significant role in health promotion and injury and disease prevention. As primary care health professionals, physiotherapists are prepared to analyze the impact of injury, disease or disorders of movement and function. They participate in team approaches to health service delivery.

To achieve health goals, physiotherapists adopt state of the art diagnostic and assessment procedures in order to plan preventive and therapeutic courses of intervention.

Examples of physiotherapists working in a primary health care model in Manitoba include: northern and Aboriginal health, the Geriatric Program Assessment Team (GPAT) of the Winnipeg Regional Health Authority (WRHA), and community preschool wellness fairs. In each of these models, the physiotherapists are an integral partner in the primary health care team.

The public has direct access to the health care provider, and the practitioners work in consultation with the rest of

the team, formulating client goals together where needed.³⁶

This sort of partnership could be extended to other primary health care teams, particularly where it is supported by the scientific literature. In areas such as fall prevention, arthritis, chronic lung disease, incontinence, diabetes, physical inactivity and obesity, osteoporosis, workplace safety, and mental health, the role of exercise "upstream" is well documented. Physiotherapists are the ideal health professionals to act as both providers and consultants in the area of specialized exercise programming. As part of the health care team and possessing a broad understanding of community participation, they are also well suited to act as case managers or navigators for the public as they steer themselves through the health care system.³⁷

Salary:

Physiotherapists work in publicly funded facilities. The Manitoba Association of Health Care Professionals (MAHCP) is the largest union with which physiotherapists are associated. In public practice, a physiotherapist has an annual income of approximately \$60,000 to \$70,000.

Physiotherapists also work in private practice. Private practice physiotherapists often work on a percentage contract basis and have an annual income of approximately \$60,000 to \$70,000.

Registering Body:

College of Physiotherapists of Manitoba

Liability and Accountability:

Physiotherapists are governed by the *Physiotherapists Act* and are accountable to their clients and their regulatory body for their practice. The *Physiotherapists Act* ensures self-regulation and allows the public direct access to physiotherapy services for a wide variety of services. Each physiotherapist is responsible to ensure his/her competence in his/her area of practice and to maintain that competence. Physiotherapists are required by the College of Physiotherapists of Manitoba to carry \$5,000,000 professional liability insurance coverage.

Contacts for further information:

College of Physiotherapists of Manitoba
211 – 675 Pembina Hwy
Tel : (204) 287-8502
Fax: 204-474-2506
E-mail: assocphysiomb@shaw.ca
www.manitobaphysio.com

³⁴ Fact Sheet provided by Manitoba branch of the Physiotherapy Association for the February 2007 edition of this Toolkit. Reviewed and updated in July 2011.

³⁵ Note: Athletic and massage therapists have different training and treatment foci

³⁶ Fricke, M. *Physiotherapy and Primary Health Care: Evolving Opportunities* 2005.

³⁷ Ibid.

Manitoba Physiotherapy Association
145 Pacific Avenue
Winnipeg, MB R3B 2Z6
Phone: 204-925-5701 Rural: 1-877-925-5701
Fax: 204-925-5624
Email: ptassociation@mbphysio.org
www.mbphysio.org

Psychologist³⁸

Name of Profession:

Clinical Psychologist

Definition of Profession:

Clinical Psychologists provide science-based non-pharmacological interventions (e.g. psychotherapy, cognitive-behavioural therapy, behavioural therapy, interpersonal therapy) for treatment and rehabilitation of mental and physical health conditions, behaviour change, health promotion and illness prevention. Clinical Psychologists also conduct assessments of cognitive and intellectual functions, memory, personality, and for diagnosis of mental disorders. Clinical Psychologists may also engage in clinical research.

Educational Requirements:

Registration as a Psychologist in Manitoba requires completion of a doctoral degree (PhD or Psy.D) including a completed internship or residency. Under the provisions of the Agreement on Internal Trade (A.I.T.), individuals registered or licensed in another jurisdiction for independent practice as a psychologist with lesser qualifications, may be admitted to independent practice in Manitoba, but are distinguished by a different title, e.g. "Psychological Associate."

Scope of Practice in Relation to Primary Care:

Psychologists provide both inpatient and outpatient services, including individual and group treatment of mental and physical health conditions (e.g. pain, sleep disorders, anxiety, depression). Diagnostic, cognitive, developmental and neuropsychological assessment services are available on a consultation basis to patients referred by any and all WRHA programmes. Services are available to adults and children of all ages. Psychologists also engage in illness prevention and health promotion activities, such as parent education and community-based programme.

Salary:

Fees for psychologists vary. The recommended fee schedule for psychologists is \$150 per hour for individual therapy; the fee schedule is set annually and can be verified at www.mps.mb.ca. Consultation fees for psychologists are approximately \$975 per day.

Registering Body:

The Psychological Association of Manitoba (P.A.M.) is the registering and regulatory body. In addition to completion of the doctoral degree and internship / residency in Clinical Psychology, candidates for registration must complete an additional year of

supervised practice under the supervision of a registered psychologist, and pass written and oral registration examinations.

Liability and Accountability:

The WRHA Clinical Health Psychology programme is accredited by Accreditation Canada. Questions or concerns about psychologists within the WRHA should be directed to the WRHA Clinical Health Psychology Programme.

Complaints about psychologists can also be directed to the Psychological Association of Manitoba (P.A.M.), the regulatory body for all registered psychologists, both within the WRHA and in private practice.

The Canadian Psychological Association (C.P.A.) and the American Psychological Association (A.P.A.) accredit both doctoral degree programmes in universities and internship / residency training programmes in health care facilities.

Contacts for further information:

Clinical Health Psychology Programme of the WRHA
Bob McIlwraith, Ph.D., C. Psych., Director
PZ-350, 771 Bannatyne Ave
Winnipeg, MB R3E 3N4
Tel: 787-7424
Fax: 787-3755
www.wrha.mb.ca/prog/psychology/

Psychological Association of Manitoba
Tel: (204) 487-0784
www.cpmb.ca

Manitoba Psychological Society
Tel: (204) 488-7398
Toll free: 1-866-416-7044
www.mps.mb.ca

³⁸ Fact Sheet provided by the Clinical Health Psychology Programme of the WRHA (2008) and updated by the Registrar of the Psychological Association of Manitoba (May 2009).

Registered Nurse³⁹

Name of Profession:

Registered Nurse – RN

Definition of Profession:

A Registered Nurse is a health care professional licensed by the College of Registered Nurses of Manitoba who practices nursing through the application of current knowledge (from the sciences, the humanities and other disciplines), skill and judgment to promote, maintain and restore health, prevent illness and alleviate suffering. This includes: a) assessing health status; b) planning, providing and evaluating treatment and nursing interventions; c) counselling and teaching to enhance health and well-being; and, d) education, administration, public policy and research related to providing health services.

Educational Requirements:

Registered Nurses graduate from an approved education program at the diploma or baccalaureate level (BN) and pass the Canadian Registered Nurse Examination. The RN designation may be used after fulfilling all of the requirements set by the College and being licensed to practice.

Scope of Practice in Relation to Primary Care:

The RN in a clinical setting is knowledgeable and has expertise in many areas. For example:

- Clinical triage, assessment, and intervention
- Provides triage assessment including health and social history
- Can facilitate Advance Access by providing first response and screening patients who call
- Prevention, screening and the management of chronic diseases
- Initiation of treatments, immunizations, wound care, glucose monitoring
- Health education and support for individuals and groups to increase capacity for self-care, (e.g. teaches patients about lifestyle, nutrition, parenting, medication, breastfeeding, smoking cessation, STI/HIV, and pregnancy counselling)
- Linking patients with resources
- Supporting referral networks for patients
- Facilitating care co-ordination

Documentation, quality improvement, education and research as required

Registering Body:

College of Registered Nurses of Manitoba (CRNM)

Liability and Accountability:

Liability protection is provided through the Canadian Nurse Protective Society. This coverage extends to the RN as an individual for defence of legal actions arising from the provision of professional nursing services to a maximum coverage of \$1 million per occurrence – with an aggregate of \$3 million per year.⁴⁰

Salary:

In Manitoba, registered nurses earn between \$62,600 and \$77,300 per annum. The average annual salary is \$71,400.⁴¹

Contacts for further information:

College of Registered Nurses
890 Pembina Hwy
Winnipeg, MB R3M 2M8
Tel: (204) 774-3477
Toll free: 1-800-665-2027
Fax: 204-775-6052
www.crnmb.ca

Manitoba Nurses Union
301-275 Broadway
Winnipeg, MB R3C 4M6
Tel: (204) 942-1320
Toll free: 1-800-665-0043
Fax: 204-942-0958
www.nursesunion.mb.ca

³⁹ Updated Fact Sheet provided by the College of Registered Nurses of Manitoba (August 2009). Original Fact Sheet provided by the WHRA for the February 2007 edition of this Toolkit. Fact sheet reviewed and updated in July 2011.

⁴⁰ Canadian Nurses Protective Society, (2006) *CNPS Services*. Retrieved August 11 2009 from:

http://www.cnps.ca/cnps_services/index_e.html

⁴¹ Manitoba Job Futures (2011). *Registered nurses*. Retrieved August 25, 2011 from:

<http://mb.jobfutures.org/profiles/profile.cfm?noc=3152&lang=en&site=graphic>

Registered Nurse, Nurse Practitioner⁴²

Name of Profession:

Extended Practice Registered Nurse – RN (EP)
Nurse Practitioner (NP)⁴³

Definition of Profession:

The regulated professional title RN, NP refers to a registered nurse on the extended practice register of the College of Registered Nurses of Manitoba. It signifies that the RN has completed advanced education and has passed a CRNM Board of Directors approved examination demonstrating extended practice competencies. In addition to the scope of practice of an RN, an RN, NP has the legal authority to prescribe medications, order and manage the results of screening and diagnostic tests and perform minor surgical and invasive procedures.

Educational Requirements:

RN, NPs are Master's prepared or equivalent (as determined by the College).

Scope of Practice in Relation to Primary Care:

In addition to the scope of practice of a Registered Nurse, an RN, NP can prescribe medications, order and manage the results of screening and diagnostic tests, and perform minor surgical and invasive procedures. The RN, NP provides nursing services in the areas of health promotion, illness prevention, management of specific illnesses, palliation and rehabilitation. RN, NPs consult and collaborate with other health care professionals as appropriate to ensure that the overall health care needs of clients are met. RN, NPs have the knowledge and skills to promote problem-solving among staff or between staff and patients, and with physicians and multidisciplinary team. The RN, NP works in collaboration with a variety of health-care providers to ensure the delivery of comprehensive health care.

Registering Body:

College of Registered Nurses of Manitoba (CRNM)

Liability and Accountability:

RN, NPs are accountable and responsible for their own practice and conduct. Individual RN, NPs serve a specific client population and area of nursing practice determined by her/ his competence. Liability protection is provided by the Canadian Nurse Protective Society. This coverage extends to the RN, NP as an individual for defence of legal actions arising from the provision of professional nursing services to a maximum coverage of \$5 million per occurrence – to a maximum of \$5 million per year. Additional optional coverage (CNPS Plus) is available through the Canadian Nurse Protective Society.⁴⁴

Salary:

Registered Nurse, Nurse Practitioners earn \$69,741 to \$84,330 per annum.

Contacts for further information:

College of Registered Nurses
890 Pembina Hwy
Winnipeg, MB R3M 2M8
Tel: (204) 774-3477
Toll free: 1-800-665-2027
Fax: 204-775-6052
www.crnmb.ca

Manitoba Nurses Union
301-275 Broadway
Winnipeg, MB R3C 4M6
Tel: (204) 942-1320
Toll free: 1-800-665-0043
Fax: 204-942-0958
www.nursesunion.mb.ca

⁴² Updated Fact Sheet provided by the College of Registered Nurses of Manitoba (August 2009). Original Fact Sheet provided by the WHRA for the February 2007 edition of this Toolkit. Fact Sheet reviewed and updated in July 2011.

⁴³ "In 2008, the provincial government enacted changes to the Extended Practice Regulation of the Registered Nurses Act which adds title protection to the term Nurse Practitioner. As a result, those registered on the Registered Nurse Extended Practice Register now have a choice of what title they use." (College of Registered Nurses of Manitoba, 2008)

⁴⁴ Canadian Nurses Protective Society, (2006) *CNPS Services*. Retrieved August 11, 2009 from: http://www.cnps.ca/cnps_services/index_e.html

Registered Psychiatric Nurse⁴⁵

Name of Profession:

Registered Psychiatric Nurse (R.P.N./RPN/Reg.Ps.N.)
(restricted title)

Definition of Profession:

Registered Psychiatric Nurses (RPNs) are health professionals who utilize a bio-psycho-social approach in the provision of health care services. Registered Psychiatric Nurses apply assessment knowledge and skills in order to plan, implement and evaluate interventions. The approach used by RPNs is that of partnership with clients, families and other health care professionals and service providers. RPNs have focused some of their preparation on working with persons who have mental, emotional and/or behavioural difficulties and bring that perspective to the health care team. RPNs are active in the four domains of psychiatric nursing practice: administration, clinical, education and research.

Educational Requirements:

Registered Psychiatric Nurses graduate from an approved psychiatric nursing education program (BScPN) currently offered by Brandon University in both Brandon and Winnipeg. Each applicant must pass the Canadian Registered Psychiatric Nurse examination to be eligible for registration.

Scope of Practice in Relation to Primary Care:

Registered Psychiatric Nurses have a broad scope of practice that includes:

- Health assessment and mental status assessment
- Suicide intervention; Post traumatic stress debriefing; Psycho-education sessions
- Therapeutic interventions such as counseling, behavioural therapies
- Primary, secondary and tertiary prevention programs
- Monitoring and treatment of chronic conditions such as diabetes
- Management of long term mental illnesses and their many affiliated physical conditions
- Medication administration (including immunizations), monitoring and review
- Helping people build or re-build connections in their community
- Provision of walk-in services for people in emotional or mental distress
- Provision of case management and consultant services

- Provision of assessment and intervention services in emergency departments and other areas with clients; family members and staff
- Development and implementation of programs for staff working with mental health patients/ clients

Salary:

In Manitoba, Registered Psychiatric Nurses earn an average of \$71,400 per year. The starting salary is approximately \$62,600 per annum and can go up to \$77,300 on the high end.⁴⁶

Registering Body:

College of Registered Psychiatric Nurses of Manitoba

Liability and Accountability:

Registered Psychiatric Nurses are governed by The Registered Psychiatric Nurses Act and are accountable to their clients and their regulatory body for their own practice. Each RPN is responsible to ensure his/her competence in her/his area of practice and to maintain that competence. All RPNs in private practice are required to carry private malpractice insurance that provides primary coverage for a minimum of \$2 million.

Contacts for further information:

For regulatory or practice issues:

College of Registered Psychiatric Nurses of Manitoba
1854 Portage Avenue
Winnipeg, Manitoba R3J 0G9
Tel: 204-888-4841
Fax: 204-888-8638
E-Mail: crpnm@crpnm.mb.ca

For salary or collective bargaining issues:

Manitoba Nurses Union
Tel: 204-942-1320

⁴⁵ Fact Sheet provided by College of Registered Psychiatric Nurses of Manitoba for the August 2009 edition of this Toolkit. Fact Sheet reviewed and updated in August 2011.

⁴⁶ Manitoba Job Futures (2011). *Registered psychiatric nurses*. Retrieved August 25, 2011 from: <http://mb.jobfutures.org/profiles/profile.cfm?noc=31524&lang=en&site=graphic>

Social Worker⁴⁷

Name of Profession:

Social Worker

Definition of Profession:

Social work uses a bio-psychosocial approach to evaluate and provide interventions to affect the impact of the social determinants of health on individual, family and community systems, recognizing health and illness have medical, social, economic and spiritual components. Social work interventions support individuals, families, groups and communities to improve their individual and collective well-being. Social work interventions assist people to develop skills and abilities to use their own resources and those of the community to resolve problems.

Educational Requirements:

The minimum educational requirement is a Bachelor of Social Work degree from a university program. Most Canadian social work programs are accredited with the Canadian Association of Schools of Social Work. Social work Masters and Doctoral programs are also available in many schools and universities across the country.

Scope of Practice in Relation to Primary Care:

Social workers play an integral role within the primary health care system focusing on preventing people from becoming ill or injured, managing chronic conditions, accessing social programs (financial, personal services, equipment), treating acute and episodic illness and supporting individuals to take an active role in their own health and health care, and understanding the factors outside the immediate health system that influence individual and community health. Social Workers are members of many multidisciplinary health care teams that specialize in understanding the bio-psychosocial factors that impact the individuals, families and support systems.

Clinical practice in primary health care:

- Psychosocial assessment and risk assessments (domestic abuse, child abuse, elder abuse, suicide): psycho/social/emotional issues.
- Address the overall needs of the patient/family for preventive, curative and rehabilitation services, and social resources and programs. Interpret the needs of the patient and family to members of the health care team.
- Work with patients and families to help them understand the nature of the illness, the needs of the patient and general overall management issues.
- Support/teach adaptation, coping and management skills.

- Provide psycho-social interventions (live with chronic disease and pain, change lifestyle, treatment adherence regimes, self-image, personal safety planning, referral and brokerage to access resources, advance care planning, sexuality issues, choice bases counseling, parenting issues, grief/loss and bereavement interventions, mental health issues, psychosocial crisis) disease and pain, change lifestyle, treatment adherence regimes, self-image, personal safety planning, referral and brokerage to access resources, advance care planning, sexuality issues, choice bases counseling, parenting issues, grief/loss and bereavement interventions, mental health issues, psychosocial crisis)
- Education to Other Health Care providers and agencies

Salary:

The annual salary for a social worker in Manitoba ranges from \$35,400 to \$71,000, with an average salary of \$51,800 per annum.⁴⁸

Registering Body:

Manitoba Institute of Registered Social Workers

Liability and Accountability:

Social Workers must uphold the standards of practice and the code of ethics as outlined by the Manitoba Association of Social Workers/ Manitoba Institute of Registered Social Workers.

Contacts for further information:

MASW / MIRSW Office
101 – 2033 Portage Avenue.
Winnipeg R3J 0K6
Tel: (204) 888-9477
Fax: 204-831-6359
Email: masw@mts.net
www.maswmirsw.ca

⁴⁷ Fact Sheet provided by the Manitoba Association of Social Workers for the February 2007 edition of this Toolkit. Salary information updated for the August, 2011 edition.

⁴⁸ Manitoba Job Futures (2011). *Social workers*. Retrieved August 25, 2011 from: <http://mb.jobfutures.org/profiles/profile.cfm?noc=4152&lang=en&site=graphic>

Speech-Language Pathologist & Audiologist⁴⁹

Name of Profession:

Audiologist
Speech-Language Pathologist

Definition of Profession:

Audiologists are professionals educated in the study of normal hearing processes and hearing loss. The audiologist determines if a person has a hearing loss, what type of loss it is, and how the person can make the best use of remaining hearing. If a person can benefit from using hearing aids or other assistive listening systems, the audiologist can assist with the selection, fitting, and purchase of the most appropriate aids and with training in their effective use.

Speech-Language Pathologists are professionals educated in the study of human communication, its development, and its disorders. By evaluating the speech, language, cognitive-communication, and swallowing skills of children and adults, the speech-language pathologist determines what communication or swallowing problems exist and the best way to treat them.

Educational Requirements:

"In the province of Manitoba, a Masters degree is the minimum requirement for a license to practice audiology or speech therapy."⁵⁰

Scope of Practice in Relation to Primary Care⁵¹:

Audiologists perform some or all of the following duties:

- Administer audiometric tests and examinations to diagnose and evaluate the degree and type of hearing impairment
- Plan and implement habilitation/rehabilitation programs for patients, including selection, fitting and adjustment of hearing aid devices, teaching speech (lip) reading and providing counselling
- Establish personalized care plans working as a member of an interdisciplinary team
- Conduct research related to hearing
- May instruct students and other health care personnel.

Speech-language pathologists perform some or all of the following duties:

- Administer tests and examinations and observe patients to diagnose and evaluate speech, voice, resonance, language, cognitive-linguistic and swallowing disorders
- Plan and implement remedial programs to correct speech, language and voice disorders
- Establish group and personalized care plans working as a member of an interdisciplinary team
- Conduct research on speech and other communication disorders and on the development and design of diagnostic procedures and devices
- May instruct students and other health care personnel.

Salary:

Annual salary starts at \$59,800 and can range up to \$83,800. The average annual salary is \$67,500.⁵²

Registering Body:

Manitoba Speech and Hearing Association (MSHA)

Liability and Accountability:

Speech Language Pathologists and Audiologists have been governed by the Manitoba Speech and Hearing Association Act since 1961.

Contacts for further information:

Manitoba Speech and Hearing Association
2-333 Vaughan Street
Winnipeg, MB R3B 3J9
Tel: (204)453-4539
www.msha.ca

Canadian Association of Speech-Language Pathologists and Audiologists
1 Nicholas Street, Suite 1000
Ottawa, ON K1N 7B7
www.caslpa.ca

⁴⁹ Fact Sheet provided by the Manitoba Speech and Hearing Association for the February 2007 edition of this Toolkit. Fact Sheet reviewed and updated in July 2011.

⁵⁰ Manitoba Job Futures (2009). *Audiologists and Speech-Language Pathologists*. Retrieved July 20, 2009 from: <http://mb.jobfutures.org/profiles/profile.cfm?noc=3141&lang=en&site=graphic>

⁵¹ Manitoba Job Futures (2009). *Audiologists and Speech-Language Pathologists*. Retrieved July 20, 2009 from: <http://mb.jobfutures.org/profiles/profile.cfm?noc=3141&lang=en&site=graphic>

⁵² Manitoba Job Futures (2011). *Audiologists and speech-language pathologists*. Retrieved August 25, 2011 from: <http://mb.jobfutures.org/profiles/profile.cfm?noc=3141&lang=en&site=graphic>

