

Physician Integrated Network (PIN)

**Primary Care
Interdisciplinary
Team Toolkit**

August 2009



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Physician Integrated Network

Manitoba has a long history of innovative approaches to the delivery of primary care to its residents. For example, Community Health Centres within Manitoba have been a model of collaborative, community-based service delivery for many decades. In addition, non-physician primary care providers have also been indispensable in northern and isolated communities and the Primary Health Care Transition Fund has supported the exploration of many different primary care delivery options.

One strategic primary care renewal initiative is the Physician Integrated Network (PIN) which has been evolving under the guidance of an Advisory Committee with representation from the University of Manitoba; the Colleges of Registered Nurses, Physicians & Surgeons of Manitoba; Doctor's Manitoba; several Regional Health Authorities, PIN Demonstration Sites, and other primary care stakeholders.

The Physician Integrated Network currently focuses on the engagement of autonomous, independently owned fee-for-service physician groups. The objectives of this initiative are:

- To improve access to primary care
- To improve primary care providers' access to and use of information
- To improve work life for all primary care providers
- To demonstrate high quality primary care with a specific focus on chronic disease management

These objectives support Manitoba Health & Healthy Living's vision: *"Quality primary care is the foundation of the health system. Quality primary care will be available to all Manitobans."*

How to use this toolkit

The PIN Team recognizes that as a practicing clinic there is often limited time and resources available to research strategies in collaborative care. This toolkit will hopefully provide some helpful information and serve as an initial reference guide.

During the November 17th, 2006 PIN workshop; Phase 1 Demonstration Site participants noted that they would like to include other primary care providers within their practices. Clinics then came to the PIN team requesting information about how they could include these providers in their clinic. *What exactly is a dietitian? Is there a licensing body for this group? etc.* The PIN Team has gathered fact sheets, which have been included in this toolkit, on various primary care providers to answer some of these important questions.

Since 2006, the toolkit has been reviewed and updated to reflect changes in the environment and to better represent the potential primary care providers it describes. Also, it has been expanded to include more health care professionals and more resources.

The lists and ideas compiled in this document are not exhaustive and there may be other providers or groups that each site would like to consider. Every clinic and community is different and will have different needs. Therefore, partnerships and teams will differ from one group practice to another.

Rationale for interdisciplinary, collaborative care

Each health care professional has their own area of expertise and unique set of skills and knowledge. However, one must recognize that no one practice can accommodate all client needs and that the collaboration and combination of multiple disciplines can improve quality of care, increase the range of available services, decrease physician wait times, and lead to a comprehensive care plan for all.¹ This is important to family physicians' as when they collaborate with other health providers it allows them to use distinctive medical skills for more complex cases requiring *medical* diagnosis and interventions.²

The Canadian Medical Association's report on Primary Care reform stated that "...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"³

The Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative notes, "The range and complexity of factors that influence health and well-being, as well as disease and illness, require health professionals from diverse health professions to work together in a comprehensive manner."⁴ This collaborative care can range from a simplistic discussion with another health care provider to more complex, arranged, and scheduled encounters with team members to provide the patient the most comprehensive care possible.⁵

¹ Ontario Government. (2005). Guide to collaborative team practice. *Family Health Team: Advancing Primary Health Care*.

² Leatt, P., Pink, G. H., Guerriere, M. (2000). Towards a Canadian model of integrated healthcare. *Integrated Healthcare*. 1(2).

³ CMA. (2005). Primary care reform. *Practice Solutions*. CMA Holdings and Physician Consulting Group Inc.: Ottawa, ON.

⁴ Enhancing Interdisciplinary Collaboration in Primary Health Care [EICP]. (2006). *The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care*.

⁵ Enhancing Interdisciplinary Collaboration in Primary Health Care [EICP]. (2006). *The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care*.

The aging population will demand more services in which integrated care will help manage the load for physicians while providing the quality care clients deserve. Having a choice in types of primary care providers (e.g. nurses, mental health providers, dieticians, General Practitioner, etc) will allow the clients' more control of their health decisions and feel more empowered.⁶ These comments are supported by the Canadian Nurses Association on issues involving primary care:

“PC [Primary Care] teams, which include family physicians, nurses, and other health professionals working side-by-side as partners, produce better health outcomes, improved access to services, more efficient use of resources, and greater satisfaction for both patients and providers. Nurse practitioners, for example, who integrate elements into their practices such as health promotion, diagnosing and treating health problems, and prescribing drugs, can be effective providers of primary care for many clients. All health providers, including nurses, need to be educated within a framework that supports interdisciplinary work, and interdisciplinary practice needs to be supported in health care settings, whether in the community or in an institution.”⁷

Research shows that in Canada, team-based health care has been demonstrated to be effective in reducing wait times, to improve access to health care services, to maximize the use of health care resources, and to provide a better continuity of care to the patients.⁸ More specifically, research relating to the effectiveness of the interdisciplinary health care teams shows that the collaborative practice leads to the improvement of the health outcomes for patients with chronic diseases such as diabetes, heart disease, and depression.⁹

⁶ Calnan, M., Hutten, J., Tiljak, H. (2006). The challenge of coordination: The role of primary care professionals in promoting integration across the interface. In R.B Saltman, A. Rico, W. Boerma (Eds.), *Primary Care in the Driver's Seat? Organizational Reform In European Primary Care*. European Observatory on Health Systems and Policies Series. Bell & Bain Ltd.: Glasgow: UK.

⁷ CNA. (2005). Primary Health Care: A Summary of the Issues. *CNA Backgrounder*. Retrieved from http://www.cna-nurses.ca/CNA/documents/pdf/publications/BG7_Primary_Health_Care_e.pdf

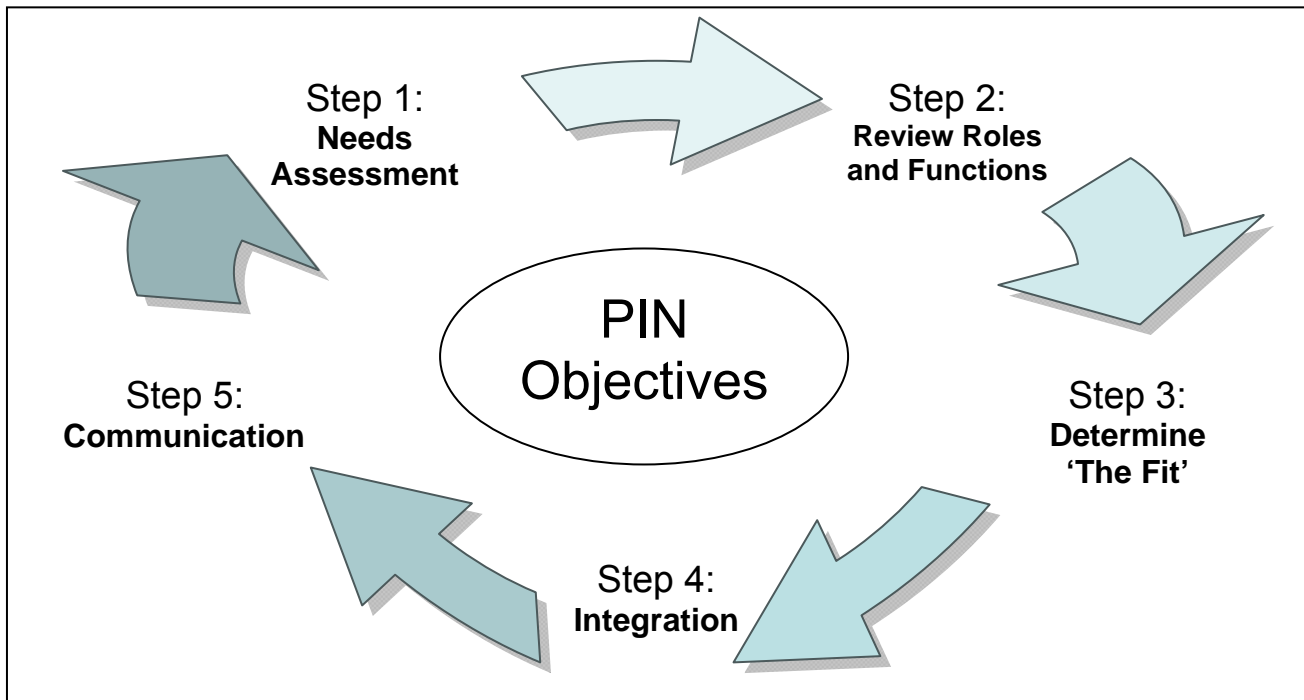
⁸ Health Council of Canada (2009). *Getting it Right: Case Studies of Effective Management of Chronic Disease Using Primary Health Care Teams*. Toronto: Health Council.

⁹ Physician Integrated Network (2009). *Effectiveness of Interdisciplinary Teams in Primary Care*.

Integrating Primary Care Providers

How to Select and Introduce Additional Team Members

There are a number of primary care providers that could become a valuable member of primary care practice teams. The following are some suggestions for helping determine which provider(s) will fit with each clinic's needs:



Step 1 – Needs Assessment

Before selecting a primary care provider it is important to consider the population the clinic is serving. The College of Family Physician notes that, “population and patient needs assessments should be key determinants in deciding what kinds of teams are required and how to define interdisciplinary collaboration”.¹⁰

- √ Using the data from the Initial Data Pull off the Electronic Medical Records (EMRs) highlight the top needs/issues in the clinic's community.

¹⁰ College of Family Physicians of Canada. (2006). Primary Care Toolkit for Family Physicians. <http://toolkit.cfpc.ca/en/interdisciplinary-collaboration/needs-assessment.php>

- √ Discussion with the physicians in the group to determine if the clinic is appropriately addressing these issues. Additional areas may also be of interest to the group.
- √ Identify potential solutions as to how the group could work together to address these major issues.
- √ Evaluate existing resources in the surrounding community to explore opportunities for collaboration and to avoid duplication of services.

Step 2 – Review Roles and Functions

Every primary care provider has unique skills and knowledge to add to the team. Collaborative care is not simply to defer or delegate tasks to other providers, “as if it is acceptable that a blend of interdisciplinary care providers be a substitute for the loss of role identity.”¹¹ Each team member must be respected and valued as a member of interdisciplinary care team based on their abilities and training.

- √ Examine the Fact Sheets attached to review the various functions and roles of primary care providers.
- √ Use the links provided to learn more about the provider.
- √ Determine if any of these providers could help be part of the solution for identified issues.

Step 3 – Determine the Fit

Each site will need to ensure that introducing an additional primary care provider will assist in addressing the PIN Initiative objectives.

- √ Determine the commitment required from the individual (i.e. full time, one day a week, workshop, etc).
- √ Determine the required funding and workspace for including the provider.
- √ Develop a rough cost estimate and explanation on how that provider would fit into the clinic.

Step 4 – Integration

While the approval and the recruitment of the provider is in process, a clinic should begin brainstorming how they will integrate services with the provider and establish a

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

collaborative care practice. “No matter which primary care model is chosen, it will take time for family physicians and other care providers in the care team to achieve the levels of maturity required for the mutual satisfaction of all professionals in the group.”¹²

- √ Consider undertaking team development work prior to beginning patient practice in a team-based manner. The group may want to hire a facilitator to help with the transition.
- √ It is recommended that the group keep membership on an interdisciplinary team voluntary within the clinic.

Step 5 – Communication

Communication between team members is the key to providing effective, efficient, collaborative care. The College of Family Physicians of Canada notes that “the establishment of interdisciplinary collaboration in primary healthcare cannot be accomplished for family physicians if there is not sufficient investment in dedicated time to intra-group and inter-disciplinary communication.”¹³ This includes spending time establishing effective group dynamics as well as ensuring the practice environment and newer technologies used in the family practice or primary care group facilitate effective and easy communication between providers.¹⁴ “In addition, EMRs have been found to ‘facilitate communication among the team members and monitor patient outcomes’¹⁵.

- √ Spend time establishing effective group dynamics as well as ensuring the practice environment and newer technologies used in the family practice or primary care group facilitate effective and easy communication between providers.¹⁶
- √ Consider meeting with a representative of the Regional Health Authority in your area to open the doors of communication and work together towards common goals.

¹² College of Family Physicians of Canada. (2006). Primary Care Toolkit for Family Physicians. <http://toolkit.cfpc.ca/en/interdisciplinary-collaboration/needs-assessment.php>

¹³ College of Family Physicians of Canada. (2006). Primary Care Toolkit for Family Physicians. <http://toolkit.cfpc.ca/en/interdisciplinary-collaboration/needs-assessment.php>

¹⁴ College of Family Physicians of Canada. (2006). Primary Care Toolkit for Family Physicians. <http://toolkit.cfpc.ca/en/interdisciplinary-collaboration/needs-assessment.php>

¹⁵ Health Council of Canada (2009). *Getting it Right: Case Studies of Effective Management of Chronic Disease Using Primary Health Care Teams*. Toronto: Health Council. In Physician Integrated Network (2009). *Effectiveness of Interdisciplinary Teams in Primary Care*.

¹⁶ College of Family Physicians of Canada. (2006). Primary Care Toolkit for Family Physicians. <http://toolkit.cfpc.ca/en/interdisciplinary-collaboration/needs-assessment.php>

For more information...

To learn more about how to select and introduce additional team members, visit the College of Family Physicians of Canada's Primary Care Toolkit for Family Physicians at <http://toolkit.cfpc.ca>.

You may also find the Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative's Collaboration Toolkit website useful: <http://www.eicp.ca/en/toolkit/default.asp>

Phase 1 Experience

It is not a PIN requirement to integrate other providers, but rather to meet the four objectives of increasing quality, improving access, improving access to and use of information and improving work life. During PIN Phase 1, each of the three demonstration sites chose to integrate other providers into their team because they found it was the best way to meet the PIN Objectives and improve their target achievement. Each of the sites encourages all members of their team to work to their full scope of practice.

Agassiz Medical Centre hired a dietitian, administrative support staff, an office assistant and a nurse during Phase 1. Assiniboine Clinic hired a diabetes nurse educator and a foot care nurse. Dr. C. W. Wiebe Medical Centre hired a dietitian, administrative support and nurses.

In each instance, the process of selecting a provider to join the team was as unique and diverse as the team itself. Each site added new members to their team one at a time, slowly building a team that will help them reach the PIN objectives and improve their ability to demonstrate quality primary care. To learn more about the provider before hiring, they visited sites such as Access Centres where that profession participates as part of the primary care team. They also visited other PIN sites that have already integrated the provider. It is important to really understand the needs of your patient population and the clinic before adding other members to your team. At one PIN site, the physician group was going to hire more nurses until a conversation with their nursing staff revealed that what they really needed was more administrative support so that the nurses could practice to their full scope and potential instead of spending so much time doing administrative tasks.

Fact Sheets on Primary Care Providers

The following is a series of fact sheets for primary care professionals PIN has identified as potential collaborators for primary health care teams. The fact sheets appear in alphabetical order. These fact sheets do not include all health care professionals, nor are they an exhaustive summary of those included. Some skills, training and expertise overlap from one professional to another. Information was compiled using a variety of sources, in particular the colleges and associations of each profession as well as Manitoba Job Futures.

Chiropractor¹⁷

Name of Profession:

Chiropractor
Doctor of Chiropractic

Definition of Profession:

The practice of chiropractic includes diagnosis, treatment management and prevention of neuromusculoskeletal 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 neuromusculoskeletal 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:

The practice of chiropractic consists of the examination, assessment, diagnosis, treatment, management and prevention of neuromusculoskeletal disorders primarily related to the spine and the extremities. Chiropractors have detailed knowledge of orthopedic, neurological and radiological assessments and of other appropriate investigations, all in order to arrive at a diagnosis and a plan of management. Specifically, chiropractors take and interpret x-rays and are educated and clinically trained, to provide therapeutic exercise, injury rehabilitation therapy, lifestyle and nutritional counseling.

Chiropractors may achieve fellowship status within five specialty areas, being, orthopaedics, sports sciences, clinical sciences, rehabilitation, and radiology.

¹⁷ Fact Sheet provided by Manitoba Chiropractors' Association for the February 2007 edition of this Toolkit.

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 \$225.00.

The starting salary is approximately \$60,000 per annum. The average annual salary is \$97,300, while some chiropractors earn up to \$154,000.¹⁸

Registering Body:

The Manitoba Chiropractors' Association (MCA) is the registering body. Chiropractic is represented nationally by the Canadian Chiropractic Association.

Liability and Accountability:

The MCA requires chiropractors to carry an aggregate of \$4,000,000 professional liability coverage.

Standards of Practice are set by the MCA.

The Chiropractic Act C.C.S.M. c. C100
Regulation 66/86
Canadian Chiropractic Protective Association

Additional protocols and policies are established by the Canadian Chiropractic Association and the Canadian Chiropractic Protective Association which reviews on a continual basis such matters as risk management and continuing education to assist chiropractors in advancing their competencies to serve the public.

Contacts for further information:

Manitoba Chiropractors' Association
245 Portage Avenue
Winnipeg, MB R3B 2A6
Tel: (204) 942-3000
Fax: (204) 942-3010
www.mbchiro.org

¹⁸Manitoba Job Futures (2009). *Chiropractors*. Retrieved July 20 2009 from: <http://mb.jobfutures.org/profiles/profile.cfm?noc=3122&lang=en&site=graphic>

Counsellor¹⁹

Name of Profession:

Mental Health Counsellor
Mental Health Therapist
Psychotherapist

Definition of Profession:

The practice of psychotherapy/counselling is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication.²⁰

Educational Requirements:

With the exception of the province of Quebec, counselling is unregulated. The Canadian Counselling 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:

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

- Family and Marriage Counselling
- Art Therapy
- Drama Therapy
- Music Therapy
- Substance Abuse 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.

¹⁹ Fact Sheet provided by the Canadian Counselling Association (CCA) for the February 2007 edition of this Toolkit.

²⁰ Counsellors are distinct from Psychologists, Psychiatrists, Social Workers, however, many of these professionals often call themselves counsellors. Psychotherapy may be termed a specialty of counselling.

In Manitoba, the starting salary is approximately \$24,500 per annum, with an average salary of \$41,600 per annum. \$58,000 per annum is considered a high salary.²¹

Registering Body:

With the exception of the province of Quebec, there is no registering body.

The Canadian Counselling Association (CCA) provides a voluntary, self-regulatory body.

Liability and Accountability:

None, with the exception of Quebec.

Contacts for further information:

Canadian Counselling Association (CCA)/
Association canadienne de counselling (ACC)
16 Concourse Gate, Suite 600
Ottawa, ON K2E 7S8
Tel: (613) 237-1099
Toll free: 1-877-765-5565
Fax: 613-237-9786
www.ccacc.ca/

²¹ Manitoba Job Futures (2009). *Family, marriage and other related counsellors*. Retrieved July 20 2009 from: <http://mb.jobfutures.org/profiles/profile.cfm?noc=4153&lang=en&site=graphic>

Dietitian²²

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 Requirements²³:

Registered Dietitians must complete a baccalaureate degree majoring in human nutritional sciences, or a university program approved by the College of Dietitians of Manitoba (CDM). Once they have received their degree, they apply to participate in the Manitoba Partnership Dietetic Education Program (MPP), which is an accredited internship program that consists of a minimum of 35 to 40 weeks of practical training, gained under the supervision of an RD. "Once they have successfully completed the internship program, they can now apply to CDM as a Graduate Dietitian (GD) and apply to write the Canadian Dietetic Registration Examination (CDRE). If they pass the CDRE, their status changes from a Graduate Dietitian to a Registered Dietitian and practice as such.

Scope of Practice in Relation to Primary Care:

Listed in definition of profession.

Salary:

The average annual salary for a dietitian in Manitoba is \$49,000 but dietitians' annual salary can range from \$45,000 – \$65,000.²⁴

²² Fact Sheet provided by College of Dietitians of Manitoba for the February 2007 edition of this Toolkit.

²³ 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

²⁴ Manitoba Job Futures (2009) *Dietitians and nutritionists*. Retrieved July 20, 2009 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 Dietitians²⁵:

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".²⁶

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

²⁵ 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

²⁶ Information provided by the College of Dietitians of Manitoba April 30, 2009.

Occupational Therapist^{27,28}

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 or equivalent 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

²⁷ Manitoba Job Futures (2009), *Occupational Therapists*. Retrieved July 20, 2009 from <http://mb.jobfutures.org/profiles/profile.cfm?noc=3143&lang=en&site=graphic>

²⁸ This factsheet was reviewed and amended by the College of Occupational Therapists of Manitoba (May 2009).

Annual salary range:

The starting salary for occupational therapists is \$50,800. The average annual salary is \$56,200, while some earn \$64,500.

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: Otinfo@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

Pharmacist²⁹

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:

Pharmacists annual salary averages \$105,900 but can range anywhere from \$76,000- \$117,200.³⁰

Registering Body:

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

²⁹ Fact Sheet Provided by the Manitoba Pharmaceutical Association for the February 2007 edition of this Toolkit.

³⁰ Manitoba Job Futures (2009). *Pharmacists*. Retrieved July 20 2009 from: <http://mb.jobfutures.org/profiles/profile.cfm?noc=3131&lang=en&site=graphic>

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. Also, 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/

Physician Assistant³¹

Name of Profession:

Clinical Assistant (CA or RCA)
Physician Assistant (PA)

Definition of Profession:

A Physician Assistant (PA) is a health care professional licensed to practice medicine under the supervision of a licensed medical practitioner.³² In Manitoba, PA's have practiced as "clinical assistants" since 2002, primarily in medical and surgical specialties.³³

Clinical Assistants (CA's or RCA's) function as physician extenders and require physician supervision. There are two categories of Clinical Assistants:

1. **Certified:** Graduates of an accredited Physician Assistant (PA) training program
2. **Non-Certified:** International Medical Graduates (IMG's) or other allied health professional licensed to practice in Manitoba are eligible to become RCA's through a two part testing process. They must successfully complete a practical & written exam to be placed on the Clinical Assistant Registry.

Educational Requirements:

Physician Assistants (Certified RCA's) are trained in the medical model (usually in Faculties of Medicine) with an emphasis in primary care, & may specialize after graduation. Most PA's graduate with a Masters Degree.

Non-Certified RCA's hold medical, nursing, or other allied health professional degrees prior to taking the RCA Part I & II exams.

Scope of Practice in Relation to Primary Care:

The Clinical Assistant's scope of practice must mirror that of the supervising physician. The CA effectively extends the same services to clients as does the physician. This is often determined by the CA's level of experience & negotiated between the physician & CA. The CA 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

³¹ Fact sheet provided by the WRHA Clinical Assistant Program (2008).

³² 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

³³ Canadian Association of Physician Assistants (2009) *What is a PA?* Retrieved April 30, 2009 from: <http://caopa.net/whatsapa.htm>

description outlining the duties & functions of the CA in relation to the physician's practice. This practice description must be approved by the College of Physicians & Surgeons of Manitoba (CPSM).

Salary:

Current RCA salaries in the WRHA range from \$72,000 - \$87,000 per year based on a 5-step increment scale. Non-Certified CA's are placed on a probationary salary of \$65,700 per year until they pass the RCA Part II exam (usually completed prior to completing the first year of employment).

Registering Body:

College of Physicians & Surgeons of Manitoba (CPSM)

Liability and Accountability:

Clinical Assistants are non-unionized employees & are regulated through the Medical Act under the Clinical Assistant Regulation. All CA's must apply to be placed on the Clinical Assistant 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, Director
WRHA Clinical Assistant Program
Z3045 – 409 Tache Ave
Winnipeg, MB. R2H 2A6
Phone: 204-226-0835
Fax: 204-334-4812

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

Canadian Association of Physician Assistants
www.caopa.net/

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:

Physiotherapists must complete university entry-to-practice Bachelor or Masters Degree in Physical Therapy. (At the University of Manitoba the Department of Physical Therapy is part of the Faculty of Medicine.)

Scope of Practice in Relation to Primary Care:

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

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. Physiotherapy is committed to health, lifestyle and quality of life.

Some examples of physiotherapy use in the primary care setting would be: physical activity programs targeted for overweight children and adults; improving endurance and strength in persons with rheumatoid arthritis; intervention for incontinence; and treatment for patients' potentially needing joint replacement

Salary:

Physiotherapists in private practice or on contract have an annual income of approximately \$60,000 – \$70,000.

³⁴ Fact Sheet provided by Manitoba branch of the Physiotherapy Association for the February 2007 edition of this Toolkit.

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

Manitoba Association of Health Care Professionals is the largest union of 5 that hospital physiotherapists are associated with.

Private practice physiotherapists often work on a percentage contract basis.

Registering Body:

College of Physiotherapists of Manitoba

Liability and Accountability:

The Physiotherapy Act ensures self regulation and allows treatment without referral from or supervision of a physician. Physiotherapists are required by the College to carry \$5,000,000 professional liability coverage. Standards are set by the College for infection control and annual calibration of exercise equipment.

Contacts for further information:

Manitoba Branch of the Canadian Physiotherapy Association
Suite 305, 200 Main Street, Winnipeg, MB, R3C 4M2
Tel: (204) 925-5701
Toll free: 1-877-925 5701
Fax: 204-925-5703
E-mail: mbcpa.shawbiz.ca
www.mbphysio.org

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

Psychologist³⁶

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 Psychologist 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.

³⁶ 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).

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 Av,
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

Registered Nurse ³⁷

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 counseling)
- Linking patients with resources
- Supporting referral networks for patients
- Facilitating care co-ordination
- Documentation, quality improvement, education and research as required

³⁷ 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.

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.³⁸

Salary:

In Manitoba, nurses earn between \$59,500 and \$77,800 per annum. The average annual salary is \$65,100.³⁹

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

³⁸ Canadian Nurses Protective Society, (2006) *CNPS Services*. Retrieved August 11 2009 from: http://www.cnps.ca/cnps_services/index_e.html

³⁹ Manitoba Job Futures (2009). *Registered Nurses*. Retrieved July 20, 2009 from: <http://mb.jobfutures.org/profiles/profile.cfm?noc=3152&lang=en&site=graphic>

Extended Practice Registered Nurse⁴⁰

Name of Profession:

Extended Practice Registered Nurse – RN(EP)
Nurse Practitioner (NP)⁴¹

Definition of Profession:

The designation RN(EP) or 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(EP)/ 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:

Extended Practice Registered Nurses RN(EP)s 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(EP) can prescribe medications, order and manage the results of screening and diagnostic tests, and perform minor surgical and invasive procedures. The RN(EP) provides nursing services in the areas of health promotion, illness prevention, management of specific illnesses, palliation and rehabilitation. RN(EP)s consult and collaborate with other health care professionals as appropriate to ensure that the overall health care needs of clients are met. RN(EP)s have the knowledge and skills to promote problem-solving among staff or between staff and patients, and with physicians and multidisciplinary team. The RN(EP) 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)

⁴⁰ 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.

⁴¹ "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)

Liability and Accountability:

RN(EP)s are accountable and responsible for their own practice and conduct. Individual RN(EP)s 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(EP) 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 Society⁴²

Salary:

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

Registered Psychiatric Nurse⁴³

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 College's registration 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

⁴³ Fact Sheet provided by College of Registered Psychiatric Nurses of Manitoba for the August 2009 edition of this Toolkit.

- 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 \$65,000.00 per year.

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

Social Worker⁴⁴

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.

⁴⁴ Fact Sheet provided by the Manitoba Association of Social Workers for the February 2007 edition of this Toolkit.

- 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)
- Education to Other Health Care providers and agencies

Salary:

Annual salary ranges from \$34,000 to mid \$68,000, with an average of \$50,100 per annum.⁴⁵

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

⁴⁵ Manitoba Job Futures (2009) *Social Workers*. Retrieved July 20, 2009 from: <http://mb.jobfutures.org/profiles/profile.cfm?noc=4152&lang=en&site=graphic>

Speech Language Pathologist and Audiologist⁴⁶

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.”⁴⁷

Scope of Practice in Relation to Primary Care⁴⁸:

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:

⁴⁶ Fact Sheet provided by the Manitoba Speech and Hearing Association for the February 2007 edition of this Toolkit.

⁴⁷ 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>

⁴⁸ 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>

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 \$54,500 but can range up to \$75,500 annually. The average annual salary is \$58,200.⁴⁹

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 Vaughn Street
Winnipeg, MB R3B 3J9
Tel: (204)453-4539
www.msha.ca

Canadian Association of Speech-Language Pathologists and Audiologists,
400-200 Elgin St.
Ottawa, ON K2P 1L5
www.caslpa.ca

⁴⁹ 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>

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 recommended⁵⁰.

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 .

⁵⁰ CMPA, CNPS. *CMPA/CNPS Joint Statement on Liability Protection for Nurse Practitioners and Physicians in Collaborative Practice* (March 2005). P. 3

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].⁵¹

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.”⁵²

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

⁵¹ Raphael, Dennis. Rebecca Renwick, Ivan Brown, Brenda Steinmetz, Hersh Sehdev and Sherry Phillips. (2001). Making the links between community structures and individual well-being: community quality of life in Riverdale, Toronto, Canada. *Health & Place*. (7). 179-196.

⁵² Crampton, Peter. (1999) *Third Sector Primary Health Care: A report prepared for the National Health Committee*. Department of Public Health, Wellington School of Medicine.

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.”⁵³

Through the PIN Initiative, collaboration and development of linkages with the community are encouraged. Whether with non-profit organizations such as church groups, or connecting with a Regional Health Authority program, these linkages will help to reduce duplication and help in the delivery of quality primary care. With PIN, Physicians will be able to explore options at involving the community and alternate organizations to aid in providing high quality, comprehensive appropriate care to all Manitobans.

Ideas for partnerships and collaboration

There are numerous programs and organizations in every community that affect primary health care and primary care specifically.

For example: churches, community centres, health centres, housing co-ops, recreation centres, Regional Health Authorities, service agencies, and schools, indigenous groups, university research centres, acute hospital care, home health agencies, dialysis centre, homes for the mentally handicapped, self-help groups, community health groups, care and support of the elderly, care and support of people with physical and sensory disabilities, and care and support of children and families, alternative medicine, health research, etc.

Every community is different. The needs and resources in each community will also vary. Each site will need to brainstorm how your resources, patients and communities can work together to form collaborative partnerships.

The Winnipeg Regional Health Authority has created an online database of health and social services within the City of Winnipeg. This data base has been integrated with the provincial CONTACT database and is a useful resource that can assist in identifying

⁵³ 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).

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 either for 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