



# **Primary Care Interprofessional Team Toolkit**

Revised January 2018

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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 My Health Teams.

An extensive review of the literature was conducted as well as an environmental scan of My Health 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](mailto: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, Seniors and Active Living (MHSAL) strategy. An interprofessional team can be designed to increase patient access to the care they need when they need it and enable physicians to spend more time with patients to meet their medical needs.

The College of Family Physicians of Canada (2017) notes that team-based care that is implemented well has the potential to improve the comprehensiveness, coordination, and efficiency of a practice. By providing patients with a comprehensive array of services that best meet their needs, team-based care can lead to increased access, higher patient and provider satisfaction, and better resource efficiency.<sup>1</sup>

The benefits of team-based care include:

**Expanded access to care:** health care teams have a greater capacity to offer timely access to care for their patients, along with access to a more diverse range of services.

**Efficient use of resources:** individuals who have regular access to team-based care in are significantly less likely to require emergency medical services than those who do not.

<sup>1</sup> *Best Advice: Team-Based Care in the Patient's Medical Home*

Continuity of care: a team that is coordinated and connected allows members to effectively attend to the patient's needs, while ensuring that there are no duplications of unnecessary testing and omissions in care.

Improved chronic care management: a team helps improve the health and wellness of patients with chronic conditions, mitigates risk factors, and offsets costs to other parts of the health care system, most notably emergency care.

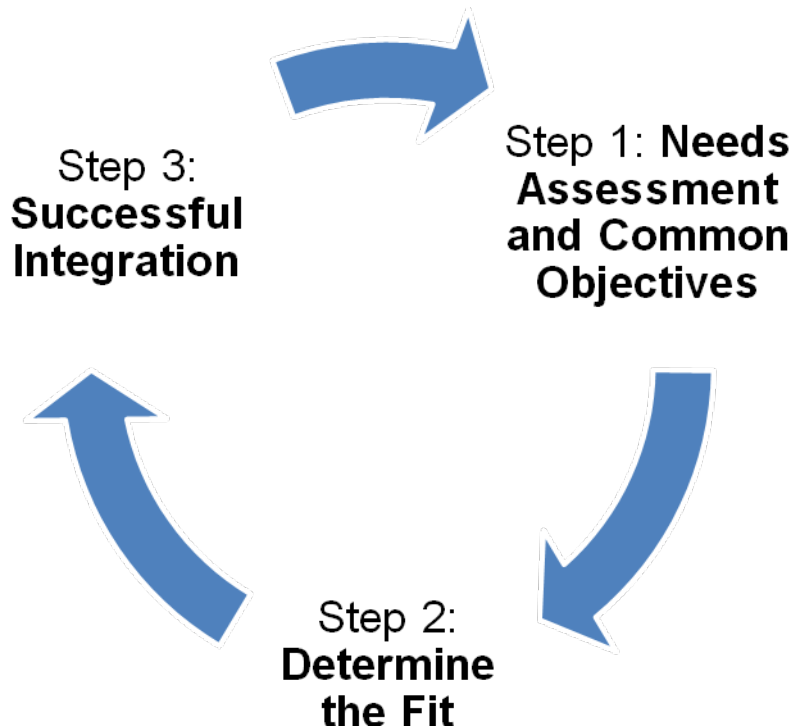
According to the Canadian Medical Protective Association, two of the most important goals for collaborative care include: optimizing Canadians' access to the skills and competencies of a wide range of health professionals; and improving primary and even specialty health care by further encouraging and facilitating health promotion and the prevention of illness. The current and forecasted critical shortage of health professionals limits a patient's access to timely care. Collaborative care is promoted as a solution to health human resource shortages, and as a way of increasing access to and improving the quality of care.<sup>2</sup>

<sup>2</sup> Canadian Medical Protective Association <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2005/collaborative-care-a-medical-liability-perspective>

## Integrating Primary Care Providers

### ***How to Select and Introduce Additional Team Members***

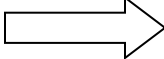
In order to optimize the patient and practice benefits of additional team members, it is essential to methodically evaluate the patient's needs, review potential providers who could assist the practice in meeting the needs, select provider types, and establish how the practice will ensure success. A brief overview of the process is provided below. You may also want to access the College of Family Physicians of Canada's website 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.

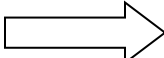
### Selecting and Developing your Team Resources:

- 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. 

Improvement Charter Worksheet:  
[http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&sqi=2&ved=0ahUKEwimoa\\_pxavRAhUh5IMKHWX2B5oQFggaMAA&url=http%3A%2F%2Fbcpsqc.ca%2Fdocuments%2F2012%2F12%2Fsqan-Teamwork-Communication-Improvement-Charter-Template.doc&usq=AFQjCNFJSjU7L3QKWaSOC6JR5mBr580qRg](http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&sqi=2&ved=0ahUKEwimoa_pxavRAhUh5IMKHWX2B5oQFggaMAA&url=http%3A%2F%2Fbcpsqc.ca%2Fdocuments%2F2012%2F12%2Fsqan-Teamwork-Communication-Improvement-Charter-Template.doc&usq=AFQjCNFJSjU7L3QKWaSOC6JR5mBr580qRg)

#### Team Education Resources:

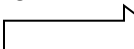
<http://www.wrha.mb.ca/professionals/collaborativecare/resources.php>

- 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.northernhealthregion.ca/default.aspx?cid=234&lang=1>

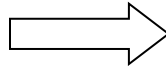
- Consider what other providers could best help your clinic provide high- quality care to your patient population, including comprehensive chronic disease management and primary prevention. 

Profiles of Manitoba Health Professions: Page 17 of this toolkit

Implementing Interprofessional Care in Ontario:

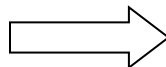
<http://www.ipe.uwo.ca/Administration/teachings/HFO%20IPC%20Final%20Report%202010.pdf>

- 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>

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

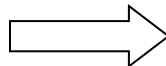


Team Functioning:  
<http://www.wrha.mb.ca/professionals/collaborativecare/files/Competencies-3.pdf>

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](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?

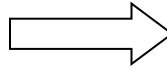


Education Resources:  
<http://www.wrha.mb.ca/professionals/collaborativecare/resources.php>

Evidence Synthesis for the Effectiveness of Interprofessional teams in Primary Care:  
[http://www.chsrf.ca/Libraries/Commissioned\\_Research\\_Reports/Jacobson-Interprofessional-EN.sflb.ashx](http://www.chsrf.ca/Libraries/Commissioned_Research_Reports/Jacobson-Interprofessional-EN.sflb.ashx)



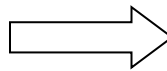
- Evaluate existing resources in the community to explore opportunities for collaboration and to avoid duplication of services. Consider the integration of a virtual team through collaboration with programs in the Regional Health Authority— colocation is not a prerequisite or a guarantee of effective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



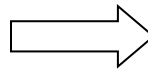
How to Improve:  
<http://www.ihl.org/knowledge/Pages/HowtoImprove/default.aspx>

Southcentral Foundation's Nuka Model of Care:  
<https://www.southcentralfoundation.com/nuka-system-of-care/nuka-system-of-care/>

## **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.
- 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.



Profiles of Manitoba Health Professions:  
Page 17 of this toolkit

What is Collaborative Care?

<http://www.wrha.mb.ca/professionals/collaborativecare/about.php>

Role Clarification:

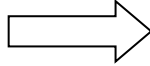
<http://www.wrha.mb.ca/professionals/collaborativecare/files/Competencies-2.pdf>

CNA Primary Care Toolkit:

<https://www.nurseone.ca/en/tools/primary-care-toolkit>

### Step 3 – Successful Integration

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



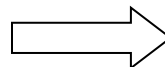
Collaborative Leadership:  
<http://www.wrha.mb.ca/professionals/collaborativecare/files/Competencies-4.pdf>

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

Patient-centered care Improvement Guide:  
<http://www.ihl.org/resources/pages/tools/patientcenteredcareimprovementguide.aspx>

IHI Triple AIM:  
<http://www.ihl.org/engage/initiatives/tripleaim/pages/default.aspx>

- 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.

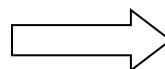


Improving Communication:  
<http://www.skillsyouneed.com/ips/improving-communication.html>

Understanding Change  
<http://www.skillsyouneed.com/lead/understanding-change.html>

Shared Care: Issues you should consider  
[https://www.cmpa-acpm.ca/en/safety/-/asset\\_publisher/N6oEDMrzRbCC/content/shared-care-issues-you-should-consider](https://www.cmpa-acpm.ca/en/safety/-/asset_publisher/N6oEDMrzRbCC/content/shared-care-issues-you-should-consider)

- 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.

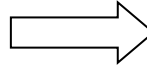


Effective Communication:  
<https://www.helpguide.org/articles/relationships/effective-communication.htm>

Trust and Respect:  
<https://leadergrow.com/articles/78-trust-and-respect->

5 Tips For Effective Team Meetings:  
<https://www.entrepreneur.com/article/272078>

- Communications between team members is a key in providing effective, efficient collaborative care. 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.



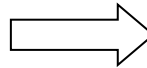
Interprofessional Communication:  
<http://www.wrha.mb.ca/professionals/collaborativecare/files/Competencies-5.pdf>

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

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

- SBAR (Situation, Background, Assessment, and 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>

Evaluating team performance:  
<http://smallbusiness.chron.com/team-member-performance-evaluation-techniques-19096.html>

## 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 <http://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.ontla.on.ca/library/repository/mon/11000/256235.pdf>

The Canadian Nurses Association *Primary Care Toolkit* is available at:

<https://www.nurseone.ca/en/tools/primary-care-toolkit>

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:

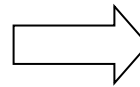
- have appropriate and adequate professional liability protection and/or insurance coverage;
- confirm the continuing appropriate and adequate professional liability protection and/or insurance coverage of the other members of the collaborative health care team;
- physicians should contact the CMPA at 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 recommended<sup>3</sup>.

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";

[https://www.cmpa-acpm.ca/documents/10179/24937/06\\_collaborative\\_care-e.pdf](https://www.cmpa-acpm.ca/documents/10179/24937/06_collaborative_care-e.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](http://www.cnps.ca/joint_statement/English_CMPA_CNPS_joint_stmt.pdf)



<p><b>Liability Risks in Interdisciplinary Care: Thinking Outside the Box</b> <a href="http://www.conferenceboard.ca/e-Library/abstract.aspx?DID=1979">http://www.conferenceboard.ca/e-Library/abstract.aspx?DID=1979</a></p>
<p><b>Liability Risks Not a Barrier to Health Care Collaboration</b> <a href="http://www.conferenceboard.ca/press/newsrelease/07-04-11/liability_risks_not_a_barrier_to_health_care_collaboration.aspx">http://www.conferenceboard.ca/press/newsrelease/07-04-11/liability_risks_not_a_barrier_to_health_care_collaboration.aspx</a></p>

<sup>3</sup> CMPA, CNPS. *CMPA/CNPS Joint Statement on Liability Protection for Nurse Practitioners and Physicians in Collaborative Practice* (March 2005) revised June 2017. 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].<sup>4</sup>

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.”<sup>5</sup>

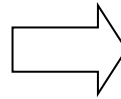
Collaboration and development of linkages with the community are encouraged through the My Health Team/ Primary Care Network strategy. Whether with non-profit organizations such as church groups, or connecting with a Regional Health Authority program, these linkages will help to reduce duplication and help in the delivery of quality primary care.

<sup>4</sup> 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.

<sup>5</sup> 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).

## ***Ideas for partnerships and collaboration***

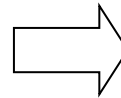
Every community is different. The needs and resources in each community will also vary. Each site will need to explore how your resources, patients and communities can work together to form collaborative partnerships. By working with the regional health authority, clinics can help their patients through 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 My Health Team/ Primary Care Network.



My Health Teams/ Primary  
Care Networks

<http://www.gov.mb.ca/health/primarycare/providers/pcn/index.html>

211 Manitoba is a searchable online database of government, health, and social services that are available across the province. This service helps Manitobans who are looking to find the right community or social resource but don't know where to start. It also helps service providers to direct others to the right resource. Services are grouped together into categories that include food and clothing, housing and homelessness, health, mental health, employment, newcomers, children and parenting, and youth.



211 Manitoba provides a searchable online database of community services and resources available across the province.

<http://mb.211.ca/>



# **Profiles/Scopes of** **Practice of Manitoba** **Health Professions**

## **Athletic Therapist**

### **Name of Profession:**

Certified Athletic Therapist

### **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.

### **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:**

Canadian Athletic Therapists' Association  
National Office  
Suite 300 – 400, 5<sup>th</sup> Avenue S.W.  
Calgary, Alberta T2P 0L6  
Phone: 403-509-2282  
Fax: 403-509-2280  
Email: [info@athletictherapy.org](mailto:info@athletictherapy.org)  
Website: <https://athletictherapy.org/en/>

## Chiropractor

### **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 general health, 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 Manitoba Chiropractors Board of Directors.
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.

### **Registering Body:**

The Manitoba Chiropractors Association (MCA) is the licensing and regulatory body that oversees the practice of chiropractic in Manitoba.

### **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 annual aggregate of \$4,000,000 of 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, Manitoba R3G 3P4  
Phone: 204-942-3000  
Email: [info@mbchiro.org](mailto:info@mbchiro.org)  
Website: [www.mbchiro.org](http://www.mbchiro.org)

## Clinical Assistant & Physician Assistant

### **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.<sup>6</sup> In Manitoba, these professionals have practiced since 2002, primarily in medical and surgical specialties.<sup>7</sup>

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. 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.

### **Registering Body:**

College of Physicians & Surgeons of Manitoba (CPSM)

### **Liability and Accountability:**

Clinical Assistants and Physician Assistants are 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:**

Russell Ives, MPAS, CCPA  
Director (Provincial / WRHA)  
Physician & Clinical Assistant Program  
GC401 – 820 Sherbrook Street  
Winnipeg, Manitoba R3A 1R9  
Phone: 204-990-9820  
Email: [rives@hsc.mb.ca](mailto:rives@hsc.mb.ca)

Ian W. Jones, MPAS, CCPA, PA-C  
Program Director; Assistant Professor  
Master Physician Assistant Studies  
Max Rady College of Medicine, University of Manitoba  
260 Brodie Centre – 727 McDermot Avenue  
Winnipeg, Manitoba  
Phone: 204-272-3096  
Fax: 204-480-1372  
Email: [MPAS@umanitoba.ca](mailto:MPAS@umanitoba.ca)  
Website: <http://umanitoba.ca/physicianassistant>

College of Physicians & Surgeons of Manitoba (CPSM)  
1000-1661 Portage Avenue  
Winnipeg, Manitoba R3J 3T7  
Phone: 204-774-4344  
Fax: 204-774-0750  
Email: [cpsm@cpsm.mb.ca](mailto:cpsm@cpsm.mb.ca)  
Website: <http://cpsm.mb.ca/>

Canadian Association of Physician Assistants  
Suite 704 - 265 Carling Avenue  
Ottawa, Ontario K1S 2E1  
Phone: 877-744-2272 or 613-248-2272  
Fax: 613-521-2226  
Email: [admin@capa-acam.ca](mailto:admin@capa-acam.ca)  
Website: <http://capa-acam.ca/>

## Counsellor

### **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.<sup>8</sup>

### **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

### **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 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)/L'Association canadienne de counseling et de psychothérapie (ACCP)  
6 – 203 Colonnade Road S.  
Ottawa, Ontario K2E 7K3  
Phone: 613-237-1099  
Toll free: 1-877-765-5565  
Fax: 613-237-9786  
Website: [www.ccpa-accp.ca/](http://www.ccpa-accp.ca/)

## Dietitian

### **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 Requirements:**

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.

### **Registering Body:**

College of Dietitians of Manitoba

### **Liability and Accountability:**

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

**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, Manitoba R3H 0X4  
Phone: 204-694-0532  
Toll Free: 1-866-283-2823  
Fax: 204-889-1755  
E-mail: [office.cdm@mts.net](mailto:office.cdm@mts.net)  
Website: <http://manitobadietitians.ca>



## 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

### **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.,  
Director, Applied Health Sciences (AHS) PhD Program  
Faculty of Kinesiology and Recreation Management,  
University of Manitoba  
312 Max Bell Centre  
Winnipeg, Manitoba R3T 2N2  
Phone: 204-474-8641  
Fax: 204-261-4802  
Email: [elizabeth.ready@umanitoba.ca](mailto:elizabeth.ready@umanitoba.ca)

c/o Glen Bergeron, Ph.D., CAT(C)  
Department of Kinesiology and Applied Health,  
University of Winnipeg  
Phone: 204-786-9190  
Fax: 204-783-7866  
Email: [g.bergeron@uwinnipeg.ca](mailto:g.bergeron@uwinnipeg.ca)

## Occupational Therapist

### **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

### **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 BMS).

### **Contacts for more information:**

College of Occupational Therapists of Manitoba (COTM)  
7 – 120 Maryland Street  
Winnipeg, Manitoba R3G 1L1  
Phone: 204-957-1214  
Fax: 204-775-2340  
E-mail: [Otinfo@cotm.ca](mailto:Otinfo@cotm.ca)  
Website: [www.cotm.ca](http://www.cotm.ca)

Manitoba Society of Occupational Therapists (MSOT)  
7 – 120 Maryland Street  
Winnipeg, Manitoba R3G 1L1  
Phone: 204-957-1214 ext. 21  
Fax: 204-775-2340  
E-mail: [msot@mts.net](mailto:msot@mts.net)  
Website: [www.msot.mb.ca](http://www.msot.mb.ca)

Canadian Association of Occupational Therapists (CAOT)  
100-34 Colonnade Road  
Ottawa, Ontario K2E 7J6  
Phone: 613-523-2268  
Toll free: 1-800-434-2268  
Website: [www.caot.ca](http://www.caot.ca)



## **Midwife**

### **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 person who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery in Manitoba. She must be able to give the necessary care and advice to women during pregnancy, labour and the postpartum period, to conduct deliveries on her own responsibility, and to care for the infant and the mother. This care includes 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 medical help. The midwife will have a mechanism for consultation, referral, continued involvement and collaboration.

The midwife has an important task in health promotion, counselling, and education, not only for the woman but also for the family and the community. Midwifery practice should involve 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 complete an approved baccalaureate degree program from a Canadian university.

Internationally educated midwives must complete an approved assessment and gap training program, including a clerkship placement.

All midwives must also complete the Canadian Midwifery Registration Exam.

### **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  
230-500 Portage Avenue  
Winnipeg, Manitoba R3C 3X1  
Phone: 204-783-4520  
Fax: 204-779-1490  
Email: [admin@midwives.mb.ca](mailto:admin@midwives.mb.ca)  
Website: [www.midwives.mb.ca](http://www.midwives.mb.ca)

Midwives Association of Manitoba  
Postal Box 3973  
Redwood Postal Outlet  
Winnipeg, Manitoba R2W 5H9  
Website: <http://midwivesofmanitoba.ca>  
Fact Sheet: <http://www.midwives.mb.ca/index.html>

## **Pharmacist**

### **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 600 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. Pharmacists work collaboratively as members of patient-centred teams to enhance the care provided to patients.

### **Registering Body:**

The College of Pharmacists of Manitoba 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 from 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 or an advocacy society. Pursuant to the Pharmaceutical Regulation to *The Pharmaceutical Act*, every pharmacist must be covered by professional liability insurance that provides a minimum of \$2,000,000 per claim or per occurrence and a minimum \$4,000,000 annual aggregate.

### **Contacts for further information:**

The Registrar  
College of Pharmacists of Manitoba  
200 Tache Avenue  
Winnipeg, MB R2H 1A7  
Phone: 204-233-1411 or 204-231-4688  
Fax: 204-237-3468  
E-mail: [info@cphm.ca](mailto:info@cphm.ca)  
Website: <http://mpha.in1touch.org/>

The Dean's Office  
College of Pharmacy  
Rady Faculty of Health Sciences  
Apotex Centre, University of Manitoba  
Winnipeg, MB R3E 0T5  
Phone: 204-474-9306  
Fax: 204-789-3477  
Email: [pharmacy@umanitoba.ca](mailto:pharmacy@umanitoba.ca)  
Website: [www.umanitoba.ca/pharmacy](http://www.umanitoba.ca/pharmacy)

Pharmacists Manitoba  
202-90 Garry Street  
Winnipeg, MB R3C 4H1  
Phone: 204-956-6680  
Toll Free: 1-800-677-7170  
Fax: 204-956-6686  
Website: [www.pharmacistsmb.ca](http://www.pharmacistsmb.ca)

## Physiotherapist

### **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 wellness<sup>9</sup>

### **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 Rady Faculty of Health Sciences).

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 (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.

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.<sup>10</sup>

### **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  
1465A Pembina Highway  
Phone: 204-287-8502  
Fax: 204-474-2506  
E-mail: [Info@manitobaphysio.com](mailto:Info@manitobaphysio.com)  
Website: [www.manitobaphysio.com](http://www.manitobaphysio.com)

Manitoba Physiotherapy Association  
145 Pacific Avenue  
Winnipeg, Manitoba R3B 2Z6  
Phone: 204-925-5701  
Toll Free: 1-877-925-5701  
Fax: 204-925-5624  
Email: [ptassociation@mbphysio.org](mailto:ptassociation@mbphysio.org)  
Website: [www.mbphysio.org](http://www.mbphysio.org)

## **Psychologist**

### **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.

### **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:**

WRHA Program Head  
Lesley Graff, C. Psych.  
Health Sciences Centre Department  
Phone: 204-787-3490  
Website: [www.wrha.mb.ca/prog/psychology/](http://www.wrha.mb.ca/prog/psychology/)

Psychological Association of Manitoba  
162-2025 Corydon Avenue, #253  
Winnipeg, Manitoba R3P 0N5  
Phone: 204-487-0784  
Fax: 204-489-8688  
Email: [pam@mymts.net](mailto:pam@mymts.net)  
Website: [www.cpmb.ca](http://www.cpmb.ca)

Manitoba Psychological Society  
P.O. Box 151 RPO Corydon  
Winnipeg, Manitoba R3M 3S7  
Phone: 204-488-7398  
Toll Free: 1-866-416-7044  
Website: <http://mps.ca/>

## Registered Nurse

### **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.

### **Contacts for further information:**

College of Registered Nurses  
890 Pembina Highway  
Winnipeg, Manitoba R3M 2M8  
Phone: 204-774-3477  
Toll Free: 1-800-665-2027  
Fax: 204-775-6052  
Website: [www.crnmb.ca](http://www.crnmb.ca)

Manitoba Nurses Union  
301-275 Broadway  
Winnipeg, Manitoba R3C 4M6  
Phone: 204-942-1320  
Toll Free: 1-800-665-0043  
Fax: 204-942-0958  
Website: <https://manitobanurses.ca/>

## **Registered Nurse, Nurse Practitioner**

### **Name of Profession:**

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

### **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.

### **Contacts for further information:**

College of Registered Nurses  
890 Pembina Highway  
Winnipeg, Manitoba, R3M 2M8  
Phone: 204- 774-3477  
Toll Free: 1-800-665-2027  
Fax: 204-775-6052  
Website: [www.crnmb.ca](http://www.crnmb.ca)

Manitoba Nurses Union  
301-275 Broadway  
Winnipeg, Manitoba, R3C 4M6  
Phone: 204-942-1320  
Toll Free: 1-800-665-0043  
Fax: 204-942-0958  
Website: <https://manitobanurses.ca/>

Nurse Practitioner Association of Manitoba  
35 Lakewood Blvd  
Winnipeg, MB R2J 4A3  
Email: [npam2011@gmail.com](mailto:npam2011@gmail.com)  
Website: <http://www.nursepractitioner.ca/>



## **Registered Psychiatric Nurse**

### **Name of Profession:**

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

### **Definition of Profession:**

Registered Psychiatric Nurses (RPNs) are concerned with the health – especially mental health – of individuals, families, groups and communities.

Registered Psychiatric Nurses (RPNs) work with clients whose primary care needs are related to mental health, addictions, and neurodevelopmental disabilities. Their education and experience prepares psychiatric nurses to recognize the complex relationship between emotional, developmental, physical and mental health – as well as the role that social factors, culture and spirituality play in illness and recovery.

Manitoba's Registered Psychiatric Nurses (RPNs) are professionals who are specifically educated to help individuals, families, groups and communities achieve the highest possible level of mental health. In addition to mental health promotion, illness prevention and treatment, they practice as educators, researchers and administrators in a wide variety of settings.

### **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

### **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  
Phone: 204-888-4841  
Fax: 204-888-8638  
E-Mail: [crpnm@crpnm.mb.ca](mailto:crpnm@crpnm.mb.ca)  
Website: <http://www.crpnm.mb.ca/>

For salary or collective bargaining issues:  
Manitoba Nurses Union  
Phone: 204-942-1320  
Website: <https://manitobanurses.ca/>

## **Licensed Practical Nurse**

### **Name of Profession:**

Licensed Practical Nurse – LPN

### **Definition of Profession:**

The *Licensed Practical Nurses Act* (2001) defines the practice of practical nursing as “the provision of nursing services for the purpose of assessing and treating health conditions. Promoting health, preventing illness, and assisting individuals, families and groups to achieve an optimal state of health.”

LPNs apply the nursing process and use critical thinking, judgment, evidence-informed knowledge, and reflective practice throughout the process to support the optimization of holistic health. LPNs in Manitoba provide nursing care to clients across the life span, including those with a wide range of complex health conditions.

### **Educational Requirements:**

LPNs are educated in the same body of general nursing knowledge as other nursing professions. Entry-level practical nursing education in Manitoba is a two-year college diploma program. The program includes theoretical, laboratory and practicum components, and is a minimum of 2000 hours (1120 theoretical and 880 practical). LPNs must also pass the Canadian Practical Nurse Registration Examination in order to qualify for licensure. LPNs will expand their knowledge, skill and judgment over the course of their careers through post-basic education and other continuing professional development activities.

### **Regulatory Body:**

College of Licensed Practical Nurses of Manitoba

### **Liability and Accountability:**

While LPNs practice both independently and collaboratively with other members of the health care team, they are responsible and held personally accountable for their own practice.

Since 2001, LPNs in Manitoba are not required by provincial legislation to practice under the direction or supervision of another regulated health professional.

LPNs are accountable for adhering to their professional standards, which include Standards of Practice, a Code of Ethics and Practice Directions (also referred to as Regulatory Bulletins)

LPNs hold medical malpractice liability coverage of up to \$2 million per claim. The policy covers the LPN for faults, errors, omissions and negligence for services rendered while acting within their scope and duties. LPNs may purchase additional coverage.

### **Scope of Practice in Relation to Primary Care:**

LPNs may perform a variety of nursing activities within a primary care setting including but not limited to:

- Triage
- Physical health assessments across the lifespan
- Diagnostic testing, such as ABIs and EKGs
- Health promotion, injury and illness prevention, and disease-specific support and teaching to individuals and groups
- Prenatal and postpartum education, nursing assessments and care
- Immunizations across the lifespan
- Wound care including dressing changes, suture/staple removal
- Collection of laboratory samples; analyzing, communicating and documenting laboratory results
- Coordination of client referrals
- Assisting with clinic referrals
- Health record management

### **Contact for further information:**

College of Licensed Practical Nurses of Manitoba  
463 St. Anne's Road

Winnipeg, MB R2M 3C9

Phone: 204-663-1212

Toll Free: 1-877-663-1212

Email: [info@clpnm.ca](mailto:info@clpnm.ca)



## **Social Worker**

### **Name of Profession:**

Social Worker

### **Definition of Profession:**

Social workers are regulated health professionals who work with individuals, families, groups and communities to enhance their individual and collective well-being. Social workers advocate for social justice, human rights, and equitable access to health and social services. They provide counselling, therapy and problem-solving interventions and help individuals gain access to information and resources (e.g., community support programs). In addition, they address broader social issues such as oppression, discrimination, domestic violence, unemployment and poverty.

### **Educational Requirements:**

The general 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 for Social Work Education. 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

### **Registering Body:**

Manitoba College of Social Workers

### **Liability and Accountability:**

Social Workers must uphold the standards of practice and the code of ethics as outlined by the Manitoba College of Social Workers.

### **Contacts for further information:**

Manitoba College of Social Workers  
101 – 2033 Portage Avenue  
Winnipeg, Manitoba R3J 0K6  
Phone: 204-888-9477  
Toll Free 1-944-885-6279  
Fax: 204-831-6359  
Email: [info@mcsw.ca](mailto:info@mcsw.ca)  
Website: [www.mcsw.ca](http://www.mcsw.ca)

## **Speech-Language Pathologist & Audiologist**

### **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-language pathology.

### **Scope of Practice in Relation to Primary Care:**

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 treatment programs to correct speech, language and swallowing 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.

### **Registering Body:**

College of Audiologists and Speech-Language Pathologists of Manitoba (CASLPM)

### **Liability and Accountability:**

Audiologists and Speech-Language Pathologists have been regulated since 1961; in January 2014, regulation of both professions transitioned to The College of Audiologists and Speech-Language Pathologists of Manitoba under the Regulated Health Professions Act.

### **Contacts for further information:**

College of Audiologists and Speech-Language Pathologists of Manitoba  
Unit 1-333 Vaughan Street  
Winnipeg, Manitoba R3B 3J9  
Phone: 204-453-4539  
Fax: 204-477-1881  
Email: [office@caslom.ca](mailto:office@caslom.ca)  
Website: <http://caslpm.ca>