



University Health Network
Toronto General Hospital | Toronto Western Hospital | Princess Margaret Hospital

Meeting the Challenges of Arthritis: Think Tank on Extended Roles for Rehabilitation Professionals

Workshop Report

Novotel, 45 The Esplanade, Toronto, Canada
April 30th and May 1st, 2007

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Executive Summary

On April 30th and May 1st, 2007, the Arthritis Community Research and Evaluation Unit hosted a workshop with national and international colleagues with a view to developing a research agenda for arthritis care models using advanced practice rehabilitation professionals. Workshop participants included researchers, educators, physiotherapists and occupational therapists working in extended roles, and other stakeholders such as policymakers, professional regulators, The Arthritis Society, and people with arthritis.

The specific objectives of the workshop were:

1. To identify key research needs in the development, implementation, and evaluation of models of care with advanced practice roles for rehabilitation professionals.
2. To develop a plan to address the priority research issues.

Both oral presentations and small group discussions were used to meet these objectives. There were a number of presentations to provide background information on models of care with extended roles for PTs and OTs from both a Canadian and British perspective. Small group discussion identified research priorities in three theme areas:

Theme 1: Development of and Education for Extended Roles

- Environmental scan of existing educational programs and models of care
- Build the business case for the role (e.g. health human resource shortages)
- Create a vision of the role in varying health settings

Theme 2: Evidence of Effectiveness of Extended Roles (Patient, Provider and Program Level)

- Explore patient and health care provider perspectives of the role
- Explore interprofessional relationships in the models of care and organizational structures
- Measure the impact and value added components of care provided with this role

Theme 3: Effectiveness at the Health System Level

- Develop and collect process measures and common indicators across programs
- Measure cost shifting and cost effectiveness
- Identify key factors for initiating and supporting system change

In order to facilitate progress in this area of research, the participants of the workshop and workshop planning committee formulated the following next steps:

- Dissemination of a workshop report for participants, funders and other stakeholders.
- Develop a list of participants who are interested in future collaboration in research in each of the three theme areas and disseminate to all participants.
- Monitor funding opportunities to move the research agenda forward.

Introduction

On April 30th and May 1st, 2007, the Arthritis Community Research and Evaluation Unit hosted a workshop with national and international colleagues with a view to developing a research agenda for arthritis care models using advanced practice rehabilitation professionals. To meet the needs of people with arthritis, new models of care are emerging with physiotherapists (PTs) and occupational therapists (OTs) assuming extended roles. However, research efforts in this area have been limited and efforts to facilitate and coordinate research and evaluation of these models of care was indicated.

The workshop was made possible through funding and support from the following organizations:

- Canadian Institutes for Health Research/Institute for Musculoskeletal Health and Arthritis (CIHR/IMHA)
- Total Joint Network
- The Arthritis Society
- Disability Health Research Network
- Canadian Arthritis Network
- Canadian Physiotherapy Association
- Canadian Alliance of Physiotherapy Regulators

Objectives of the Workshop

The Planning Committee identified key objectives for the workshop. These objectives were:

1. To identify key research needs in the development, implementation, and evaluation of models of care with advanced practice roles for rehabilitation professionals.
2. To develop a plan to address the priority research issues.

Expected Outcomes were:

1. A list of key research themes or questions that address the research gaps.
2. Establish individuals interested in collaborating on research projects and identify potential collaborators who may not be in attendance.
3. Develop next steps that will enable the implementation of research (e.g. funding sources).

Participants

Workshop participants included researchers, educators, physiotherapists and occupational therapists working in extended roles, and other stakeholders such as policymakers, professional regulators, The Arthritis Society and people with arthritis. There was national representation from across Canada. Four participants attended from the United Kingdom (UK) to share their experiences in developing and implementing extended roles for PTs and OTs. See Appendix A for a list of participants.

Summary of presentations

The workshop began with a series of presentations by invited speakers to provide the relevant background information for the discussions that would follow. Appendix B includes the workshop agenda and Appendix C includes the speaker's biographies. To begin the workshop, Dr. Elizabeth Badley, Director of ACREU, highlighted a number of current issues that have lead to the development of new models of care including: access issues for

rheumatology and orthopedics (waiting times, geographic availability); 'delays' in referral to rheumatology and orthopedics; inappropriate referrals; low proportion of patients with 'optimum management'; and the low public awareness about arthritis. To address some of the system challenges, it was suggested that there are a number of potential roles for rehabilitation providers working in extended roles:

- Community settings to help patients navigate the system
- In conjunction with primary care providers
- In specialist clinics
- For triage of patients
- For follow-up, monitoring and long term management
- Facilitating ongoing self-management (chronic disease management)

Extended roles for allied health professionals have been developing in the United Kingdom since the early 1980's. A series of panel presentations from invited speakers from the United Kingdom described their experiences with education and training for the roles, implementation of the role, and the regulatory issues associated with the role.

Dr. Alison Hammond, from the University of Brighton, presented on the development of the arc Graduate Certificate in Rheumatology Practice (GCRP), an education and training program in arthritis care. Core skills focus on medical and disease management aspects; psychosocial aspects, evaluation and patient education. This course uses a combination of learning modes which includes distance learning with on-line support, and face to face teaching at specialist rheumatology centres around the UK. The course was developed following a national survey investigating roles and training needs of rheumatology health professionals, particularly those working in extended scope. The training identified was Anatomy and Physiology ; Pathophysiology; Immunology; Investigations; Drug Therapy; Psychosocial Issues; History taking; Examination skills; Patient Education; Therapeutic communication and Management and Research Skills.

Two presentations provided an overview of the implementation of the extended roles for physiotherapists and occupational therapists in the UK. Kay Stevenson, a consultant physiotherapist, presented on the extended scope and consultant models. Extended scope and consultant models were established in the UK to work across professional boundaries, enhance patient outcomes and enhance career opportunities. Kay described the service at her hospital, a new assessment service for musculoskeletal patients, which was deemed essential due to long wait times for orthopaedic consultation, and lack of appropriate use of extended scope practitioners/primary care physicians. The service aims to: enable the patients to see the right clinician in the right place at the right time; increase primary care practice referral participation and reduce outpatient wait times; and make the best use of orthopaedic surgeons' time by triaging and processing patients for timely elective surgery. The physiotherapy consultant role includes clinical skills such as differential diagnosis, ability to interpret diagnostic imaging, joint injection and appropriate prescriptions as well as expertise in research, organizational change, and leadership.

Sandi Derham, an extended scope occupational therapist and clinical specialist presented on her professional experience as a clinical specialist. The role includes a professional title, clinical expertise, leadership, teaching and an advisory role. Her role in an early synovitis clinic includes: monitoring blood tests, X-rays, medication, help lines, timely multidisciplinary team referrals, support services, upper limb assessments, functional assessments, patient

education and vocational advice. Some of the challenges described included professional liability, professional isolation, and time for research to name a few. The opportunities presented by Sandi were the raising of the role of occupational therapists, defined career progression, and roles in research and training.

Dr. Jill Higgins from the Chartered Society of Physiotherapy provided a regulatory perspective from the UK. In the UK, physiotherapy is a regulated profession with protection of title. To be a state-registered physiotherapist an annual renewal fee must be paid to the Council for Professions Supplementary to Medicine (CPSM). Membership with the Chartered Society of Physiotherapy (CSP) makes you a Chartered Physiotherapist. The Health Professions Council which governs 12 allied health professions has a bi-annual fee to confirm fulfilment of the Standards of Proficiency within your personal scope of practice. Professional liability insurance is a component of the membership of CSP. Without this coverage, there is vicarious liability coverage from employers within the NHS. If there is a claim through the CSP, the CSP will review the physiotherapist's skills and training and determine if the act was within scope for the professional.

A physiotherapy practitioner from Toronto, Kristi Whitney-Mahoney, presented a Canadian example of extended roles for PTs and OTs using the Sick Kids model of care. In response to the need to improve the efficient and timely access to care, Sick Kids began the process of developing the Physical Therapy Practitioner in Rheumatology role with the specific clinical competencies in mind. Initially, training included a wide range of relevant didactic and problem based courses with a substantial residency program that ran concurrently at Sick Kids. More recently, the rheumatology practitioner program formally partnered with St Michael's Hospital and the SickKids/St Mike's collaborative program was developed called "The Advanced Clinician Practitioner in Arthritis Care" or ACPAC program. The role of the practitioner at Sick Kids includes giving medical clearance to proceed with infusions; comprehensive review and coordination of follow up care; and communicating and liaising with responsible physicians. Two medical directives have been passed: to order diagnostic MSK ultra-sound and order/convey results of laboratory investigations. Medical directives related to X-rays are on hold.

Gordon Whitehead presented on consumer perspectives relevant to the development of models of care with PTs and OTs working in extended roles. Gordon highlighted that healthcare providers need to provide solutions for politicians. An extended role of a PT or OT could help patients navigate the health care system and assist newly diagnosed patients. It is important for patients that health care providers take time with the patient and provide reliable, relevant information. Communication between patients and rehabilitation professionals is fundamental. He commented that there is a decline in geriatric specialists, requiring the need for alternative models of care to ensure access to care. Gordon identified the concern that there is a risk of patients falling through the cracks and asked us how rehabilitation professionals can ensure this doesn't happen.

Pamela Fralick provided participants of the workshop a summary from the National Physiotherapy Advisory Group Forum on "Models of Physiotherapy Practice", a meeting that preceded the workshop. This meeting aimed to develop a framework for a Model of Practice for Physiotherapy in Canada, including advanced practice roles for physiotherapists. This meeting was an exciting first step in discussions to move models of PT practice forward.

The final presentation of the workshop by Crystal MacKay, ACREU, was an overview of previous research that has been conducted on the use of PTs and OTs in extended roles. The research findings were presented in three theme areas:

1. Development of and education for extended roles
2. Evidence of effectiveness of extended roles (patient, provider and program level)
3. Effectiveness at the health system level

In theme 1, previous qualitative research has examined the experience of PTs and OTs working in these roles and key issues that emerged were professional autonomy; emotions (confidence, fear); the need for professional relationships and support networks; training issues/training needs (i.e. lack of standardized training); and ongoing professional development. In theme 2, studies were highlighted that demonstrated PTs abilities in clinical decision making in orthopaedic clinics. A few studies have shown that PTs can independently manage patients, with numbers ranging from 55%-85% of orthopaedic caseloads. Overall, patient satisfaction with these roles in orthopaedic and rheumatology have been high. One randomized control trial measured effectiveness comparing patients seen by a PT to junior orthopaedic surgeons measuring pain, function and perceived handicap. Results showed no significant differences at baseline to follow-up. In theme 3, extended PT and OT roles have been shown to decrease wait times, increase orthopaedic surgeon efficiency, and, in limited studies, decrease costs. Overall, Crystal highlighted that there are few studies, most have small sample sizes of patients and providers, and there is variability in training and roles making comparisons difficult.

Small Group Discussions

Day 2 of the workshop focused on small group discussions where participants discussed the research agenda. Participants broke out into 5 small groups and a committee member was appointed as a facilitator for each group. The group appointed a recorder and a representative to report back at the end of each session. The discussions were separated into 3 research theme areas:

1. Development of and education for extended roles
2. Evidence of effectiveness of extended roles (patient, provider and program level)
3. Effectiveness at the health system level

Participants were asked to focus on the following questions during each of these discussions throughout the day:

- What are the gaps in knowledge related to each theme area?
- What are the key issues for research?
- What are the specific research themes?

Following the discussion for each theme area, each small group reported back to the larger group to provide opportunity for sharing of ideas and further comments and discussion. Throughout the discussions for all of the theme areas it was evident that the ultimate goal for arthritis care is for people to receive the right care from the right person at the right time in the right place. Another cross cutting theme was knowledge translation and exchange at all levels with all stakeholders. The key discussion points from each of the theme areas are summarized below:

Theme 1: Development of and Education for Extended Roles

1. Population and Health System Factors

There is a need to understand the current need for the role and benefits of the role to make it a viable model of care. Comments from the participants included the following:

- There is a need for research/evidence regarding:

- Population need (disease burden)
- The number of advanced practitioners needed to meet demand for health services
- Health human resource issues
- Access issues (for remote patients, patients on wait lists, cross boundary flow of care)
- Social marketing needs to be grounded in evidence and research, but if you are going to market the role, you need to deal with the potential influx of patients if the marketing is successful
- Need to focus on the “quick wins” first

2. Current state of the Role

There is a lack of information on the current use of the role in Canada. Participants were aware that there are formal and informal roles where PTs and OTs are working in extended practice but felt there was a need to better understand current models of care.

3. Role definition

Some questions that related to role definition included:

- What is the preferred vision of the role?
- What are the core competencies?
- How will the role fit into primary health care?
- What are the professional boundaries of the role?
- What is the difference between an advanced practice therapist and an ‘experienced’ therapist?

Participants also raised other points related to role definition. Key recommendations were that the role should:

- Incorporate chronic disease management,
- Be client-centred,
- Emphasize primary care and getting access up front, and
- Include education, triage, treatment, assessment, management, collaboration, research and evaluation, and leadership (acting as a change agent).

The risk of becoming a physician assistant was raised as a concern.

4. Education

Participants raised the following comments and issues about education:

- Training and education for this role need to be formalized and standardized.
- Build on existing education models for advanced practice, not duplicate them.
- Determine the best learning environments and ways to deliver knowledge for this role; incorporate continuing education for this role throughout one’s career.
- When developing competencies, it is important to consider the continuum of care and current entry-level requirements.
- Evaluate training programs.

5. Scope of Practice

The following questions emerged regarding scope of practice:

- Which controlled acts can be delegated?
- What are the parameters of delegation?
- What are the safeguards in place for the patient, therapist and doctor regarding delegation?

- How do we educate and evaluate competencies?

6. Other Stakeholders

It was recognized that the inclusion of a new role for OT and PT also impacts organizations and other health professionals. Success of the role requires champions, particularly from the medical/surgical professions and patients. Some key questions that emerged included:

- What is the organizational culture that will support the role?
- How do we best communicate the role to stakeholders?
- Where do the resistance and the support exist for the development of these roles?

Theme 2: Evidence of Effectiveness of Extended Roles (Patient, Provider and Program Level)

Effectiveness will exist on many levels (individual, program, system). In this theme area, the most common points emerging from the discussion related to the impact of the role on patients and providers. Research was suggested to address the following issues and questions regarding effectiveness of the role on health care providers:

- Communication channels between team members and patients
- Perceptions of the role by other health professionals
- Facilitators, barriers, successes, and difficulties for advanced practitioners working in the role; practitioner satisfaction with the role and profession retention
- Self-efficacy and confidence in role
- Effectiveness of the whole team; team functioning
- Reliability of assessment related to physician's assessment

At the patient level, the following research questions and issues were raised:

- Examine patient outcomes; include measures of participation (work and leisure), self-efficacy, goal attainment and self-management, quality of life, and secondary complications (to see if the role prevents these complications); does the role keep people productive and functioning in society longer?
- Include measures of effectiveness at all levels of the International Classification of Functioning, Disability and Health (ICF)
- Measure patient satisfaction; Include expectations of patients, and acceptability of the role from their perspective
- Monitor safety and adverse events
- Incorporate impact on continuity of care
- Examine the value added with this role and the unintended consequences to the patient as an individual
- Longitudinal data will be critical
- For some patients, managing their disease may be out of their comfort zone; consider how this role could foster or facilitate the patient role in self management

Theme 3: Evidence of Effectiveness of Extended Roles at the Health System Level

In this theme area, effectiveness of the role at the health system and population level was discussed. Key questions and issues pertinent to research were identified:

- Impact of upstream roles such as health promotion and disease prevention
- Examine the unintended consequences of the role at a systems level

- Consider that change in one part of the system impacts change in other parts of the system and this must be monitored
- Examine the impact of the role on special populations (e.g. under serviced, remote and marginalized populations)
- Examine cost shifting as well as cost effectiveness
- Measure accessibility and health utilization
- Process evaluation measures are important including: patient volumes, waiting times (time to diagnosis and referral), change processes, continuity and transitions of care, workforce/health human resources
- Policy makers need to be involved with the process; dependent on the political will for sustainability of the models
- Social marketing, public support, and lobbying may be required
- Quality baseline measures are key for research
- Longitudinal data are important
- Transferability across regions may be a challenge
- Need integrated databases with measures to evaluate across the continuum of care
- Take advantage of “natural experiments”

Moving the Agenda Forward

In order to move the research agenda forward, the final session of the day focused on research priorities, funding opportunities and other stakeholders that need to be engaged in the research agenda for developing and evaluating these roles.

Research Priorities

Research priorities were discussed at the workshop and subsequently refined by the planning committee. The recommended research priorities by theme follow:

Theme 1: Development of and Education for Extended Roles

- Environmental scan of existing education programs and models of care with PTs/OTs working in expanded roles. Include facilitators, barriers and lessons learned.
- Build the business case for the role by examining information such as health human resource shortages, burden of chronic disease, and rural/urban needs.
- Create a vision of the role in various health settings. This should include professional boundaries, competencies and training. Collaborate with other stakeholders and learn from experiences of other professional groups.

Theme 2: Evidence of Effectiveness of Extended Roles (Patient, Provider and Program Level)

- Explore patient and health care provider perspectives of the role, particularly, facilitators and barriers to the role.
- Explore interprofessional relationships in the models (team communication and function) and organizational structures.
- Measure the value added components of care provided by the PTs/OTs in this role and the impact on patient outcomes.

Theme 3: Evidence of Effectiveness of Extended Roles at the Health System Level

- Develop and collect process measures and common indicators across various programs and models of care in existence (e.g. wait times, patient volumes).
- Measure cost shifting and cost effectiveness.

- Identify key factors for initiating and supporting systems change.

Knowledge translation and exchange was identified across the themes as a priority for research.

Funding Opportunities

Potential **funding opportunities** that were identified in this session include:

- CIHR: Institute of Health Policy Research
- Partners in Health Systems Improvement
- Musculoskeletal Rehabilitation Consensus
- Institute of Aging
- Ontario Neurotrauma Foundation
- The Arthritis Society
- Health Canada
- Canadian Physiotherapy Association Research Network (PRAC)
- Canadian Association of Occupational Therapists (CAOT)
- Canadian Rheumatology Association

Key Stakeholders

Other **stakeholder groups**, in addition to the primary stakeholder groups represented at the workshop, that were identified as groups that should be engaged in the research agenda include:

- Health administrators
- Universities and educators
- Health care planners and regional health authorities
- Primary care physicians
- Orthopaedic surgeons
- Rheumatologists
- Gerontology and internal medicine
- Group medical practices
- Nursing
- Pharmacy
- Kinesiologists
- Dieticians
- Organizations such as Alliance for the Canadian Arthritis Program (ACAP)
- Third party payers and private sector
- Health economists

Next Steps

The next steps that will emerge from this workshop are:

- Completion of a workshop report for participants, funders and other stakeholders.
- Develop a list of participants who are interested in future collaboration in research in each of the three theme areas and disseminate to the group.
- Monitor funding opportunities to move the research agenda forward.

Evaluation Summary

Workshop Evaluation forms were completed and returned by 17 of 37 workshop participants, a response rate of 46% (excluding planning committee and ACREU staff). On a Likert rating scale of 1-5 (1 being poor and 5 being excellent), mean scores were greater

than 4 in all areas (Presentations, Breakout Group Session, Workshop organization, and Overall ratings). Details can be found in Appendix D. Qualitative comments (also summarized in Appendix D) indicated that the presentation and breakout groups were useful and that the inclusion of international perspectives was beneficial.

Conclusion

The meeting was successful in bringing together expertise and experience from across Canada and the UK to discuss research for the development and evaluation of extended roles for PTs and OTs in arthritis care. The meeting achieved the key objectives of identifying key research needs and issues, and addressing next steps. The outcomes include a list of research issues and questions (including priority areas); plans for establishing a list of interested collaborators; and identification of stakeholders not in attendance at this workshop.

Appendix A. List of Participants

SURNAME	FIRST NAME	ORGANIZATION	EMAIL ADDRESS
Aiken	Alice	Department of Physical Therapy, Queens University	alice.aiken@queensu.ca
Backman	Catherine	Div. of Occupational Therapy, University of British Columbia	backman@interchange.ubc.ca
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Bar	Sherry	Ministry of Health, British Columbia	Sherry.Bar@gov.bc.ca
Bednis	Kathleen	ACREU	<a href="mailto:<ksherida@uhnres.utoronto.ca>"><ksherida@uhnres.utoronto.ca>
Beggs	Cathryn	Accreditation Council for CAN Physiotherapy Academic Programs.	cbeggs@uwo.ca
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Jamal	Shahin	St. Michael's Hospital, Toronto	SWalji@mtsinai.on.ca
Jones	Allyson	Physical Therapy Dept, University of Alberta	cajones@ualberta.ca
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Kim	Mary	Consumer	marykim_ca@yahoo.ca
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Swimamer	Jenneth	University of Manitoba, Winnipeg	Swinamer@ms.umanitoba.ca
Vibert	Joseph	Canadian Alliance of Physiotherapy Regulators, Toronto	jvibert@alliancept.org
Whitehead	Gordon	Alliance for the Canadian Arthritis Program, Vancouver	gewwhitehead@shaw.ca
Whitney-Mahoney	Kristi	Advancee Practitioners, Hospital for Sick Children, Toronto	kristi.whitney@sickkids.ca
Woodhouse	Linda	Schol of Rehabilitation Sciences, McMaster University, Hamilton	woodhou@mcmaster.ca
Young	Loretta	Consumer Advisory Council, CAN, Toronto	loretty@sympatico.ca

Appendix B. Workshop Agenda

Meeting the Challenges of Arthritis: Think Tank on Extended Roles in Rehabilitation Professionals Program

Location: Alsace Room

Monday April 30, 2007

12:00 p.m. Registration and lunch

1:00 p.m. Welcome and Introductions Elizabeth Badley
“Setting the Scene”

Panel Presentations

Chair: Elizabeth Badley

1:30 p.m. **Advanced Practice Roles in Rehabilitation:
Perspectives from the United Kingdom**

The Education and Training Perspective Alison Hammond

An overview of Consultant Physiotherapy Roles Kay Stevenson

Rheumatology Occupational Therapist Clinical Specialist: A Personal Perspective of Extended Scope Clinical Practice **Sandi Derham**

Physiotherapy in the United Kingdom – A Regulatory Perspective Jill Higgins

2:45 p.m. **Break**

3:00 p.m. **Advanced Practice Roles in Rehabilitation:
Perspectives from Canada**

Advanced Practice Roles in Rehabilitation: Experiences in a Paediatric Rheumatology Model Kristi Whitney-Mahoney

Summary from the NPAG Forum on “Models of Physiotherapy Practice” **Pamela Fralick**

3:30 p.m. Panel Discussion

Presentations		Chair:	Sydney
3:50 p.m.	Consumer Perspectives	Gordon Whitehead	
4:05 p.m.	What Do We Know? The Evidence on Advanced Practice Roles for Physiotherapists and Occupational Therapists	Crystal MacKay	
4:25 p.m.	Questions and Discussion		
4:45 p.m.	Wrap up and Adjournment	Sydney Lineker	
6:00 p.m.	Reception and dinner		

Revised Program

Location: Alsace Room

Tuesday May 1, 2007

7:30 a.m.	Continental Breakfast		
8:00 a.m.	Introduction/Opening Remarks	Cheryl Cott	
8:05 a.m.	What Do We Know? The Evidence on Advanced Practice Roles for Physiotherapists and Occupational Therapists	Crystal MacKay	
8:25 a.m.	Overview of small group discussions		
8:30 a.m.	Breakout groups: Theme 1 - Development of and Education for Advanced Practice Roles	Chair: Cheryl Cott	
9:40 a.m.	Report Back and Group Discussion		
10:10 a.m.	Break		
10:25 a.m.	Breakout groups: Theme 2 - Effectiveness of Advanced Practice Roles	Chair: Linda Li	
11:35 a.m.	Report Back and Group Discussion		
12:00 p.m.	Lunch		

1:00 p.m.	Breakout groups: Theme 3 - Effectiveness of Advanced Practice Roles at the Health System Level	Chair: Aileen Davis
2:15 p.m.	Report Back and Group Discussion	
2:45 p.m.	Break	
3:15 p.m.	Next Steps: Moving the Agenda forward	Chair: Aileen Davis
4:00 p.m.	Wrap up and Adjournment	Aileen Davis

Appendix C. Speaker Biographies

Elizabeth M. Badley

Dr. Elizabeth Badley is an epidemiologist and a health services researcher. She is a professor in the Department of Public Health Sciences at the University of Toronto, Canada and is a Senior Scientist and Head of the Division of Health Care and Outcomes Research at the Toronto Western Hospital Research Institute, Toronto. She is currently the Director of the Arthritis Community Research and Evaluation Unit (ACREU), Toronto, Canada.

Dr. Badley has an extensive research career specializing in the epidemiology of chronic and disabling conditions, particularly musculoskeletal disorders. She has published widely on the epidemiology of rheumatic disorders, their impact in the population, and implications for service provision, as well as on the assessment of impairments, disabilities and handicaps. She has also worked with international organizations on the classification of disablement, including serving as an advisor to the World Health Organization, contributing to the development of the International Classification of Impairments, Disabilities, and Handicaps.

Alison Hammond

Dr. Alison Hammond, PhD MSc BSc(Hons) DipCOT, is an Arthritis Research Campaign (arc) Senior Lecturer at the University of Brighton; part-time Consultant Research Therapist, Rheumatology, Derbyshire Royal Infirmary, Derby and from July 2007 Reader, Centre for Rehabilitation and Human Performance Research, University of Salford. Her interests are in patient education and rehabilitation in musculoskeletal care.

Dr. Hammond qualified in 1980 in Liverpool, then worked in physical rehabilitation. After gaining a master's Rehabilitation in 1987, she became a lecturer at Derby Occupational Therapy School, completing her PhD in 1994. She combined rheumatology, hand therapy research and teaching until 2001. A full-time research post in Derby, funded by the Rheumatology department's Trust Fund, with grant support from arc, provided the opportunity to continue multi- and single-centre clinical trials in OT and patient education in inflammatory arthritis and fibromyalgia. She has been awarded honorary membership of the Rheumatology College of Occupational Therapy section and an arc Silver Medal in Rheumatology OT. She has published over 30 articles and book chapters, contributed to arthritis standards of care, clinical guidelines, patient self-help leaflets and books and runs training courses for Rheumatology OTs. In 2007 she was awarded a fellowship of the College of Occupational Therapy.

Kay Stevenson

Kay Stevenson works as a Consultant Physiotherapist in Musculoskeletal Disease in the University Hospital of North Staffordshire and Keele University. Her role incorporates expert clinical practice, research, education and service redesign.

Kay works as an autonomous practitioner in an innovative service which assesses and manages patients with non surgical musculoskeletal disease. This service spans primary and secondary care and involves a wide range of practitioners. She works jointly with commissioners and hospital managers to identify future developments of the service to improve patient care. She has developed protocols to allow physiotherapists to request a

range of imaging and investigations to allow accurate diagnosis. At present she is exploring the use of diagnostic ultrasound scanning in the clinical environment.

She is responsible for establishing educational opportunities for clinical staff within the health economy, which include master's modules on injection therapy and regular training for GPs, physiotherapists and nurses. She is involved in multidisciplinary training across a range of specialties.

She has been responsible for forming a multi professional group which concentrates on establishing the best evidence for patients with musculoskeletal conditions. This brings together clinicians, academics and academic librarians. She is currently exploring the perception, impact and value of Allied Health Professional Consultant roles within the UK health service.

Sandi Derham

Sandi Derham qualified as an Occupational Therapist from the University of Southampton in 1998. Prior to this, she graduated with a law degree, worked as a support worker for individuals with learning disabilities, and as an Occupational Therapist assistant in the community before training to become an Occupational Therapist. Following a two year junior rotation at the Royal Hampshire County Hospital, Winchester, she specialized in rheumatology and has been working exclusively in this field ever since.

Sandi was lead therapist for the rheumatology OT service at Christchurch Hospital for six years, covering both in and outpatients. She also worked concurrently as Rheumatology Practitioner, running two clinics a week. She took up the post of OT Clinical Specialist in Rheumatology at the Royal National Hospital for Rheumatic Diseases, Bath in January 2006. She teaches the undergraduate Occupational Therapy programme for the University of the West of England, and regularly takes students on Practice Placement.

Sandi also sits on the national committee for the College of Occupational Therapists Specialist Section - Rheumatology, initially as Secretary and now as Treasurer. She is a longstanding member of both the British Association of Hand Therapists (BAHT) and British Health Professionals in Rheumatology (BHPR).

Jill Higgins

Dr. Jill Higgins is a qualified physiotherapist who specializing in clinical practice in respiratory care, working in all areas from special care baby units to general and cardiothoracic ITU, burns, plastic surgery and transplantation. Her research interest focused at this time in long term pulmonary disease management, trajectory and experience of illness for patients and their caregivers. Her master's focused on exercise physiology and health behaviours and the experience of chronic respiratory illness.

As Dr. Higgins was completing this work, she moved in to education and developed her experience in curriculum development at pre and post qualifying level for both physiotherapy and multi-professional health and social care practitioners. Her doctoral research focused on the transitions made by students into becoming professional and educating for professional autonomy in practice.

She worked briefly in the joint health and social care environment before moving to the Chartered Society of Physiotherapy as Director of Learning & Development in 2004. As of November last year she was appointed as Director of Practice & Development with a remit to unite professional practice with learning and development support for the profession.

Gordon Whitehead

Gordon Whitehead was first diagnosed with Rheumatoid Arthritis in 1976. At that time he was a serving diplomat in the Canadian Foreign Service and found that confronting and treating his disease proved particularly challenging when moving to and from places such as Islamabad, New Delhi, London, Bonn, Warsaw and other locales where treatments were sometimes inaccessible or removed from Canadian norms. He served in a wide variety of positions in External Affairs, and later as Director of Programmes for Europe, which embraced responsibility for Canadian academic, cultural and scientific exchanges with Western and Eastern Europe. He was also on the official Canadian Delegations to formal meetings on Cultural Exchanges and Human Rights, held under the auspices of the Helsinki Accords.

A native of British Columbia, Gordon moved back to the Province when he became Director of Immigration Policy for the Government of BC in 1992. In 1994, he was appointed as a Judge on the Immigration and Refugee Board in Vancouver, a position he retired from in 2002.

Because of career demands and a peripatetic lifestyle, Gordon is a relatively late entrant to the domain of volunteer work and arthritis advocacy. In 2003, he joined "Patient Partners in Arthritis" --- an organization that does demonstrations of musculoskeletal examinations to health care providers. He is greatly enjoying his work with the Consumer Advisory Board of the Arthritis Research Centre of Canada and he has since become a member of CAPA (Canadian Arthritis Patient Alliance). He is presently serving as one of the two Co-Chairs of the Alliance for the Canadian Arthritis Program (ACAP) --an umbrella coalition of more than 20 organizations concerned with arthritis diseases that developed comprehensive National Standards for Arthritis Prevention and Care at its Ottawa Summit meeting in November 2005.

Gordon believes strongly that Canadians have both the collective will and capacity to make the Canadian Health Care system the best and most responsive in the world for persons afflicted with arthritis and other chronic conditions.

Cheryl Cott

Dr. Cheryl Cott, PhD, is a physical therapist and social gerontologist and Deputy Director of ACREU. She is also an Associate Professor and Career Scientist in the Department of Physical Therapy and Graduate Department of Rehabilitation Science at the University of Toronto. She is a member of the Hospital Report Research Collaborative and co-Principal Investigator of the Rehabilitation Balanced Scorecard.

Dr. Cott was a lead author on *Hospital Report 2005: Rehabilitation* (2005), the second in a series of reports beginning with a feasibility stage, progressing to system-level reports and finally to hospital-specific reports. Her research program focuses on aspects of rehabilitation service delivery that are important for quality care for older adults with chronic illness and disability including the relationships among older people with arthritis, their

families, hospitals and community services that best promote independence. She is also identifying and measuring components important to indicating the quality of rehabilitation service delivery.

Kristi Whitney-Mahoney

Kristi Whitney-Mahoney is currently working as a Physical Therapist Practitioner within the Division of Rheumatology at the Hospital for Sick Children. She graduated from the University of Toronto in 1994 with a BScPT and again from University of Toronto, Graduate Department of Rehabilitation Sciences with an MSc in 2002. She is actively involved in teaching in the undergraduate curriculum at the University of Toronto, Department of Rehabilitation Science-Physical Therapy as it pertains to rheumatology as well as participates in research activities at the Hospital for Sick Children.

Crystal MacKay

Crystal MacKay is a physiotherapist with a MHSc from the Department of Public Health Sciences in the Community Health and Epidemiology program at the University of Toronto. Crystal is currently employed as Research Manager at the Arthritis Community Research and Evaluation Unit (ACREU) in Toronto, Canada where she works on research related to models of health service delivery for arthritis, and the impact of arthritis on the population.

Linda Li

Dr. Linda Li is an Assistant Professor at the School of Rehabilitation Sciences, University of British Columbia. In 2006, she was appointed as Harold Robinson/Arthritis Society Chair in Arthritic Diseases. Dr. Li's research and academic activities focus in two areas: *models of arthritis care*, and the development and evaluation of *knowledge translation strategies*. Her research centers on assessing health service delivery models, and understanding and facilitating the use of evidence by health professionals and patients.

Aileen Davis

Dr. Aileen Davis is a Senior Scientist, in the Division of Health Care and Outcomes Research, Toronto Western Research Institute. She trained as a physiotherapist and clinical epidemiologist and received her PhD. from the University of Toronto. Her primary research focus is in musculoskeletal disease, particularly in identifying modifiable predictors of patient outcomes. She has published and lectured extensively on various aspects of patient evaluation and outcomes in arthritis and musculoskeletal oncology.

Currently, Dr. Davis is Associate Professor in the Departments of Physical Therapy and Surgery and the Graduate Departments of Rehabilitation Science, Health Policy, Management and Evaluation (Clinical Epidemiology) and the Institute of Medical Science at the University of Toronto. She completed tenure as a Canadian Institutes of Health Research New Investigator in September 2005 and is a member of the CIHR Institute of Musculoskeletal Health and Arthritis Advisory Board.

Pamela Fralick

Pamela Fralick is Chief Executive Officer of the Canadian Physiotherapy Association, the voluntary professional body representing 10,000 physiotherapists nationally. As a volunteer, she is Director, and Past Chair of the Board of Trustees at the Centre for Addiction and Mental Health in Toronto (a 630-bed teaching hospital), and Chair of the Women's Committee for the International Triathlon Union. She recently completed 8 years with the Board of Triathlon Canada, the national sport federation.

Pamela has committed her life to pursuing issues of social concern, primarily in the health and education fields. A strong supporter of public service and the public policy process, Pamela's career has included many years with federal government departments and agencies, including serving in the Canadian Forces in Europe and the Middle East.

Sydney C. Lineker

Sydney Lineker is the Director of Research with The Arthritis Society, Ontario Division, Toronto. She is a physiotherapist with a Master's degree in design, measurement and evaluation from McMaster University. She has worked for The Arthritis Society for 25 years. Her most recent role was as Director of the *Getting a Grip on Arthritis* project, funded by Health Canada's Primary Health Care Transition Fund.

Sydney is an Associate Professor in the School of Rehabilitation Science at McMaster University in Hamilton and a lecturer in the School of Physical Therapy at the University of Toronto.

Her research interests are in the areas of health professional education, behaviour change, and knowledge transfer in the primary health care environment. She is currently in her fourth year of a part time PhD program in Health Studies at the University of Waterloo.

Appendix D. Evaluation Summary

Table 1. Summary of Likert scale rating questions (Questions 1-5)

Question	Response Rate	Mean Score
<i>Overall, did the workshop meet your expectations?</i>	16/17	4.75
<i>Panel Presentations and Presentations (Monday afternoon)</i>		
Clarity of information presented	16/17	4.75
Usefulness of information presented	16/17	4.69
<i>Breakout Group Sessions (Tuesday all day)</i>		
Format of discussion/time allocated	17/17	4.47
Overall usefulness of discussion	17/17	4.47
<i>Workshop organization</i>		
Advance materials/information	15/17	4.20
Facilitation	17/17	4.53
Venue	17/17	4.71
Time to Network with other participants	17/17	4.53
<i>How would you rate the workshop overall?</i>		
Relevance for your work	16/17	4.44
Rating of the overall forum?	17/17	4.71

Table 2. Summary of open-ended questions (Questions 6-8)

Question	Common Themes
<i>Comment on what you most liked, what you didn't like and something you learned</i>	<ul style="list-style-type: none"> Valued breakout group discussions Appreciated different perspectives, particularly consumer and UK perspectives Concerns re: time limits
Question (con't)	Common Themes (con't)
<i>Which presentations/discussions did you find the most useful, and why?</i>	<ul style="list-style-type: none"> General consensus that all presentations and break-out discussions were useful. Presentations of UK model and models of care research also singled out as useful for lessons to be learned and setting the agenda for research respectively.
<i>Please provide any additional feedback you wish and/or indicate your ongoing interest in the work started here.</i>	<ul style="list-style-type: none"> Keen interest from many participants regarding involvement in future developments.