



QCHP

المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



Physiotherapy Scopes

Physiotherapist

Physiotherapy Technician

Prosthetist & Orthotist

Occupational Therapist

Clinical Exercise Physiologist

Orthopaedic Practitioner

Plaster Technician



Criteria for National Registration Requirements – Physiotherapist

Criteria	Physiotherapist (Physical Therapist-PT)
Definition	<p>The Physical Therapist is an individual who holds a current, valid license issued under a national authority or board that authorizes them to practice Physical Therapy and use the title Physical Therapist.</p> <p>Physical therapists are health care professionals who help individuals maintain, restore, and improve movement, activity, and functioning, thereby enabling optimal performance and enhancing health, well-being, and quality of life.</p>
Practice Settings...	<p>SETTINGS IN WHICH PHYSICAL THERAPY IS PRACTICED</p> <ul style="list-style-type: none">• Hospitals• Rehabilitation centres and residential homes• Out-patient clinics• Community based rehabilitation programs• Community settings including primary health care centres,• Individual homes, and field settings• Education and research centres• Physical therapist private /practices/clinics• Nursing homes• Elderly care centres• Schools, including pre-schools and special schools• Occupational health centres• Public settings (e.g. shopping malls) for health promotion• Sports centres/clubs• Workplaces/companies
Education	<ul style="list-style-type: none">• 3 year accredited Diploma OR• Bachelor's Degree in physical Therapy OR• DPT Doctor of Physical Therapy (entry level) Graduate• Masters of Physical Therapy (Entry Level) graduate
Scope of Practice	<p>Physical Therapy practice endorses adherence to standards of practice and supports the delivery of effective and efficient care, by individuals who have specialized knowledge, judgment and skills by using systematic and ethical approaches.</p>



Scope of Practice Cont'd...	<p>The Scope of Physical therapy practice involves but is not limited to:</p> <ul style="list-style-type: none">• Screening and Evaluation of the patients carried out in a systematic way prior to initiating physical therapy treatment using a facility standardized format.• Development and implementation of a physical therapy plan of care based on the evaluation of each patient's condition.• Re-evaluation including re-examination of the patient and a review of plan of care with appropriate continuation, revision, or termination of treatment.• Documentation of physical therapy services including the initial examination and evaluation, the plan of care, Follow up treatment session, re-evaluations, patient conferences/meetings and discharge status.
Experience	<ul style="list-style-type: none">• Overseas candidates: Two years (2) of Experience as a Physical Therapist/Physiotherapist• Qatari Nationals and Permanent Residents: Evidence of clinical practice OR Internship program.
Competency Validation	<ul style="list-style-type: none">• Evidence of completion of adaptation or orientation program from any healthcare Institution reflecting the core competencies required by for Physical Therapist.• Overseas candidates: Competency will be validated through the verification of higher education (degree) certificates and relevant graduate clinical experience (2 years minimum).• Qatari Nationals and permanent residents: Competency will be validated through the verification of higher education (degree) certificates.
Other requirements for Evaluation and registration	<p>(Refer to QCHP requirements for license Registration/Evaluation) http://www.qchp.org.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx</p>
Requirements for License Renewal	<p>(Refer to QCHP requirements for license Registration/Evaluation) http://www.qchp.org.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx</p>



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



Physical Therapy Scope of Practice

INTRODUCTION

The physical therapy scope of practice is based on a competency framework that comprises professional ethics, clinical practice, leadership and management, learning and management and research domains intrinsic to the role of the physical therapist. The scope also describes the professional roles and activities and practice settings for the physical therapy profession. This document sets out the standards of proficiency required for safe and effective practice in the physical therapy profession. They are the threshold standards necessary to protect members of the public. Once on the Qatar Supreme Council for Health Professionals Register the licensed professional must continue to meet the standards of proficiency which relate to the areas in he/she works. Periodic updating of the scope of practice statement and standards of proficiency will be necessary as technology and perspective change.

Physical therapists, as autonomous professionals, have the freedom to exercise their professional judgment and decision making, wherever they practice, so long as this is within the therapist's knowledge, competence and scope of practice. A licensed professional's scope of practice will change over time and the scope of a more experienced physical therapist may become narrower and more focused with increased specialization. A physical therapist's personal scope of practice may mean that she/he is unable to continue to practice safely across the whole scope of the physical therapy profession. However, as long as the professional practices safely and effectively within his/her personal scope and does not practice in areas she/he is no longer proficient to do so, no problems will arise. If a licensed professional moves outside of the traditional scope of practice of the physical therapy profession such as occurs in extended scope practice the licensed professional is responsible for ensuring that this is within their knowledge, skills and expertise so that they continue to work safely, lawfully and effectively. The licensed professional must have evidence of advanced competencies in order to address responsibilities that extend beyond traditional boundaries of physical therapy advanced practice.

STATEMENT OF PURPOSE:

The purpose of this document is to define the Scope of Practice in physical therapy across the State of Qatar to:

- a) Describe the breadth of professional practice offered within the profession of physical therapy.
- b) Define professional autonomy and accountability, required competencies and scope of ethical and legal practice of the Physical Therapist in relation to patient, families, and other members of the multidisciplinary team, community and society.
- c) Serve as a reference for license regulating authorities and professionals governing health care.
- d) Identify the Physical Therapist as an independent practitioner and to provide examples of setting in which they are engaged.

DEFINITION:

Physical therapy is a dynamic profession with an established theoretical and scientific base and widespread clinical applications in the restoration, maintenance, and promotion of optimal physical function. Physical therapists are health care professionals who help individuals maintain, restore, and improve movement, activity, and functioning, thereby enabling optimal performance and enhancing health, well-being, and quality of life. Their services prevent, minimize, or eliminate impairments of body functions and structures, activity limitations, and participation restrictions. Physical therapy is provided for individuals of all ages who have or may develop impairments, activity limitations, and participation restrictions related to (1) conditions of the musculoskeletal, neuromuscular, cardiovascular, pulmonary, and/or integumentary systems or (2) the negative effects attributable to unique personal and environmental factors as they relate to human performance.

PROFESSIONAL ROLES AND ACTIVITIES:

"Physical Therapists provides services to patients who have impairments, functional limitations, disabilities, or changes in physical function and health status resulting from injury, disease, or other causes" APTA 2003.

The Physical Therapist, as a qualified, autonomous health care professional who provides services to individuals and populations to develop maintain and restore maximum movement and functional ability throughout the



lifespan. This includes providing services of health promotion, prevention, treatment, intervention, habilitation and rehabilitation in circumstances where movement and function are threatened by aging, injury, pain, diseases, disorders, conditions or environmental factors. Functional movement is central to what it means to be healthy. The Physical Therapist is responsible for performing and documenting assessment, establishing a physical therapy diagnosis and prognosis; determining and implementing a plan of care, and appropriate discharge plans. Physical Therapists use systematic clinical reasoning and decision making in order to identify and maximize quality of life and movement potential for patients. This encompasses physical, psychological, emotional, and social well-being. Physical therapy involves the interaction between the Physical Therapist, patients/clients, other health professional, families, care givers, and communities in a process where movement potential is assessed and goals are agreed upon, using knowledge and skills, unique to a Physical Therapist. Physical Therapists can practice at various levels according to the training and certification achieved.

Physical Therapists are responsible for:

1. Prevention

Physical therapy prevention is a series of occasional clinical, educational/administrative services related to prevention, to the promotion of health, wellness and fitness, and to the preservation of optimal function. Prevention services are a vital part of the practice of physical therapy.

2. Assessment

Physical Therapists assess individuals with impairment, functional limitation and disability or other health related conditions in order to determine a diagnosis, prognosis, and intervention. Assessment can include, history, systems review & test and measures

Tests and measures may include and not limited to:

- Aerobic Capacity
- Anthropometric Characteristics (e.g. BMI)
- Arousal, Attention, and Cognition
- Assistive and Adaptive Devices
- Circulation (arterial, venous and lymphatic)
- Cranial and peripheral nerve integrity
- Environmental, Home and Work (Job/School/Play) barriers
- Gait, Locomotion and Balance
- Integumentary Integrity
- Joint Integrity and Mobility
- Motor Function (Motor Control and Motor Learning)
- Muscle Performance
- Neuromotor Development and Sensory Integration
- Orthotic, Protective and Supportive Devices
- Pain
- Posture
- Range of Motion
- Reflex Integrity
- Sensory Integrity
- Ventilation and Respiration/Gas Exchange
- Work(job/school/play), community, leisure integration or reintegration (including instrumental activities of daily living)

3. Intervention:

Intervention is a purposeful interaction of the Physical Therapist with the patient and when appropriate with other individuals involved in patient care using various physical therapy procedures and techniques to produce changes in the condition that are consistent with the diagnosis and prognosis.



It includes planning and delivering of treatment tailored to the patient's presenting disorder as well as to the patient's age, general health status and any psychological factors that may affect health outcomes.

Alleviating impairment and functional limitation by designing, implementing and modifying (which includes reassessment/reexamination) therapeutic interventions that include but are not limited to:

- Coordination of care and effective communication with patient and other health care providers.
- Patient related instruction and education
- Therapeutic exercises
- Functional training in self-care and home management (including activities of daily living and Instrumental activities of daily living)
- Functional training in work (job/school/play) and community and leisure integration or reintegration activities (including IADL, work hardening and work conditioning)
- Manual therapy techniques (including mobilization /manipulation).
- Prescription, application and fabrication of devices and equipment.
- Integumentary repair and protection technique
- Electrotherapeutic modalities
- Physical agents and mechanical modalities
- Decongestive therapy
- Postural education & reeducation
- Neurotherapeutic approaches
- Administration of prescribed medications through electrotherapy modalities.

4. Outcome Analysis

Through the episodes of care the Physical Therapist determines the anticipated goals and expected outcomes for each physical therapy intervention. The Physical Therapist considers whether physical therapy goals and outcomes are realistic in context of the examination data and evaluation.

The Physical Therapist measures the global outcomes of the physical therapy services by characterizing and quantifying the impact of the intervention on frame work of practice. The Physical Therapist engages in outcome data collection and analysis and develops statistical report for internal and external use.

KNOWLEDGE CRITERIA

An understanding of the following elements, which will be the outcome of undergraduate and post graduate training, are essential for individuals working as physical therapists

- Normal and abnormal patterns of human development and movement.
- Anatomical framework of human body including major systems; musculoskeletal, neuromuscular, cardiopulmonary, integumentary.
- Pathological processes of disease relevant to physical therapy practice.
- Relevant investigations, vital signs, and radiological findings.
- Knowledge of surgical procedures with their pre/post-operative managements.
- Sound clinical reasoning to apply the theoretically learned theory into correct clinical practice including assessments and intervention plans.
- Yellow and red flags for various conditions.
- Precautions and contraindications for therapeutic exercises & modalities.
- Normal / abnormal Postures, Biomechanics, Gait and Ergonomics.
- Orthotic Braces and Splints- prescription and application.
- Physiotherapy research paradigms.

SETTINGS IN WHICH PHYSICAL THERAPY IS PRACTICED

- Hospitals
- Rehabilitation centers and residential homes



- Out-patient clinics
- Community based rehabilitation programs
- Community settings including primary health care centers, individual homes and field settings
- Education and research centers
- Physical Therapist private practices/clinics
- Nursing homes
- Elderly care centers
- Schools, including pre-schools and special schools
- Occupational health centers
- Public settings (e.g. Shopping malls) for health promotion
- Sports centers/clubs
- Workplaces/companies

COMPETENCY FRAMEWORK

1. DOMAIN ONE: PROFESSIONAL AND ETHICAL PRACTICE

This domain defines the professional accountability and scope of ethical and legal practice of the Physical Therapist in relation to patients, families, other members of the multidisciplinary team, community and society.

1.1 Competency Standard : Accountability

Accepts accountability for own actions, and decision-making and for the related outcomes.

Performance criteria:

- 1.1.1 Works within the limits of own competence and the boundaries of personal and professional Scope of Practice.
- 1.1.2 Identifies opportunities for advocacy, health promotion and disease prevention.
- 1.1.3 Provides care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- 1.1.4 Encourages and promotes appropriate stewardship of resources.
- 1.1.5 Avoids any activity that creates a conflict of interest or violates any Qatari laws and regulations.
- 1.1.6 Promotes the growth of the profession, and presents a positive image of physical therapy to the community.
- 1.1.7 Promote practice environments that support autonomous and accountable professional judgments
- 1.1.8 Understand the necessity, obligation, process to take action to report unsafe, unethical or incompetent Physical Therapy practice to the appropriate authority.

1.2 Competency Standard : Ethical Practice

Demonstrates integrity, accountability, honors the rights and dignity of all individuals, and pursues a quest for excellence in all professional activities that serve the best interests of the patient, society, and the profession.

Performance criteria:

- 1.2.1 Practices in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.



- 1.2.2 Recognizes own personal biases and refrain from discriminating against others in Physical Therapist practice, consultation, education, research, and administration.
- 1.2.3 Protects confidential patient information and discloses confidential information to appropriate authorities only when allowed or as required by law.
- 1.2.4 Adheres to the standards of Physical Therapy practice and incorporates them into own practice.
- 1.2.5 Understands the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing.
- 1.2.6 Refrains from accepting favors or other considerations that influence or give an appearance of influencing their professional judgment.
- 1.2.7 Respects the patient's (including children and young people and their parents') right to be fully informed, establishing a context for self-determination, assent (children) and informed consent.
- 1.2.8 Questions when appropriate, healthcare practice where the safety of others is at risk and where the quality of care warrants improvement; acts where the safety of care is compromised and where necessary reports others who may be risking patient safety.
- 1.2.9 Demonstrates professional integrity and ethical conduct in matters where a conflict of interest could be construed, i.e. when advising on the use of drugs, products, devices or services.

1.3 Competency Standard : Legal Practice

Functions at all times in accordance with the national laws and regulations, legislative, regulatory and policy guidelines relevant to the scope of Physical Therapy practice.

Performance criteria:

- 1.3.1 Practices in accordance with agreed policies and procedures that guide physical therapy practice.
- 1.3.2 Practices in accordance with relevant State of Qatar laws and regulations that impact physical therapy practice.
- 1.3.3 Maintains valid registration and licensure to practice in Qatar.
- 1.3.4 Recognizes and acts upon breaches of laws and regulations relating to the professional role.
- 1.3.5 Reports suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

2. DOMAIN TWO: Clinical Practice

As an autonomous healthcare profession, physical therapy is practiced in partnership with members of the inter-professional team, service users, support staff and others in order to deliver collaborative care across the healthcare continuum.

Physical Therapists diagnose and manage movement dysfunction and enhance physical and functional abilities for movement disorders related to impairments of the musculoskeletal, cardiovascular/pulmonary, neuromuscular and integumentary systems. Physical Therapists restore, maintain, and promote optimal physical function as well as optimal wellness, fitness, and quality of life as it relates to movement and health. Physical Therapists also prevent the onset, symptoms and progression of impairments, functional limitations and disabilities that may result from diseases, disorders, conditions or injuries.

Critical thinking, patient and environment assessment skills, and evidence-based clinical practice guidelines enable Physical Therapists to develop and implement effective care plans, Physical Therapist-driven protocols, disease-based clinical pathways, and disease management programs.

2.1 Competency Standard : Provision of Care

Physical therapists serve a diverse population and may function in one or more of a variety of activities. Physical Therapy practice endorses adherence to standards of practice and supports the delivery of effective and efficient care. The practice of physical therapy care includes but is not limited to assessment, program planning and intervention to allow service users to participate in everyday life activities and life roles.

Performance criteria:



- 2.1.1 Maintains the provision of physical therapy care services that are safe, aseptic, preventative and restorative to the patient.
- 2.1.2 Keeps accurate, contemporaneous, comprehensive and legible records of patient care in accordance with applicable legislation, protocols and guidelines. This includes Qatar Supreme Council for Health requirements and local guidance at a facility level.
- 2.1.3 Provides physical therapy services including, but not limited to independent assessment and evaluation of patient needs and functional abilities using both standardized and non-standardized assessments.
- 2.1.4 Formulates and implements appropriate care plans based on assessment results, taking into account service users' values, beliefs and interests.
- 2.1.5 Implements appropriate action plans and interventions based on observed functional deficits, appropriate reporting or referral according to evidence based clinical care guidelines.
- 2.1.6 Evaluates intervention plans using recognized outcome measures and revise plans as necessary in conjunction with service users.
- 2.1.7 Provides health promotion and prevention activities as deemed clinically appropriate in order to remove barriers to independence, promote health and foster wellbeing.

2.2 Competency Standard: Patient Centered Care

Physical Therapists provide care that is respectful of and responsive to individual patient conditions, needs, values and ensure that patient values guide all clinical decisions. The physical therapist is responsible for ensuring that the patient/service user is at the center of all decisions about care wherever possible.

Performance criteria:

- 2.2.1 Demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice setting
- 2.2.2 Focus on the patient's goals, expectations, needs and abilities for all interventions.
- 2.2.3 Focus on the health outcomes that are important to individual patients
- 2.2.4 Ensure that patients are well informed and actively participate in care.

2.3 Competency Standard: Evidence-Based Practice

Physical Therapist integrates evidence and research findings into clinical practice.

Performance Criteria:

- 2.3.1 Identifies, and integrates research findings into everyday routines, evaluations, and interventions.
- 2.3.2 Integrates best available evidence, clinical expertise, and patient values and circumstances related to patient/client management, practice management and health policy decision making into clinical practice.
- 2.3.3 Participates in the formulation of evidence-based practice based on best available evidence and/or national and international professional consensus, guidance and audit.

2.4 Competency Standard: Communication and Teamwork

Uses communication skills to ensure that other members of the health care team, the patient and their family are and remain fully informed.

Performance Criteria:

2.4.1 Communicates effectively with the patient

- 2.4.1.1 Establishes rapport and verbal and non-verbal communication is adapted to the needs and profile of the client.



- 2.4.1.2 Communicates clearly and professionally with the patient. Shares relevant information in timely manner.
- 2.4.1.3 Demonstrate awareness about the patient's beliefs, concerns, expectations and illness experience.
- 2.4.1.4 Able to modify means of communication to take into account important variables such as age, capacity, learning and physical ability.
- 2.4.2 Adapts cultural safety and linguistic diversity during communication**
 - 2.4.2.1 Respects cultural and linguistic diversity in all communication with the client, colleagues and other service providers.
 - 2.4.2.2 Applies cultural considerations in recognizing, negotiating and resolving conflicts.
- 2.4.3 Demonstrates skills in personal communication**
 - 2.4.3.1 Demonstrates effective listening and questioning skills.
 - 2.4.3.2 Demonstrates empathy and respect.
 - 2.4.3.3 Identifies and clarifies incoming information.
 - 2.4.3.4 Interprets information accurately.
 - 2.4.3.5 Disseminates information accurately.
 - 2.4.3.6 Seeks feedback that information given has been understood.
- 2.4.4 Communication and collaboration with team members**
 - 2.4.4.1 Establishes an effective working relationship with health care professionals, team members, rehabilitation services and other service providers in a timely manner.
 - 2.4.4.2 Participates in building consensus and or resolving conflict in the context of patient care and the multi-professional team.
 - 2.4.4.3 Engages proactively in teamwork and the team-building processes.
 - 2.4.4.4 Works effectively with other professionals to prevent, negotiate and resolve inter-professional conflict.
 - 2.4.4.5 Facilitate and maintain communication within own department and across multidisciplinary team
 - 2.4.4.6 Demonstrate an understanding and respect of the roles, responsibilities and differing perspectives of team members.

3. DOMAIN THREE: Leadership and Management

Exhibits leadership qualities required for the provision of safe, effective physical therapy care. This domain includes concordance with the healthcare organization's Code of Behaviors as the operating framework.

3.1 Competency Standard: Leadership

Exhibits leadership qualities and manages Physical Therapy care safely, efficiently and ethically.

Performance Criteria

- 3.1.1 Applies clinical reasoning, critical thinking and problem solving skills in the provision, management and evaluation of care.
- 3.1.2 Manages self, and where appropriate assists others, to ensure effective workload prioritization and time management.
- 3.1.3 Provides feedback, offers suggestions for change and deals effectively with the impact of change on own practice, the team and/or on the organization.
- 3.1.4 Initiates and leads clinical case reviews with multidisciplinary team
- 3.1.5 Contributes to relevant decisions about workload and arrangements for cover based on clear and concise information and data
- 3.1.6 Takes part in clinical committee structures as appropriate.



- 3.1.7 Participates in the mentorship and coaching of others maximizing the effectiveness of physical therapy interventions, the provision of quality health care and the profession.
- 3.1.8 Contributes to the evaluation of services and wider healthcare systems relevant to the specialty and their own practice.
- 3.1.9 Fosters the advancement of physical therapy autonomy and accountability.

3.2 Competency Standard: Management

Physiotherapists manage time, resources, and priorities at all levels for individual practice and to ensure sustainable physiotherapy practice overall.

Performance criteria

- 3.2.1 Manages individual practice effectively:
 - 3.2.1.1 Understands the structure, funding and function of the health system as it relates to physiotherapy practice.
 - 3.2.1.2 Provides services considering client needs and allocation of available human, physical and financial resources.
 - 3.2.1.3 Sets priorities and manages time for provision of client services and general physiotherapy practice delivery.
 - 3.2.1.4 Balances time for work, professional activities, and personal Responsibilities.
- 3.2.2 Manages and supervises personnel involved in the delivery of Physiotherapy services:
 - 3.2.2.1 Assigns tasks to, and monitors, personnel acting within established regulatory guidelines.
 - 3.2.2.2 Accepts responsibility for actions and decisions of those for whom the physiotherapist is accountable.
- 3.2.3 Participates in activities that contribute to safe and effective physiotherapy practice:
 - 3.2.3.1 Anticipates, recognizes, and prevents hazards in the physical environment (e.g., infection prevention and control; hazardous waste; electrical safety; equipment).
 - 3.2.3.2 Delivers physiotherapy services in a safe physical environment for self, other team members, and staff.
 - 3.2.3.3 Promotes client safety in the selection and application of assessment, intervention and evaluation measures.
 - 3.2.3.4 Participates in quality improvement and client safety initiatives.

3.3 Competency Standard: Quality Improvement and Safety

Ensures Physical Therapy practice meets organizational quality and safety standards and guidelines and participates in continuous quality improvement.

Performance criteria

- 3.3.1 Practices in accordance with approved quality standards and guidelines reflecting recognized evidence based best practice.
- 3.3.1 Seeks evidence from a wide range of credible sources to maintain, extend and evaluate the quality of occupational care.
- 3.3.2 Acts immediately and appropriately in accordance with the national and/or institutional disaster plan as needed participating in triage and coordination of care for patients.
- 3.3.3 Implements quality assurance and risk management strategies.
- 3.3.4 Ensures a safe environment by identifying actual and potential risks and takes timely action to meet national legislation and workplace health and safety principles.
- 3.3.5 Acknowledges limitations in knowledge, judgment and/or skills, and functions within those limitations.



- 3.3.6 Recognizes less than optimum or unsafe practice in self and others and intervenes, records and reports, and acts to access and/or provides support to ensure remediation of deficiencies.
- 3.3.7 Participates in ongoing quality improvement and risk management initiatives.
- 3.3.8 Adheres to and implements infection control policies and procedures.

Communicates and records safety concerns to the relevant authority and documents response.

3.4 Competency Standard : Delegation and Supervision

Delegates and provides supervision to team members according to their competencies

Performance Criteria

- 3.4.1 Delegates to others, activities commensurate with their abilities and scope of practice.
- 3.4.2 Uses a range of supportive strategies when supervising aspects of care delegated to others.
- 3.4.3 Maintains accountability and responsibility when delegating aspects of care to others.

4 DOMAIN FOUR: Education, learning and development

4.1 Competency Standard : Education and Facilitation

Demonstrates commitment to continuing education of self and other members of the healthcare team regarding physical therapy practice.

Performance criteria:

- 4.1.1 Contributes to formulation and education of departmental protocols, pathways and clinical practice guidelines.
- 4.1.2 Shares and disseminates professional knowledge and research findings with others.
- 4.1.3 Demonstrate understanding of the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
- 4.1.4 Participate in environments that support professional development, lifelong learning, and excellence.
- 4.1.5 Shares and disseminates professional knowledge and research findings with others.
- 4.1.6 Contributes to the formal and informal education and professional development of students and colleagues facilitating and where appropriate coordinating learning opportunities.
- 4.1.7 Acts as an effective preceptor and/or mentor as assigned, undertaking appropriate preparation and updating to undertake the roles.
- 4.1.8 Takes opportunities to learn together with others in order to contribute to health care improvement.

4.2 Competency Standard: Lifelong learning and development

Assumes responsibility for own professional development through lifelong learning to ensure continued competence and performance improvement.

Performance criteria:

- 4.2.1 Assumes responsibility for own professional development in the field of physical therapy.
- 4.2.2 Reviews own practice through reflection, peer review, competency assessment, critical examination and evaluation.
- 4.2.3 Instigates planned updating knowledge and skills for safe, person-centered, evidence-based practice.
- 4.2.4 Maintains a record of learning and professional development activities and accreditation commensurate with the SCH continuing professional development standards

4.3 Competency Standard: Promotion of health and patient education

Enables and provides information on maintaining and optimizing health and maximizing wellbeing.



Performance criteria:

- 4.3.1 Advocate for reduction of health disparities and health care inequities, to improve access to health care services, and to address the health, wellness, and preventive health care needs of the people.
- 4.3.2 Applies knowledge of resources available for health promotion/prevention and education.
- 4.3.3 Acts to empower the individual, family and community to adopt healthy lifestyles and concord with self-management of ill-health to promote wellbeing.
- 4.3.4 Provides relevant health information and patient education to individuals, families and communities to assist in achieving optimal health and rehabilitation.
- 4.3.5 Demonstrates understanding of traditional healing practices within an individual's, family and/or community's health belief systems and incorporates appropriately and/or provides education if adversely effecting optimum health.
- 4.3.6 Review relevant health information and prescribe home programs as appropriate.

5 DOMAIN FIVE: RESEARCH AND IMPROVEMENT

This domain articulates the requirement that the Physical Therapist should practice incorporating best available evidence to provide quality health care and contribute to the creation and/or implementation of knowledge through active participation.

5.1 Competency Standard : Using data and information systems

Uses data systems to enhance the quality and delivery of patient care.

Performance Criteria:

- 5.1.1 Demonstrates information technology skills needed to inform and provide optimum healthcare and accurately document outcomes of interventions.
- 5.1.2 Understands how to use technology and data to assist in problem identification and identification of deficiencies that can be remediated to enable improvements in patient care.
- 5.1.3 Analyses data accurately and comprehensively leading to appropriate interpretation of findings and development of implementation plans.
- 5.1.4 Recognizes the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines.

5.2 Competency Standard : Research Participation

Uses research, evaluation, service improvement and audit findings to enhance the quality of patient care and protect the rights of those participating.

Performance Criteria:

- 5.2.1 Participates in activities that disseminate research findings such as publications, journal clubs, grand rounds and presentations.
- 5.2.2 Promotes research, evaluation, service improvement initiatives and audit, designed to improve healthcare practice and disseminate findings to colleagues, patients, families, communities, and society.
- 5.2.3 Undertakes appropriate development to ensure competency to recruit, ensure informed consent is obtained, support involvement, facilitate, monitor and where appropriate advocate withdrawal of individuals participating in clinical research and evaluation.



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



References

1. American Association for Physical Therapy Care. Development of Baccalaureate and Graduate Degrees in Physical Therapy Care. https://www.aarc.org/resources/bacc_edu/index.asp
2. California Society for Physical Therapy Care. California Licensed Physical Therapy Care Practitioner Scope of Practice. http://www.rcb.ca.gov/forms_pubs/rcp_scope_of_practice.pdf
3. College of Physical Therapists of Ontario (2010). Standards of Practice. <http://www.crto.on.ca/members/being-a-professional/standards-of-practice/>
4. Commission on Accreditation for Physical Therapy Care (2013). CoARC Advanced Practice Standards for the Profession of Physical Therapy Care. <https://www.google.com/#q=CoARC+Advanced+Practice+Standards+for+the+30+Profession+of+Physical+Therapy+Care>.
5. The Canadian Society of Physical Therapists (2011). Levels of Practice. http://www.csrt.com/en/professional/levels_practice-nov25-2011.asp
6. The Canadian Society of Physical Therapists. Standards of Practice. http://www.csrt.com/en/professional/standards_practice.asp.
7. The Philippine Physical Therapy Act of 2009, Implementing Rules and Regulations of R.A. No.10024 Republic of The Philippines , Professional Regulation Commission , Manila Philippines http://www.lawphil.net/statutes/repacts/ra2010/ra_10024_2010.html
8. Nursing and Midwifery Board of Australia, 2007, p. 19.
9. <http://www.physiotherapyeducation.ca/Resources/Essential%20Comp%20PT%20Profile%202009.pdf>



Criteria for National Registration Requirements – Physiotherapy Technician

Criteria	The Physiotherapy Technician
Definition	Physiotherapy Technician is a qualified health care professional who provides Physiotherapy services under the direction and supervision of a licensed Physiotherapist. Physiotherapy Technician helps people of all ages who have medical problems, or other health-related conditions that limit their ability to move and perform functional activities in their daily lives. The Physiotherapy Technician holds a current, valid license issued under a national authority or board that authorizes them to practice Physiotherapy and use the title Physiotherapy Technician.
Practice Settings...	SETTINGS IN WHICH PHYSIOTHERAPY IS PRACTICED <ul style="list-style-type: none">➤ Hospitals➤ Rehabilitation centres and residential homes➤ Out-patient clinics➤ Community based rehabilitation programs➤ Community settings including primary health care centres, individual homes and field settings➤ Educational institutes➤ Physiotherapy centres / clinics➤ Nursing homes➤ Elderly care centres➤ Schools, including pre-schools and special schools➤ occupational health centres
Education	Minimum Education: <ul style="list-style-type: none">• accredited Diploma in Physiotherapy of 2 years• Associates Degree - Physiotherapy Assistant• Associate of Science – Physiotherapy Assisting
Scope of Practice	<p>The Physiotherapy Technician assists the Physiotherapist in the treatment of individuals of all ages, from new born to the elderly, who have medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives.</p> <p>The Physiotherapy Technician is responsible for implementing selected components of physiotherapy interventions under the supervision of a licensed Physiotherapist. They are able to obtain and record data related to the interventions provided, make modifications in selected interventions either to progress the patient/client as directed by the physiotherapist or to ensure patient/client safety and comfort.</p> <p>The scope of Physiotherapy Technician practice involves but is not limited to:</p> <ul style="list-style-type: none">• Assisting in patient/client treatment, therapeutic activities, retraining programs according to the specific care plan that has been prescribed by the Physiotherapist, being aware of background diagnosis and precautions.



	<ul style="list-style-type: none">Assisting with routine evaluations by Physiotherapist, collecting observational data as required, and reporting any changes in patient/client behaviour or performance.Supervising activities and exercises of patients/clients individually or in groups under the direction of the Physiotherapist.Providing assistance in therapy where two or more people are required for safety; assisting with patient/client positioning/manual handling.Documenting in patient/client medical record as appropriate to role.Assisting with administration of equipment: pool, gymnasium and other services as deemed necessary by the supervisor.Applying splints and walking aides under direction and supervision of Physiotherapist.
Experience	<ul style="list-style-type: none">Two years (2) of Experience in PhysiotherapyFor Qatari nationals and long term residents please refer to QCHP circular No.1/2016
Competency Validation	<ul style="list-style-type: none">Evidence of completion of adaptation or orientation program from any healthcare Institution reflecting the core competencies required for Physiotherapy Technician
Other requirements for Evaluation and registration	<p><i>(Refer to QCHP requirements for license Registration/Evaluation)</i></p> <p>http://www.qchp.org.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx</p>
Requirements of license renewal	<p><i>(Refer to QCHP requirements for license Registration/Evaluation)</i></p> <p>http://www.qchp.org.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx</p>
Note: Applicant with break from practice please see QCHP “Break from Practice Policy”	



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



Physiotherapy Technician Scope of Practice

INTRODUCTION

The Physiotherapy Technician scope of practice is based on a competency framework that comprises **professional ethics, clinical practice, leadership and management, learning and management** and **research** domains intrinsic to the role of the physiotherapist. The scope also describes the professional roles and activities and practice settings for the Physiotherapy Technician. This document sets out the standards of proficiency required for safe and effective practice in the Physiotherapy Technician role. They are the threshold standards necessary to protect members of the public. Once on the Qatar Supreme Council for Health Professionals Register the licensed professional must continue to meet the standards of proficiency which relate to the areas in he/she works. Periodic updating of the scope of practice statement and standards of proficiency will be necessary as technology and perspective change.

This document provides a general description of the scope of practice of the profession of Physiotherapy Technicians in the State of Qatar. This document is intended as a resource for Physiotherapy Technicians, regulatory bodies, government agencies, insurers, educators, consumers and the general public.

STATEMENT OF PURPOSE:

The purpose of this document is to define the Scope of Practice for Physiotherapy Technician across the State of Qatar to:

- a) Describe the breadth of professional practice offered within the profession of Physiotherapy Technicians.
- b) Define professional accountability, required competencies and scope of ethical and legal practice of the Physiotherapy Technician in relation to patient, families, and other members of the multidisciplinary team, community and society.
- c) Serve as a reference for license regulating authorities and professionals governing health care.
- d) Identify the Physiotherapy Technician as a supervised practitioner and to provide examples of setting in which they are engaged.
- e) Support Physiotherapy Technicians in the provision of high-quality, evidence-based services to the clients.

DEFINITION:

Definition of Physiotherapy Care:

Physiotherapy is an autonomous profession provides services to individuals and populations to develop maintain and restore maximum movement and functional ability throughout the lifespan. This includes providing services in circumstances where movement and function are threatened by aging, injury, pain, diseases, disorders, conditions or environmental factors. Functional movement is central to what it means to be healthy.

Definition of Physiotherapy Technician

The Physiotherapy Technician is a qualified health care professional who provides physiotherapy services under the direction and supervision of a licensed physiotherapist. Physiotherapy Technicians help people of all ages who have medical problems, or other health-related conditions that limit their ability to move and perform functional activities in their daily lives. Physiotherapy Technicians works in a variety of settings including hospitals, private practices, outpatient clinics, home health, nursing homes, schools, sports facilities, and more. Physiotherapy Technicians may also measure changes in the patient's performance as a result of the physiotherapy provided.

The Physiotherapy Technician assists in the provision of physiotherapy services under the direction and supervision of a registered/licensed physiotherapist. The role of the Physiotherapy Technician is to assist the physiotherapist in ensuring that physiotherapy services are delivered in a safe, effective and efficient manner. Physiotherapy Technicians help provide physiotherapy services that achieve and maintain optimal client outcomes.

Care provided by the Physiotherapy Technician may include teaching patients/clients exercises for mobility, strength and coordination, training for activities such as walking with crutches, canes, or walkers, massage, and



the use of physical agents and electrotherapy such as ultrasound and electrical stimulation.

The type of supervision and the type of tasks assigned are determined by the supervising physiotherapist. Physiotherapy technicians vary in their level of experience and in the level and type of education and/or training they have received. When assigning tasks, the physiotherapist takes into account the education, training and competency of the Physiotherapy Technician as well as the complexity and stability of individual client needs and of the environment. While services are provided under the supervision and responsibility of a physiotherapist, physiotherapy technicians are accountable for their own individual performance.

PROFESSIONAL ROLES AND ACTIVITIES:

The Physiotherapy Technician must work under the direction and supervision of the physiotherapist. In all practice settings, the performance of selected interventions by the Physiotherapy Technician must be consistent with safe and legal physiotherapy practice, and shall be predicated on the following factors: complexity and acuity of the patient's/client's needs; proximity and accessibility to the physiotherapy; supervision available in the event of emergencies or critical events; and type of setting in which the service is provided.

Skills considered essential for any Physiotherapy Technician graduate include those addressing all systems (i.e., musculoskeletal, neurological, cardiovascular pulmonary, integumentary) and the continuum of patient/client care throughout the lifespan and the continuum of patient/client care throughout the lifespan.

The practice of Physiotherapy Technician care involves but is not limited to:

- Orientating the client to the treatment area (e.g., physical layout, equipment).
- Providing information about relevant service policies (e.g. cancellation, absenteeism).
- Reinforcing to the client information about the effects of treatment and any inherent risks.
- Performing assigned physiotherapy interventions (e.g., electro physical agents, functional mobility, therapeutic exercises, and teaching/education).
- Facilitating client participation in the intervention activities (e.g., reinforces the physiotherapist's directions, provides encouragement).
- Participating collaboratively as a team member in inter professional client care.
- Discontinuing specific interventions if safety is in question or if the client has an adverse reaction and reporting the discontinuation to the physiotherapist.
- Contributing to the development and revision of the intervention activities.
- Progressing therapeutic interventions within the parameters assigned by the physiotherapist (e.g., endurance, strengthening exercises).
- Providing the physiotherapist with information related to the selection and outcome of intervention activities (e.g., the appropriateness of the group).
- Monitoring client responses and status during the intervention.
- Reporting the client's subjective comments related to the intervention to the relevant health care team member in an appropriate manner.
- Reporting to the physiotherapist the client's responses to interventions or changes in the client's status.

SETTINGS IN WHICH PHYSIOTHERAPY IS PRACTICED

- Hospitals
- Rehabilitation centers and residential homes
- Out-patient clinics
- Community based rehabilitation programs
- Community settings including primary health care centers, individual homes and field settings
- Educational institutes
- Physiotherapy centers / clinics
- Nursing homes
- Elderly care centers



- Schools, including pre-schools and special schools
- occupational health centers

COMPETENCIES OF PHYSIOTHERAPY TECHNICIAN PRACTICE

1. DOMAIN ONE: PROFESSIONAL AND ETHICAL PRACTICE

This domain defines the professional accountability and scope of ethical and legal practice of the Physiotherapy Technician in relation to patients, families, other members of the multidisciplinary team, community and society.

1.1 Competency Standard : Accountability

Demonstrate ethical behavior with patients and team members in a variety of situations and perform within the limits of personal competence within the practice context.

Performance criteria:

- 1.1.1 Maintains a professional relationship with patients and acts in the best interest of the patient/society.
- 1.1.2 Promotes the role and goals of physiotherapy (e.g., health promotion, disease prevention) to enhance individual and community health.
- 1.1.3 Safely operates and maintains equipment and supplies in accordance with manufacturer guidelines and the practice setting policies and procedures.
- 1.1.4 Understands the necessity, obligation, process to take action to report unsafe, unethical or incompetent Physiotherapy practice to the appropriate authority.
- 1.1.5 Assists the physiotherapist to ensure that the client's needs are addressed.
- 1.1.6 Identifies opportunities for advocacy, health promotion and disease prevention.
- 1.1.7 Protects the client's dignity and right to privacy

1.2 Competency Standard : Ethical Practice

The Physiotherapy Technician acts with integrity, accountability and good judgment in the best interests of the patient/client, society and the Physiotherapy profession and practice

Performance criteria:

- 1.2.1 Ability to practice in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1.2.2 Protects confidential patient information and to disclose confidential information to appropriate authorities only when allowed or as required by law
- 1.2.3 Adheres to the standards of Physiotherapy technician practice and incorporates them into own practice.
- 1.2.4 Understands the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the therapeutic process and in maintaining health and wellbeing
- 1.2.5 Refrains from accepting favors or other considerations that influence or give an appearance of influencing their professional judgment.
- 1.2.6 Respects the patient's (including children and young people and their parents') right to be fully informed, establishing a context for self-determination, assent (children) and informed consent

1.3 Competency Standard : Legal Practice

Functions at all times in accordance with the national laws and regulations, legislative, regulatory and policy guidelines relevant to the scope of Physiotherapy Technician practice.



Performance criteria:

- 1.3.1 Practices within the general scope of Physiotherapy Technician practice
- 1.3.2 Refrain from engaging in conflicts of interest that interfere with professional Judgment.
- 1.3.3 Reports suspected cases of abuse involving children or vulnerable adults To the Appropriate authority, subject to law.
- 1.3.4 Refrains from harassing anyone verbally, physically, emotionally, or sexually
- 1.3.5 Abides by the labor laws of the State of Qatar.
- 1.3.6 Maintains valid registration and licensure to practice in Qatar.

2. DOMAIN TWO: Clinical Practice

Physiotherapy Technicians serve a diverse population and may function in a variety of activities. Physiotherapy Technicians contribute to the implementation of physiotherapy interventions and demonstrate effective problem solving and judgment.

2.1 Competency Standard : Provision of Care

Physiotherapy Technician practice endorses adherence to standards of practice and supports the delivery of effective and efficient care.

Performance criteria:

- 2.1.1 Maintains the provision of care services that are safe, aseptic, preventative and restorative to the patient.
- 2.1.2 Recognizes opportunities to educate the public or patients about issues of health, wellness, and prevention (e.g., benefits of exercise, prevention of falls, etc.) and communicate opportunity to the physiotherapist.
- 2.1.3 Recognizes patient indicators of willingness to change health behaviors and communicate to the physiotherapist.
- 2.1.4 Provides relevant health information and patient education to individuals, families and communities to assist in achieving optimal health and rehabilitation.
- 2.1.5 Reviews relevant health information and prescribe home programs as appropriate.
- 2.1.6 Keeps accurate, contemporaneous, comprehensive and legible records of patient care in accordance with applicable legislation, protocols and guidelines. This includes Qatar Supreme Council for Health requirements and local guidance at a facility level.
- 2.1.7 Provides services including, but not limited to supervised assessment and evaluation of patient needs and functional abilities using both standardized and non-standardized assessments.
- 2.1.8 Implements appropriate care plans under the supervision of a licensed physiotherapist, taking into account service users' values, beliefs and interests.
- 2.1.9 Evaluates intervention plans using recognized outcome measures and revise plans as necessary in conjunction with service users and supervising physiotherapist.

2.2 Competency Standard: Patient Centered Care

Physiotherapy Technicians provide care that is respectful of and responsive to individual patient conditions, needs, values and ensure that patient values guide all clinical decisions. The physiotherapy Technician is responsible for ensuring that the patient/service user is at the center of all decisions about care wherever possible.



Performance criteria:

- 2.2.1 Demonstrates objective professional judgment in the patient/client best interest in all practice settings.
- 2.2.2 Focuses on the patient's goals, expectations, needs and abilities for all interventions.
- 2.2.3 Focuses on the health outcomes that are important to individual patients.
- 2.2.4 Ensure that patients are well informed and actively participate in care.
- 2.2.5 Collects qualitative and quantitative data related to the client's physical status and functional ability within set parameters.
- 2.2.6 Monitors client responses and status during the performance of assigned measures/tests (e.g., shortness of breath, pain) and takes appropriate action, including reporting the findings to the physiotherapist.
- 2.2.7 Reports the results of tests (e.g., documentation, verbal report).
- 2.2.8 Communicates new information to the physiotherapist in a complete and timely manner (e.g., client's family situation, home environment, health status).

2.3 Competency Standard: Evidence-Based Practice

Integrates best available evidence, clinical audit and research into practice to ensure quality of provision.

Performance Criteria:

- 2.3.1 Utilizes current evidence-base, including recent research findings, and best available evidence to guide practice.
- 2.3.2 Participates in the formulation of evidence-based practice based on best available credible research and/or national and international professional consensus, guidance and audit.
- 2.3.3 Is aware of the role of audit and review in quality improvement and quality assurance.
- 2.3.4 Participates in generating new evidence to improve quality of care through research, clinical audit and quality improvement programs.

2.4 Competency Standard: Communication and Teamwork

Uses communication skills to ensure that other members of the health care team, the patient and their family are and remain fully informed.

Performance Criteria:

2.4.1 Communicate effectively with the patient.

- 2.4.1.1 Establishes rapport and verbal and non-verbal communication is adapted to the needs and profile of the client.
- 2.4.1.2 Communicates clearly and professionally with the patient. Shares relevant information in timely manner.
- 2.4.1.3 Demonstrate awareness about the patient's beliefs, concerns, expectations and illness experience.
- 2.4.1.4 Able to modify means of communication to take into account important variables such as age, capacity, learning and physical ability.

2.4.2 Adapts cultural and linguistic diversity during communication

- 2.4.2.1 Respects cultural and linguistic diversity in all communication with the client, colleagues and other service providers.
- 2.4.2.2 Applies cultural considerations in recognizing, negotiating and resolving conflicts

2.4.3 Demonstrate skills in Personal communication

- 2.4.3.1 Demonstrates effective listening and questioning skills
- 2.4.3.2 Demonstrates empathy and respect



- 2.4.3.3 Identifies and clarify incoming information
- 2.4.3.4 Interprets information accurately
- 2.4.3.5 Disseminates information accurately
- 2.4.3.6 Seeks feedback that information given has been understood

2.4.4 **Communication and collaboration with team members**

- 2.4.4.1 Establishes an effective working relationship with health care professionals, team members, rehabilitation services and other service providers in a timely manner.
- 2.4.4.2 Participates in building consensus and or resolving conflict in the context of patient care and the multi-professional team.
- 2.4.4.3 Engages proactively in teamwork and the team-building processes.
- 2.4.4.4 Works effectively with other professionals to prevent, negotiate and resolve inter-professional conflict.
- 2.4.4.5 Facilitates and maintains communication within own department and across multidisciplinary team
- 2.4.4.6 Demonstrate an understanding and respect of the roles, responsibilities and differing perspectives of team members

2.5 **Promotion of health and patient education**

Will enable and provide information on maintaining and optimizing health and maximizing self-care.

Performance criteria:

- 2.5.1 Demonstrates health promoting behaviors
- 2.5.2 Recognizes opportunities to educate the public or patients about issues of health, wellness, and prevention (e.g., benefits of exercise, prevention of falls, etc.) and communicate opportunity to the physiotherapist.
- 2.5.3 Recognizes patient indicators of willingness to change health behaviors and communicate to the physiotherapist.
- 2.5.4 Provides relevant health information and patient education to individuals, families and communities to assist in achieving optimal health and rehabilitation.
- 2.5.5 Reviews relevant health information and prescribe home programs as appropriate.

3. **DOMAIN THREE: Leadership and Management**

Exhibits leadership qualities required for the provision of safe, effective Physiotherapy care. This domain includes concordance with the healthcare organization's Code of Behaviors as the operating framework.

3.1 **Competency Standard: Leadership/ Management**

Exhibits leadership qualities and manages Physiotherapy care safely, efficiently and ethically.

- 3.1.1 Manages self and ensure effective workload prioritization and time management.
- 3.1.2 Provides feedback, offers suggestions for change and deals effectively with the impact of Change on own practice, the team and/or on the organization.
- 3.1.3 Ensures junior staffs are aware of and act in accordance with all relevant policies, procedures, guidelines, protocols and codes of conduct.
- 3.1.4 Participates in inventory control and supply management.
- 3.1.5 Initiates and/or participate in junior staff induction and training as required.
- 3.1.6 Participates in committees and team meetings relevant to job functions.
- 3.1.7 Facilitates the use of equipment, supplies, inventory records and space to support service delivery.



3.2 Competency Standard : Quality Improvement and Safety

Ensures Physiotherapy practice meets organizational quality and safety standards and guidelines and participates in continuous quality improvement.

Performance criteria:

- 3.2.1 Practices in accordance with approved quality standards and guidelines reflecting recognized evidence based best practice.
- 3.2.2 Implements quality assurance and risk management strategies according to institutional and unit policies and procedures
- 3.2.3 Ensures a safe environment by identifying actual and potential risks and takes timely action to meet national legislation and workplace health and safety principles.
- 3.2.4 Acknowledges own limitations in knowledge, judgment and/or skills, and functions within those limitations.
- 3.2.5 Recognizes less than optimum or unsafe practice in self and others and intervenes, records and reports, and acts to access and/or provides support to ensure remediation of deficiencies.
- 3.2.6 Participates in ongoing quality improvement and risk management initiatives.
- 3.2.7 Adheres to and implements infection control policies and procedures.

3.3 Competency Standard : Delegation and Supervision

Delegates and provides supervision to subordinates according to their competencies

Performance Criteria

- 3.3.1 Delegates appropriate activities in accordance with their abilities and job profile
- 3.3.2 Maintains accountability and responsibility using range of supportive strategies when supervising and delegating aspects of care to subordinate
- 3.3.3 Provides education, guidance and support for individuals who are performing the delegated activity

4 DOMAIN FOUR: Education, learning and development

Demonstrates commitment to education Learning and Development service to provide a high quality and responsive service.

4.1 Competency Standard : Education

Demonstrates commitment to continuing education for self and other members of the healthcare team regarding Physiotherapy technician practice.

Performance criteria:

- 4.1.1 Demonstrates understanding of the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
- 4.1.2 Instructs other members of the health care team, using established techniques, programs, and instructional materials, commensurate with the learning characteristics of the audience.
- 4.1.3 Educates colleagues and other health care professionals about the role, responsibilities, and academic preparation and scope of work of Physiotherapy Technician.

4.2 Competency Standard: Lifelong learning and development

Assumes responsibility for own professional development through lifelong learning to ensure continued competence and performance improvement.

Performance criteria:

- 4.2.1 Engages in self-assessment.



- 4.2.2 Identifies individual learning needs to enhance role in the profession.
- 4.2.3 Identifies and obtain resources to increase knowledge and skill.
- 4.2.4 Engage in learning activities (e.g., clinical experience, mentoring, and skill development).
- 4.2.5 Incorporates new knowledge and skills into clinical performance.

5. **DOMAIN FIVE: RESEARCH AND IMPROVEMENT**

This domain articulates the requirement that the Physiotherapy Technician should practice by incorporating best available evidence to provide quality health care and contribute to the creation and/or implementation of knowledge through active participation.

5.1 **Competency Standard: Using data and information systems**

Uses data systems to enhance the quality and delivery of patient care.

Performance Criteria:

- 5.1.1 Demonstrates information technology skills needed to inform and provide optimum healthcare and accurately document outcomes of interventions.
- 5.1.2 Understands how to use technology and data to assist in problem identification and identification of deficiencies that can be remediated to enable improvements in patient care.
- 5.1.3 Analyses data accurately and comprehensively leading to appropriate interpretation of findings and development of implementation plans.
- 5.1.4 Recognizes the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines.

5.2 **Competency Standard: Research Participation**

Assists the physiotherapist to use research, evaluation, service improvement and audit findings to enhance the quality of patient care and protect the rights of those participating.

Performance Criteria:

- 5.2.1 Participates in activities that disseminate research findings such as publications, journal clubs, grand rounds and presentations.
- 5.2.2 Participates in research, evaluation, service improvement initiatives and audit, designed to improve healthcare practice and disseminate findings to colleagues, patients, families, communities, and society.

References

1. Essential competency Profile for Physiotherapist Assistants in Canada
<http://npag.ca/PDFs/Joint%20Initiatives/PTA%20profile%202012%20English.pdf>
2. Direction and supervision of the Physiotherapy Technician. HOD P06-05-18-26
https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/DirectionSupervisionPTA.pdf.
3. MINIMUM REQUIRED SKILLS OF PHYSIOTHERAPY TECHNICIAN GRADUATES AT ENTRY-LEVEL BOD G11-08-09-18 [Guideline]
https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Education/MinReqSkillsPTAGrad.pdf.



Criteria for National Registration Requirements – Prosthetist and Orthotist

Criteria	Prosthetist & Orthotist
Definition	The Prosthetist & Orthotist is an individual who holds a current, valid license issued under a national authority or board that authorizes them to practice and use the title Prosthetist & Orthotist.
Practice Settings	Prosthetist & Orthotist practices in a variety of settings including but not limited to: <ul style="list-style-type: none">• Hospitals• Rehabilitation centers and residential homes• Out-patient clinics• Community based rehabilitation programs• Community settings individual homes• Elderly care centers• Special schools• Sports centers/clubs
Education	<ul style="list-style-type: none">• Three Year Diploma in Prosthetics & Orthotics OR <ul style="list-style-type: none">• Bachelor degree in Prosthetics & Orthotics
Scope of Practice	The Prosthetic and Orthotic Services designs, fabricates, fits, maintains and repairs a full spectrum of prostheses, orthoses and other devices to assist individual patients in rehabilitation. The overall goal of the provision of Prosthetics/Orthotics services should be to optimize and enhance the ability of an individual with physical disabilities. The practice of a Prosthetist/Orthotist /includes; <ul style="list-style-type: none">• Patient Assessment• Formulation of a treatment plan• Implementation of the Treatment Plan• Follow-up Treatment Plan• Practice Management• Promotion of Competency and Enhancement of Professional Practice
Licensure	The Prosthetist & Orthotist must apply for certification through Qatar Council For Healthcare Practitioners (SCH).
Experience	<ul style="list-style-type: none">• Overseas candidates: Two years (2) of Experience as a Prosthetist & Orthotist.• Qatari Nationals and Permanent Residents: Evidence of clinical practice OR Internship program.



Criteria	Prosthetist & Orthotist
Competency validation	<ul style="list-style-type: none">• Evidence of completion of adaptation or orientation program from any healthcare institution reflecting the core competencies required by the Prosthetist & Orthotist.• New graduate or less than 2 years' experience successfully complete formal internship program at a health care institution (signed by designated authority/accredited body).
Others Requirement for Evaluation & Registration	<p>(Refer to additional QCHP requirement for license Registration/Evaluation) http://www.sch.gov.qa/health-services/services-to-healthcare-professionals/healthcare-practitioners-registration-n-licensing/process-map/guidelines-copy.</p>
Requirements for License renewal	<p>(Refer to additional QCHP requirement for license Registration/Evaluation) http://www.sch.gov.qa/health-services/services-to-healthcare-professionals/healthcare-practitioners-registration-n-licensing/process-map/guidelines-copy.</p>
Note: Applicant with break from practice please see QCHP "Break from Practice Policy"	



Prosthetic & Orthotic Scope of Practice

INTRODUCTION

The Prosthetic & Orthotic Scope of Practice is based on a competency framework that comprises **professional ethics, clinical practice, leadership and management, learning and development, and research** intrinsic to the role of the Prosthetist & Orthotist. The Scope also describes the Prosthetist & Orthotist professional roles and activities, and practice settings.

STATEMENT OF PURPOSE:

The purpose of this document is to define Prosthetist & Orthotist scope of practice in Qatar to:

- (a) Describe the services offered by qualified Prosthetist & Orthotist.
- (b) Define the professional accountability, required competencies, and scope of ethical and legal practice of the Prosthetists & Orthotists in relation to patients, families, other members of the multidisciplinary team, community and society.
- (c) Serve as a reference for license regulating authorities and professionals governing healthcare.

DEFINITION OF PROSTHETIC & ORTHOTIC CARE:

Prosthetic and Orthotic field is a specialized health care profession, which combines a unique blend of clinical and technical skills.

The Prosthetist / Orthotist health care professional is specifically educated and trained to manage comprehensive orthotic and / or prosthetic patient care.

The Prosthetist/Orthotist is responsible for the assessment, prescription, formulation and implementation of a treatment plan, follow-up and practice management: design, casting, modification, fabrication, fitting, adjustment and ongoing maintenance of any orthoses /prostheses. The Prosthetist/Orthotist remains an integral part of the multidisciplinary team.

Prosthetic care may include, but is not limited to, patient evaluation; includes custom design, fabrication, fitting and modification devices which replace external limb loss for purposes of restoring physiological function and/or cosmetics.

Orthotics care may include, but is not limited to patient evaluation; includes design, fabrication, fitting and modification device which applies external forces to the body to treat a neuro- musculoskeletal disorder or acquired condition with the following aims:

- controlling biomechanical alignment
- supporting limbs
- reducing pain
- enhancing mobility and independence
- protecting a damaged area

PROFESSIONAL ROLES AND ACTIVITIES:

Prosthetic & Orthotic Care is a techno-clinical discipline, which means that the rapid pace of technological advancement, scientific discovery, and concomitant increase in medical knowledge, as well as the changing landscape of healthcare, contribute to the dynamic nature of this discipline.

Credentialing, or recognition, for expanded practice expertise is in addition to the Prosthetist & orthotist credential and may be authorized at facility level.

The practice of a Prosthetist / Orthotist /includes;

- A) Patient Assessment
- B) Formulation of a treatment plan
- C) Implementation of the Treatment Plan



- D) Follow-up Treatment Plan
- E) Practice Management
- F) Promotion of Competency and Enhancement of Professional Practice

1. DOMAIN ONE: PROFESSIONAL AND ETHICAL PRACTICE

This domain defines the professional accountability and scope of ethical and legal practice of the Prosthetist & Orthotist in relation to patients, families, other members of the multidisciplinary team, community and society.

1.1 Competency Standard : Accountability

Accepts accountability for own actions, and decision-making and for the related outcomes.

Performance criteria:

- 1.1.1 Provides care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- 1.1.2 Encourages and promotes appropriate stewardship of resources.
- 1.1.3 Avoids any activity that creates a conflict of interest or violates any Qatari laws and regulations.
- 1.1.4 Promotes the growth of the profession, and presents a positive image of prosthetic & orthotic services to the community.

1.2 Competency Standard : Ethical Practice

Demonstrates integrity, accountability, honors the rights and dignity of all individuals, and pursues a quest for excellence in all professional activities that serve the best interests of the patient, society, and the profession.

Performance criteria:

- 1.2.1 Engages in ethical decision-making with respect to own professional responsibilities or where ethical issues affect healthcare delivery or clinical decision-making.
- 1.2.2 Acts as patient advocate protecting the person's rights in accordance with Qatari law and organization specific terms and conditions.
- 1.2.3 Maintains patient confidentiality and makes every reasonable effort to ensure the security of written, verbal and electronic patient information.
- 1.2.4 Respects the patient's (including children and young people and their parents') right to be fully informed, establishing a context for self-determination, assent (children) and informed consent.
- 1.2.5 Acts sensitively and fairly giving due consideration to diversity, including cultural and religious beliefs, race, age, gender, physical and mental state, and other relevant factors.
- 1.2.6 Questions when appropriate, healthcare practice where the safety of others is at risk and where the quality of care warrants improvement; acts where the safety of care is compromised and where necessary reports others who may be risking patient safety.
- 1.2.7 Demonstrates professional integrity and ethical conduct in matters where a conflict of interest could be construed, i.e. when advising on the use of products, devices or services (as per organizational approved policy and Code of Professional Conduct and Ethics for Prosthetists & Orthotists).

1.3 Competency Standard : Legal Practice

Functions at all times in accordance with legislative, regulatory and policy guidelines relevant to Prosthetic & Orthotic practice.

Performance criteria:

- 1.3.1 Practices in accordance with agreed policies and procedures that guide Prosthetic & Orthotic services
- 1.3.2 Practices in accordance with relevant Supreme Council of Health regulations govern Prosthetic & orthotic practice.



- 1.3.3 Maintains valid registration and licensure to practice in Qatar.
- 1.3.4 Recognizes and acts upon breaches of laws and regulations relating to the professional role and/or Professional Code of Conduct and Ethics for Prosthetists & Orthotist
- 1.3.5 Maintains a professional portfolio including evidence of continued competence and improvement.

2. DOMAIN TWO: CLINICAL PRACTICE

As a healthcare profession, Prosthetic & Orthotic Care is practiced in collaboration with interdisciplinary team.

Critical thinking, patient/environment assessment skills, and evidence-based clinical practice guidelines enable Prosthetists & Orthotists to develop and implement effective care plans; Prosthetist & Orthotist -driven protocols, diagnosis -based clinical pathways, and management programs.

2.1 Competency Standard : Provision of Care

The practice of Prosthetic & Orthotic Care involves but is not limited to:

- 2.1.1 The provision of Prosthetic & Orthotic care services that are safe, preventive, and restorative to the patient.
- 2.1.2 The provision of Prosthetic & Orthotic care services, including but not limited to, the administration of diagnostic and therapeutic tools and/ or interventions related to prosthetic & orthotic procedures necessary for rehabilitative regimen referred by a physician.
- 2.1.3 Implementation of appropriate action plan and intervention based on observed abnormalities of appropriate reporting or referral, or prosthetic & orthotic protocols, or changes in treatment regimen.

2.2 Competency Standard : Patient Centered Care

The Prosthetist & Orthotist collects and interprets information, makes appropriate clinical decisions, and carries out diagnostic and therapeutic interventions.

Performance criteria

- 2.2.1 Undertakes a comprehensive, systematic assessment involving the patient, family and other healthcare providers, as appropriate, in order to determine the needs, concerns, problems, issues, and/or diagnosis that serve as a basis for care planning.
- 2.2.2 Perform a comprehensive assessment of the patient emotional, psychological, developmental and physical capabilities using clinical observations and standardized tests to obtain an understanding of the patient's prosthetic / orthotic needs.
- 2.2.3 Administering muscle, nerve, joint and functional ability tests to identify and assess physical problems of patients.
- 2.2.4 Subjectively and objectively assessing patient' functional potential in their home, leisure, work and school environments, and recommending appropriate technology
- 2.2.5 Analyze and integrate information from patient assessment to create a comprehensive prosthetic/orthotic/treatment plan to meet the needs and goals of the patient to maximize their performance.
- 2.2.6 Makes recommendations regarding the appropriateness of prescribed Prosthetic & Orthotic Care plan, recommends modifications where indicated, and participates in the development and implementation of clinical pathways.
- 2.2.7 Collaborates with the multidisciplinary healthcare team to include the Prosthetic & Orthotic Care plan with the overall care plan for the patient.
- 2.2.8 Perform the procedures necessary to provide the appropriate prosthetic/ orthotic services, including.
 - 2.2.8.1 Fabrication designing, prescribing and fitting Orthoses and prostheses to meet the patient needs, including their functional, emotional, psychological and developmental goals.



- 2.2.8.2 Manufacturing of custom Protheses and Orthoses in accordance with the international Therapeutic Goods Medical Devices Regulations.
- 2.2.8.3 Providing training and education for the patient and appropriate family members in relation to the use and care of a Prosthesis or Orthoses.
- 2.2.9 Provide continuing patient care and periodic evaluation to assure/maintain/document optimal fit and function of the prosthesis /Orthoses
- 2.2.10 Educates the patient and family members/other caregivers as to the planned management and goals.
- 2.2.11 Adheres to practice precautions.

2.3 Competency Standard : Evidence-Based Practice

Integrates evidence and research findings into practice.

Performance Criteria:

- 2.3.1 Utilizes current evidence-based knowledge, including research findings, to guide Prosthetic & orthotic services
- 2.3.2 Incorporates credible critically appraised evidence into Prosthetic & Orthotic practice and when initiating change.
- 2.3.3 Participates in the formulation of evidence-based practice based on best available credible research and/or national and international professional consensus, guidance and audit.
- 2.3.4 Disseminates personal or third-party research, practice development and audit findings with colleagues and peers in order enhance prosthetic & orthotic interventions and inform care delivery.
- 2.3.5 Critically evaluates research, audit and practice development findings that underpin Prosthetic & orthotic practice.
- 2.3.6 Promotes dissemination, use, monitoring and review of professional standards and best practice guidelines.

2.4 Competency Standard : Communication and Teamwork

Uses communication skills to ensure that other members of the health care team, the patient and their family are and remain fully informed.

Performance Criteria:

- 2.4.1 Establishes relationships of trust, respect, honesty and empathy.
- 2.4.2 Gathers information about disease, but also about a patient's beliefs, concerns, expectations and illness experience.
- 2.4.3 Seeks out and synthesizes relevant information from other sources, such as patient's family, caregivers and other professionals.
- 2.4.4 Delivers information to patients and their families, colleagues, and other members of the healthcare team, in a way that is understandable, and that encourages discussion and participation in decision-making.
- 2.4.5 Demonstrates cultural competence across all patient groups.
- 2.4.6 Consistently and clearly communicates relevant, accurate and comprehensive information in verbal, written and electronic forms in a timely manner to ensure the delivery of safe, competent and ethical care.
- 2.4.7 Participates in building consensus and/or resolving conflict in the context of patient care.
- 2.4.8 Engages in teamwork and the team-building processes.
- 2.4.9 Works effectively with other professionals to prevent, negotiate and resolve inter-professional conflict.

3 DOMAIN THREE: LEADERSHIP AND MANAGEMENT

Exhibits leadership qualities required for the provision of safe, effective Prosthetic and Orthotic care. This domain includes concordance with the healthcare organization's Code of Behaviors as the operating framework.

3.1 Competency Standard: Leadership

Exhibits leadership qualities and manages Prosthetics and Orthotics care safely, efficiently and ethically.



Performance Criteria:

- 3.1.1 Applies clinical reasoning, critical thinking and problem solving skills in the provision, management and evaluation of care.
- 3.1.2 Manages self, and where appropriate assists others, to ensure effective workload prioritization and time management.
- 3.1.3 Provides feedback, offers suggestions for change and deals effectively with the impact of change on own practice, the team and/or on the organization.
- 3.1.4 Advocates for, and contributes to the creation and maintenance of a positive working environment and team working.
- 3.1.5 Participates in the mentorship and coaching of others maximizing the effectiveness of interventions, the provision of quality health care and the profession.
- 3.1.6 Acts as a role model for colleagues, students and other members of the healthcare care team by treating all with respect, trust and dignity.
- 3.1.7 Fosters the advancement of Prosthetic & orthotic autonomy and accountability.
- 3.1.8 Promotes and maintains a positive image of Prosthetic & orthotic services.
- 3.1.9 Assumes leadership responsibilities, as appropriate, in the delivery of Prosthetic & orthotic care.

3.2 Competency Standard : Quality Improvement and Safety

Ensures Prosthetic & Orthotic practice meets organizational quality and safety standards and guidelines and participates in continuous quality improvement.

Performance criteria:

- 3.2.1 Practices in accordance with approved quality standards and guidelines reflecting recognized evidence based best practice.
- 3.2.2 Seeks evidence from a wide range of credible sources to maintain, extend and evaluate the quality of Prosthetics and Orthotics care.
- 3.2.3 Acts immediately and appropriately in accordance with the national and/or institutional disaster plan as needed participating in triage and coordination of care for patients.
- 3.2.4 Implements quality assurance and risk management strategies.
- 3.2.5 Ensures a safe environment by identifying actual and potential risks and takes timely action to meet national legislation and workplace health and safety principles.
- 3.2.6 Acknowledges own limitations in knowledge, judgment and/or skills, and functions within those limitations.
- 3.2.7 Recognizes less than optimum or unsafe practice in self and others and intervenes, records and reports, and acts to access and/or provides support to ensure remediation of deficiencies.
- 3.2.8 Participates in ongoing quality improvement and risk management initiatives.
- 3.2.9 Adheres to and implements infection control policies and procedures.
- 3.2.10 Communicates and records safety concerns to the relevant authority and documents response.

3.3 Competency Standard : Delegation and Supervision

Delegates and provides supervision to team members according to their competence and scope of practice.

Performance Criteria:

- 3.3.1 Delegates to others, activities commensurate with their abilities and scope of practice.
- 3.3.2 Uses a range of supportive strategies when supervising aspects of care delegated to others.
- 3.3.3 Maintains accountability and responsibility when delegating aspects of care to others.

4 DOMAIN FOUR: EDUCATION, LEARNING AND DEVELOPMENT

4.1 Competency Standard: Education and Facilitation

Demonstrates commitment to the development of other members in the healthcare team as well as patients, families, community and society.



Performance criteria:

- 4.1.1 Shares and disseminates professional knowledge and research findings with others.
- 4.1.2 Acts as a resource person for others.
- 4.1.3 Contributes to the formal and informal education and professional development of students and colleagues facilitating and where appropriate coordinating learning opportunities.
- 4.1.4 Acts as an effective preceptor and/or mentor as assigned, undertaking appropriate preparation and updating to undertake the roles.
- 4.1.5 Takes opportunities to learn together with others in order to contribute to health care improvement.

4.2 Competency Standard: Lifelong learning

Assumes responsibility for own professional development through lifelong learning to ensure continued competence and performance improvement.

Performance criteria:

- 4.2.1 Undertakes regular self-assessment and reviews own practice through reflection, peer review, competency assessment, critical examination and evaluation.
- 4.2.2 Instigates planned updating knowledge and skills for safe, person-centered, evidence-based practice.
- 4.2.3 Actively engages in ongoing professional development and performance improvement of self and others.
- 4.2.4 Maintains a record of learning and professional development activities and accreditation.

4.3 Competency Standard : Promotion of health and patient education

Will enable and provide information on maintaining and optimizing health and maximizing self-care.

Performance criteria:

- 4.3.1 Takes part in health promotion, patient education and illness prevention initiatives and contributes to their evaluation.
- 4.3.2 Applies knowledge of resources available for health promotion and health education.
- 4.3.3 Acts to empower the individual, family and community to adopt healthy lifestyles and concord with self-management of ill-health to promote wellbeing.
- 4.3.4 Provides relevant health information and patient education to individuals, families and communities to assist in achieving optimal health and rehabilitation.
- 4.3.5 Demonstrates understanding of traditional healing practices within an individual's, family and/or community's health belief systems and incorporates appropriately and/or provides education if adversely effecting optimum health.
- 4.3.6 Recognizes the potential for patient education and teaching for health and wellbeing in respiratory therapy interventions.
- 4.3.7 Applies knowledge of a variety of teaching and learning strategies with individuals, families and communities to effect and evaluate learning and concordance with treatment and advice.

5 DOMAIN FIVE: RESEARCH AND IMPROVEMENT

This domain articulates the requirement that the Prosthetist/Orthotist should practice incorporating best available evidence to provide quality health care and contribute to the creation and/or implementation of knowledge through active participation.

5.1 Competency Standard : Using data and information systems

Uses data systems to enhance the quality and delivery of patient care.



Performance Criteria:

- 5.1.1 Acquires the information technology skills needed to inform and provide optimum healthcare care and document accurately outcomes of interventions.
- 5.1.2 Understands how to use technology and data to assist in problem identification and identification of deficiencies that can be remediated to enable improvements in patient care.
- 5.1.3 Analyses data accurately and comprehensively leading to appropriate interpretation of findings and development of implementation plans.

5.2 Competency Standard 5.2: Research Participation

Uses research, evaluation, service improvement and audit findings to enhance the quality of patient care and protect the rights of those participating.

Performance Criteria:

- 5.2.1 Participates in activities that disseminate research findings such as publications, journal clubs, grand rounds and presentations.
- 5.2.2 Promotes research, evaluation, service improvement initiatives and audit, designed to improve healthcare practice and disseminate findings to colleagues, patients, families, communities, and society.
- 5.2.3 Undertakes appropriate development to ensure competency to recruit, ensure informed consent is obtained, support involvement, facilitate, monitor and where appropriate advocate withdrawal of individuals participating in clinical research and evaluation.

References

NCOPE (The National Commission on Orthotic and Prosthetics Education)

ISPO (International Society of Prosthetics & Orthotics.)

CAAHEP (the Commission on accreditation of Allied Health Education Programs)

ABC (American board for certification in orthotics and prosthetics. WHO (World Health Organization)



Criteria for National Registration Requirement – Occupational Therapist

Criteria	Occupational Therapist
Definition	The Occupational Therapist is an individual who holds a current valid license issued under a national authority or board that authorizes them to practice their profession and use the title Occupational Therapist.
Practice Settings	<p>Occupational therapy services are provided in a variety of settings throughout the lifespan. These settings include, but are not limited to:</p> <ul style="list-style-type: none">• Institutional settings/Inpatient facilities (e.g. Hospitals, acute rehabilitation, psychiatric hospitals, community and specialty focused hospitals, nursing facilities, prisons).• Outpatient settings (e.g., hospitals, clinics, medical and therapy offices, private practice clinics).• Home and community settings (e.g., home care, group homes, assisted living, schools, early intervention centres, day-care centres, industry and business, hospice, sheltered workshops, wellness and fitness centres, community mental health facilities, residential care & community services).• Private organizations e.g. vocational rehabilitation, occupational health and safety settings.• Research facilities. <p>(AOTA, 2010)</p>
Education	<p><u>Minimum educational requirement:</u></p> <ul style="list-style-type: none">• Bachelor Degree in Occupational Therapy from an accredited Occupational Therapy program by World Federation of Occupational Therapists (WFOT).• Or Three year (3) Diploma in Occupational Therapy from an accredited Occupational Therapy program by World Federation of Occupational Therapists (WFOT).• Or entry level Master’s Degree in Occupational Therapy from an accredited Occupational Therapy program by World Federation of Occupational Therapists (WFOT). <p>Applicants with a Bachelor Degree, Diploma or Master’s Degree in Occupational Therapy from a non-WFOT accredited program will be required to have 5 years post qualification experience as an Occupational Therapist.</p>



Scope of Practice	<p>An Occupational Therapist is a qualified health care professional who is responsible for assessment, intervention, program planning and implementation, discharge planning and carrying out related documentation using systematic clinical reasoning and decision making.</p> <p>Occupational therapists are experts in analysing the performance skills and patterns necessary for people to engage in their everyday activities in the context in which those activities and occupations occur. The occupational therapist assumes responsibility for the delivery of all occupational therapy services and for the safety and effectiveness of occupational therapy services provided. Occupational therapists may practice at different levels of practice based on their competencies and job profiles.</p> <p>Please refer to the <i>Occupational Therapy Scope of Practice</i> Document for further information.</p>
Licensure	The Occupational Therapist must apply for certification through Qatar Council For Healthcare Practitioners (SCH).
Experience	<ul style="list-style-type: none">• Overseas candidates with WFOT accredited qualifications: Two years (2) of Experience as an Occupational Therapist.• Overseas candidates with non-WFOT accredited qualifications: Five years (5) of Experience as an Occupational Therapist.• Newly graduates from a recognized academic program for Qatari Nationals and long-term residents as per QCHP Circular No.1/2016.
Competency validation	Competency will be validated through the verification of higher education (degree) certificates and relevant clinical experience (clinical attachments as part of a WFOT accredited degree OR post graduate clinical experience).
Others Requirement for Evaluation & Registration	<p><i>(Refer to additional QCHP requirement for license Registration/Evaluation)</i></p> <p>http://www.qchp.org.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx</p>
Requirements for License renewal	<p><i>(Refer to additional QCHP requirement for license Registration/Evaluation)</i></p> <p>http://www.qchp.org.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx</p>
Note: Applicant with break from practice please see QCHP “Break from Practice Policy”	



Occupational Therapy Scope of Practice

INTRODUCTION

The occupational therapy scope of practice is based on a competency framework that comprises **professional ethics, clinical practice, leadership and management, learning and management** and **research** domains intrinsic to the role of the occupational therapist. The scope also describes the professional roles and activities and practice settings for the occupational therapy profession. This document sets out the standards of proficiency required for safe and effective practice in the occupational therapy profession. They are the threshold standards necessary to protect members of the public. Once on the Qatar Supreme Council for Health Professionals Register the licensed professional must continue to meet the standards of proficiency which relate to the areas in he/she works. Periodic updating of the scope of practice statement and standards of proficiency will be necessary as technology and perspective change.

Occupational therapists, as autonomous professionals, have the freedom to exercise their professional judgment and decision making, wherever they practice, so long as this is within the therapist's knowledge, competence and scope of practice. A licensed professional's scope of practice will change over time and the scope of a more experienced occupational therapist may become narrower and more focused with increased specialization. An occupational therapist's personal scope of practice may mean that she/he is unable to continue to practice safely across the whole scope of the occupational therapy profession. However, as long as the professional practices safely and effectively within his/her personal scope and does not practice in areas she/he is no longer proficient to do so, no problems will arise. If a licensed professional moves outside of the traditional scope of practice of the occupational therapy profession such as occurs in extended scope practice the licensed professional is responsible for ensuring that this is within their knowledge, skills and expertise so that they continue to work safely, lawfully and effectively. The licensed professional must have evidence of advanced competencies in order to address responsibilities that extend beyond traditional boundaries of occupational therapy advanced practice.

STATEMENT OF PURPOSE:

The purpose of this document is to define occupational therapists' scope of practice in Qatar to:

- (a) Describe the services offered by qualified occupational therapists.
- (b) Define the professional accountability, required competencies, and scope of ethical and legal practice of the occupational therapist in relation to patients, families, other members of the multidisciplinary team, community and society.
- (c) Serve as a reference for license regulating authorities and professionals governing healthcare.

DEFINITION OF OCCUPATIONAL THERAPY:

Occupational therapy is the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness to those who have, or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life. (AOTA, 2004b)

PROFESSIONAL ROLES AND ACTIVITIES:

An Occupational Therapist is a qualified health care professional who is responsible for assessment, intervention, program planning and implementation, regular review, discharge planning and carrying out related documentation using systematic clinical reasoning and decision making

Occupational therapists are experts in analyzing the performance skills and patterns necessary for people to engage in their everyday activities in the context in which those activities and occupations occur. The occupational therapist assumes responsibility for the delivery of all occupational therapy services and for the safety and effectiveness of occupational therapy services provided. Occupational therapists may practice at different levels of practice based on their competencies and job profiles.



Occupational therapist may work in the following and other specialty areas:

- Pediatrics
- Hands/plastic surgery
- Burns
- Neurology.
- Geriatric/long term care
- Oncology and palliative care
- Mental health
- Cardiovascular
- Orthopedics
- Intensive care
- Neonates
- Community based rehabilitation
- School
- Seating and positioning
- Home care
- Long term facility

Strategies/activities of occupational therapy practice include but are not limited to:

- Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavioral skills.
 - Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired.
 - Compensation, modification, or adaptation of activity or environment to enhance performance.
 - Maintenance and enhancement of performance capabilities in everyday life activities.
 - Health and wellness promotion to enable or enhance performance.
 - Prevention of barriers to performance, including disability prevention.
 - Driver rehabilitation or community mobility.
 - Management of feeding, eating, and swallowing to enable eating and feeding performance.
 - Application of physical agent modalities and use of a range of specific therapeutic procedures (e.g., wound care management; techniques to enhance sensory, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills.
 - Training in self-care, self-management, home management and community/work reintegration.
 - Assessment, recommendation and training in techniques to enhance functional mobility including wheelchair management and other functional mobility devices as appropriate.
 - Care coordination, case management, and transition services.
 - Consultative services to groups, programs, organizations, or communities.
 - Modification of environments (home, work, school or community) and adaptation of processes.
 - Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices and splinting/orthotics or bracing devices, and training in the use of prosthetic devices.
- (AOTA, 2010)

COMPETENCY FRAMEWORK

1 DOMAIN ONE: PROFESSIONAL AND ETHICAL PRACTICE

This domain defines the professional accountability and scope of ethical and legal practice of the occupational therapist in relation to patients, families, other members of the multidisciplinary team, community and society.

1.1 Competency Standard: Accountability

Accepts accountability for own actions, and decision-making and for the related outcomes.



Performance criteria:

- 1.1.1 Works within the limits of own competence and the boundaries of personal and professional Scope of Practice.
- 1.1.2 Identifies opportunities for advocacy, health promotion and disease prevention.
- 1.1.3 Provides care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- 1.1.4 Encourages and promotes appropriate stewardship of resources.
- 1.1.5 Avoids any activity that creates a conflict of interest or violates any Qatari laws and regulations.
- 1.1.6 Promotes the growth of the profession, and presents a positive image of Occupational therapy to the community.

1.2 Competency Standard : Ethical Practice

Demonstrates integrity, accountability, honors the rights and dignity of all individuals, and pursues a quest for excellence in all professional activities that serve the best interests of the patient, society, and the profession.

Performance criteria:

- 1.2.1 Engages in ethical decision-making with respect to own professional responsibilities or where ethical issues affect healthcare delivery or clinical decision-making.
- 1.2.2 Acts as patient advocate protecting the person's rights in accordance with Qatari law and organization specific terms and conditions.
- 1.2.3 Maintains patient confidentiality and makes every reasonable effort to ensure the security of written, verbal and electronic patient information.
- 1.2.4 Respects the patient's (including children and young people and their parents') right to be fully informed, establishing a context for self-determination, assent (children) and informed consent.
- 1.2.5 Acts sensitively and fairly giving due consideration to diversity, including cultural and religious beliefs, race, age, gender, physical and mental state, and other relevant factors.
- 1.2.6 Questions when appropriate, healthcare practice where the safety of others is at risk and where the quality of care warrants improvement; acts where the safety of care is compromised and where necessary reports others who may be risking patient safety.
- 1.2.7 Demonstrates professional integrity and ethical conduct in matters where a conflict of interest could be construed, i.e. when advising on the use of drugs, products, devices or services (as per organizational approved policy and Code of Ethics and Professional Conduct for Occupational Therapists*).
**((Code of Ethics and Professional Conduct for Occupational therapists In State of Qatar must be developed))*

1.3 Competency Standard : Legal Practice

Functions at all times in accordance with legislative, regulatory and policy guidelines relevant to occupational therapy practice in Qatar.

Performance criteria:

- 1.3.1 Practices in accordance with agreed policies and procedures that guide occupational therapy practice.
- 1.3.2 Practices in accordance with relevant State of Qatar laws and regulations that impact Occupational therapy practice.
- 1.3.3 Maintains valid registration and licensure to practice in Qatar.
- 1.3.4 Recognizes and acts upon breaches of laws and regulations relating to the professional role and/or Code of Ethics and Professional Conduct for Occupational Therapists*.
- 1.3.5 Maintains a professional portfolio including evidence of continued competence and improvement.

2 DOMAIN TWO: CLINICAL PRACTICE

As an autonomous healthcare profession, occupational therapy is practiced in partnership with members of the Inter professional team, service users, support staff and others in order to deliver collaborative care across the



healthcare continuum. Critical thinking, patient and environment assessment skills and evidence-based clinical practice guidelines enable occupational therapists to autonomously develop and implement effective care plans, occupational therapy driven protocols, disease based clinical pathways and management programs.

2.1 Competency Standard : Provision of Care

Occupational therapists serve a diverse population and may function in one or more of a variety of activities. The practice of occupational therapy care includes but is not limited to assessment, program planning and intervention to allow service users to participate in everyday life activities and life roles.

Performance criteria:

- 2.1.1 Maintains the provision of occupational therapy care services that are safe, aseptic, preventative and restorative to the patient.
- 2.1.2 Keeps accurate, contemporaneous, comprehensive and legible records of patient care in accordance with applicable legislation, protocols and guidelines. This includes Qatar Supreme Council for Health requirements, Code of Ethics and Professional Conduct for Occupational Therapists* in Qatar and local guidance at a facility level.
- 2.1.3 Provides occupational therapy services including, but not limited to independent assessment and evaluation of patient needs and functional abilities using both standardized and non-standardized assessments.
- 2.1.4 Formulates and implements appropriate care plans based on assessment results, taking into account service users' values, beliefs and interests.
- 2.1.5 Implements appropriate action plans and interventions based on observed functional deficits, appropriate reporting or referral according to evidence based clinical care guidelines.
- 2.1.6 Evaluates intervention plans using recognized outcome measures and revise plans as necessary in conjunction with service users.
- 2.1.7 Provides health promotion and prevention activities as deemed clinically appropriate in order to remove barriers to independence, promote health and foster wellbeing.

2.2 Competency Standard : Patient Centered Care

The occupational therapist is responsible for ensuring that the service user is at the center of all decisions about care wherever possible.

Performance criteria:

- 2.2.1 Understands the need to adopt an approach which centers on the service user and establishes appropriate professional relationships in order to motivate and involve the service user in meaningful occupation.
- 2.2.2 Uses formal (structured interview) or informal (conversational, narrative building) strategies to establish a comprehensive occupational profile of the client. This should include an understanding of the values, beliefs and interests of the service user, their families and other appropriate parties.
- 2.2.3 Synthesizes information from the service users' occupational narrative/profile in order to plan for future interventions and services.
- 2.2.4 Understands the need to provide service users and/or people authorized to act on their behalf with the information necessary to enable them to make informed decisions.
- 2.2.5 Provides appropriate education and training for service users, families and caregivers.
- 2.2.6 Works collaboratively with service users to set meaningful goals and outcome measures.
- 2.2.7 Uses approaches to intervention including creating or promoting, establishing or restoring, maintaining and modifying the skills, abilities and contexts that influence occupational performance and engagement.
- 2.2.8 Understands the need to engage service users and care-givers in planning and assessing diagnostics, treatments and intervention in order to meet their occupational goals and needs.



- 2.2.9 Understands the therapeutic use of self, including one's personality, insights, perceptions, and judgments as part of the therapeutic process.

2.3 Competency Standard : Evidence-Based Practice

Integrates best available evidence, clinical audit and research into practice to ensure quality of provision.

Performance Criteria:

- 2.3.1 Utilizes current evidence-base, including recent research findings, and best available evidence to guide occupational therapy practice.
- 2.3.2 Incorporates credible critically appraised evidence into occupational therapy practice and when initiating change in practice.
- 2.3.3 Participates in the formulation of evidence-based practice based on best available credible research and/or national and international professional consensus, guidance and audit.
- 2.3.4 Gathers and uses information, including qualitative and quantitative data in order to evaluate outcomes for services users engaged in occupational therapy care.
- 2.3.5 Is aware of the role of audit and review in quality improvement and quality assurance.
- 2.3.6 Evaluates the efficacy and effectiveness of both new and established interventions and technologies using recognized outcome measures.
- 2.3.7 Participates in generating new evidence to improve quality of care through research, clinical audit and quality improvement programs.

2.4 Competency Standard: Communication and Teamwork

Uses communication skills to ensure that other members of the health care team, the patient and their family are and remain fully informed.

Performance Criteria:

- 2.4.1 Establishes relationships of trust, respect, honesty and empathy.
- 2.4.2 Gathers information about disease, but also about a patient's beliefs, concerns, expectations and illness experience.
- 2.4.3 Seeks out and synthesizes relevant information from other sources, such as patient's family, caregivers and other professionals.
- 2.4.4 Delivers information to patients and their families, colleagues, and other members of the healthcare team, in a way that is understandable, and that encourages discussion and participation in decision-making.
- 2.4.5 Demonstrates cultural competence across all patient groups.
- 2.4.6 Consistently and clearly communicates relevant, accurate and comprehensive information in verbal, written and electronic forms in a timely manner to ensure the delivery of safe, competent and ethical care.
- 2.4.7 Understands how communication affects engagement of service users.
- 2.4.8 Able to modify means of communication to take into account important variables such as age, capacity, learning and physical ability.
- 2.4.9 Shows awareness of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs.
- 2.4.10 Participates in building consensus and or resolving conflict in the context of patient care and the multi-professional team.
- 2.4.11 Engages proactively in teamwork and the team-building processes.
- 2.4.12 Works effectively with other professionals to prevent, negotiate and resolve inter-professional conflict.

3 DOMAIN THREE: LEADERSHIP AND MANAGEMENT

Exhibits leadership qualities required for the provision of safe, effective occupational therapy care. This domain includes concordance with the Code of Ethics and Professional Conduct and the healthcare organization's Code of Behavior as the operating frameworks.

3.1 Competency Standard: Leadership

Exhibits leadership qualities and manages occupational therapy care safely, efficiently and ethically.



Performance Criteria:

- 3.1.1 Applies clinical reasoning, critical thinking and problem solving skills in the provision, management and evaluation of care.
- 3.1.2 Manages self, and where appropriate assists others, to ensure effective workload prioritization and time management.
- 3.1.3 Provides feedback, offers suggestions for change and deals effectively with the impact of change on own practice, the team and/or on the organization.
- 3.1.4 Advocates for, and contributes to the creation and maintenance of a positive working environment and team working.
- 3.1.5 Participates in the mentorship and coaching of others maximizing the effectiveness of occupational therapy interventions, the provision of quality health care and the profession.
- 3.1.6 Acts as a role model for colleagues, students and other members of the healthcare care team by treating all with respect, trust and dignity.
- 3.1.7 Fosters the advancement of occupational therapy autonomy and accountability.
- 3.1.8 Promotes and maintains a positive image of occupational therapy.
- 3.1.9 Assumes leadership responsibilities, as appropriate, in the delivery of occupational therapy care.

3.2 Competency Standard: Quality Improvement and Safety

Ensures occupational therapy practice meets organizational quality and safety standards and guidelines and participates in continuous quality improvement.

Performance criteria:

- 3.2.1 Practices in accordance with approved quality standards and guidelines reflecting recognized evidence based best practice.
- 3.2.2 Seeks evidence from a wide range of credible sources to maintain, extend and evaluate the quality of occupational care.
- 3.2.3 Acts immediately and appropriately in accordance with the national and/or institutional disaster plan as needed participating in triage and coordination of care for patients.
- 3.2.4 Implements quality assurance and risk management strategies.
- 3.2.5 Ensures a safe environment by identifying actual and potential risks and takes timely action to meet national legislation and workplace health and safety principles.
- 3.2.6 Acknowledges limitations in knowledge, judgment and/or skills, and functions within those limitations.
- 3.2.7 Recognizes less than optimum or unsafe practice in self and others and intervenes, records and reports, and acts to access and/or provides support to ensure remediation of deficiencies.
- 3.2.8 Participates in ongoing quality improvement and risk management initiatives.
- 3.2.9 Adheres to and implements infection control policies and procedures.
- 3.2.10 Communicates and records safety concerns to the relevant authority and documents response.

3.3 Competency Standard : Delegation and Supervision

Delegates and provides supervision to team members according to their competence and scope of practice.

Performance Criteria:

- 3.3.1 Delegates to others, activities commensurate with their abilities and scope of practice.
- 3.3.2 Uses a range of supportive strategies when supervising aspects of care delegated to others.
- 3.3.3 Maintains accountability and responsibility when delegating aspects of care to others.

4 DOMAIN FOUR: EDUCATION, LEARNING AND DEVELOPMENT

4.1 Competency Standard : Education and Facilitation

Demonstrates commitment to the development of other members in the healthcare team, as well as patients, families, community and society.

Performance criteria:

- 4.1.1 Shares and disseminates professional knowledge and research findings with others.



- 4.1.2 Acts as a resource person for others.
- 4.1.3 Contributes to the formal and informal education and professional development of students and colleagues facilitating and where appropriate coordinating learning opportunities.
- 4.1.4 Acts as an effective preceptor and/or mentor as assigned, undertaking appropriate preparation and updating to undertake the roles.
- 4.1.5 Takes opportunities to learn together with others in order to contribute to health care improvement.

4.2 Competency Standard 4.2: Lifelong learning

Assumes responsibility for own professional development through lifelong learning to ensure continued competence and performance improvement.

Performance criteria:

- 4.2.1 Undertakes regular self-assessment and reviews own practice through reflection, peer review, competency assessment, critical examination and evaluation.
- 4.2.2 Instigates planned updating knowledge and skills for safe, person-centered, evidence-based practice.
- 4.2.3 Actively engages in ongoing professional development and performance improvement of self and others.
- 4.2.4 Maintains a record of learning and professional development activities and accreditation commensurate with the SCH continuing professional development standards
- 4.2.5 Understands the value of case discussion, clinical supervision and other methods of reflecting and reviewing practice.

4.3 Competency Standard : Promotion of health and patient education

Enable and provide information on maintaining and optimizing health and maximizing self-care to service users as appropriate.

Performance criteria:

- 4.3.1 Takes part in health promotion, patient education and illness prevention initiatives and contributes to their evaluation.
- 4.3.2 Applies knowledge of resources available for health promotion and health education.
- 4.3.3 Acts to empower the individual, family and community to adopt healthy lifestyles and concord with self-management of ill-health to promote wellbeing.
- 4.3.4 Provides relevant health information and patient education to individuals, families and communities to assist in achieving optimal health and rehabilitation.
- 4.3.5 Demonstrates understanding of traditional healing practices within an individual's, family and/or community's health belief systems and incorporates appropriately and/or provides education if adversely effecting optimum health.
- 4.3.6 Recognizes the potential for patient education and teaching for health and wellbeing in occupational therapy interventions.
- 4.3.7 Applies knowledge of a variety of teaching and learning strategies with individuals, families and communities to effect and evaluate learning and concordance with treatment and advice.

5 DOMAIN FIVE: RESEARCH AND IMPROVEMENT

This domain articulates the requirement that the occupational therapist should practice incorporating best available evidence to provide quality health care and contribute to the creation and/or implementation of knowledge through active participation.

5.1 Competency Standard : Using data and information systems



Uses data systems to enhance the quality and delivery of patient care.

Performance Criteria:

- 5.1.1 Demonstrates information technology skills needed to inform and provide optimum healthcare and accurately document outcomes of interventions.
- 5.1.2 Understands how to use technology and data to assist in problem identification and identification of deficiencies that can be remediated to enable improvements in patient care.
- 5.1.3 Analyses data accurately and comprehensively leading to appropriate interpretation of findings and development of implementation plans.
- 5.1.4 Recognizes the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines.

5.2 Competency Standard : Research Participation

Uses research, evaluation, service improvement and audit findings to enhance the quality of patient care and protect the rights of those participating.

Performance Criteria:

- 5.2.1 Participates in activities that disseminate research findings such as publications, journal clubs, grand rounds and presentations.
- 5.2.2 Promotes research, evaluation, service improvement initiatives and audit, designed to improve healthcare practice and disseminate findings to colleagues, patients, families, communities, and society.
- 5.2.3 Undertakes appropriate development to ensure competency to recruit, ensure informed consent is obtained, support involvement, facilitate, monitor and where appropriate advocate withdrawal of individuals participating in clinical research and evaluation.

References

American Occupational Therapy Association (AOTA). (2010). Scope of practice. *American Journal of Occupational Therapy*, 64(Suppl.), S70-S77

American Occupational Therapy Association (AOTA). (2008) Occupational therapy practice framework: Domain and process (2nd edition). *American Journal of Occupational Therapy*, 62, 625-683.

American Occupational Therapy Association. (2004a). Definition of occupational therapy practice for the AOTA Model Practice Act.

American Occupational Therapy Association (AOTA). (2002). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 56, 609-639.

AOTA. Occupational Therapy Code of Ethics and Ethics Standards (2010), Copyright © 2010 by the American Occupational Therapy Association, published in 2010 in the American Journal of Occupational Therapy, 64 (November/December Supplement).

Health and Care Professions Council (HCPC) 2013. Standards of Proficiency. Occupational Therapists. HCPC, London. UK

World Health Organization (WHO). (2002). towards a common language for functioning, disability and health: The International Classification of functioning, disability and Health. Retrieved from <http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf>

CAOT, PROFILE OF PRACTICE OF OCCUPATIONAL THERAPISTS IN CANADA, 2012.



Criteria for National Registration Requirements – Clinical Exercise Physiologist

Criteria	Clinical Exercise Physiologist
Definition	The Clinical Exercise Physiologist is an individual who holds a current, valid license issued under a national authority or board that authorizes them to perform exercise counselling and prescription and use the title Clinical Exercise Physiologist.
Practice Settings	Clinical Exercise Physiologist services are provided in a variety of settings These settings include: <ul style="list-style-type: none">• Hospitals – out-patient settings• Rehabilitation centers and residential homes• Community based rehabilitation programs• Community settings including primary health care centers• Individual homes, and field settings• Education and research centers• Physiotherapist private practices/clinics• Elderly care centers
Education	<ul style="list-style-type: none">• Bachelor degree in Sports Science or Exercise Science or Exercise Physiology or Physiotherapy or Kinesiology or Human Performance. AND Post-graduate diploma in Exercise Physiology or Exercise Physiologist certification from American College of Sports Medicine (ACSM), American Society of Exercise Physiologists (ASEP), Exercise and Sports Science Australia (ESSA), British Association of Sport and Exercise Sciences(BASES), Canadian Society for Exercise Physiology (CSEP).
Scope of Practice	The Clinical Exercise Physiologist works with patients and clients challenged with cardiovascular, pulmonary, metabolic and musculoskeletal diseases and disorders, as well as with apparently healthy populations in cooperation with other healthcare professionals. The goal of the Clinical Exercise Physiologist is to enhance quality of life, manage health risk, and promote lasting health behavior change. The Clinical Exercise Physiologist provides applied exercise physiology assessment, interprets and reports test results, counsels and advises clients about testing, exercise program components, and self-care, conducts assessments and individualized exercise training, monitors exercise based programs with the target population while assuring health and safety at all times, and provides counselling to promote lifestyles that improve chronic disease and health conditions.



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



Licensure	The Clinical Exercise Physiologist must obtain Licensure from Qatar Council for Healthcare Practitioners (QCHP).
Experience	One year clinical experience as Clinical Exercise Physiologist for non – Qataris. For Qatari Nationals and Long term residents as per QCHP Circular No.1/2016
Competency validation	Evidence of completion of adaptation or orientation program from any healthcare institution reflecting the core competencies required by for Clinical Exercise Physiologist.
Others Requirement for Evaluation & Registration	<i>(Refer to QCHP requirements for license Registration/Evaluation)</i> http://www.qchp.org.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx
Requirements for License renewal	<i>(Refer to QCHP requirements for license Registration/Evaluation)</i> http://www.qchp.org.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx
Note: Applicant with break from practice please see QCHP “Break from Practice Policy”	



Scope of Practice for Clinical Exercise Physiologist

INTRODUCTION

The Scope of Practice for the Clinical Exercise Physiologist uses a competency framework that consists of five domains:

1. Professional and Ethical Practice
2. Clinical Practice
3. Leadership and Management
4. Education, Learning and Development
5. Research and Improvement

Each domain is described through competency standards and performance criteria that define the requirements for practice demanded of the Clinical Exercise Physiologist. This document is to be used as a foundation for the registered Clinical Exercise Physiologist role, professional development and performance appraisal.

DEFINITION

The Clinical Exercise Physiologist is an individual who holds a current, valid license issued under a national authority or board that authorizes them to perform exercise counselling and prescription and use the title Clinical Exercise Physiologist.

The Clinical Exercise Physiologist works with patients and clients challenged with cardiovascular, pulmonary, metabolic and musculoskeletal diseases and disorders, as well as with apparently healthy populations in cooperation with other healthcare professionals. The goal of the Clinical Exercise Physiologist is to enhance quality of life, manage health risk, and promote lasting health behavior change. The Clinical Exercise Physiologist educates clients about testing, exercise program components, and self-care, as well as conducts assessments and individualized exercise training to promote lifestyles that improve chronic disease and health conditions.

COMPETENCY FRAMEWORK

1. DOMAIN ONE: PROFESSIONAL AND ETHICAL PRACTICE

This domain defines the professional accountability and scope of ethical and legal practice of the Clinical Exercise Physiologist in their daily work in relation to patients, families, other members of the multidisciplinary team, community and society.

1.1 Competency Standard 1.1: Accountability

Accepts accountability for own actions, decision-making and for the related outcomes.

Performance criteria:

- 1.1.1 Demonstrates accountability for own professional judgments, actions, outcomes of care and continued competence in accordance with Qatari laws and regulations and the Scope of Practice.
- 1.1.2 Works within the limits of own competence and the boundaries of the Scope of Practice.
- 1.1.3 Seeks appropriate guidance when encountering situations beyond the limits of own competence and the Scope of Practice.
- 1.1.4 Acknowledges and respects the accountability and responsibilities of other healthcare professionals and personnel.
- 1.1.5 Takes accountability for delegation of aspects of care delivery.
- 1.1.6 Participates in activities to optimize patient access to the full range of services required for effective healthcare.
- 1.1.7 Assumes accountability for improving the quality and effectiveness of healthcare services provided.



1.2 Competency Standard 1.2: Ethical Practice

Exhibits personal and professional integrity, respects the rights of patients and clients, strives for professional excellence, and considers the social and cultural background of each individual.

Performance criteria:

- 1.2.1 Ensures every professional and clinical decision is made taking into consideration ethical implications.
- 1.2.2 Respects rights, dignity and values of all patients and clients.
- 1.2.3 Considers diversities in socioeconomic status, education, culture, religion and other patient- and client-related factors that may affect service delivery.
- 1.2.4 Protect patient's right to be informed of and involved in the therapeutic options.
- 1.2.5 Respects patient confidentiality.
- 1.2.6 Asks for assent (children) and informed consent when appropriate.
- 1.2.7 Delivers his/her services with care and empathy.
- 1.2.8 Respects and collaborates with colleagues.

1.3 Competency Standard 1.3: Legal Implications of Practice

- 1.3.1 Practices in accordance with agreed policies and procedures that guide Clinical Exercise Physiology practice.
- 1.3.2 Practices in accordance with relevant laws and regulations that govern Clinical Exercise Physiology practice.
- 1.3.3 Maintains valid registration and licensure to practice Qatar Council for Healthcare Practitioners.
- 1.3.4 Recognizes and acts upon breaches of laws and regulations relating to the professional role.

2. DOMAIN TWO: CLINICAL PRACTICE

This domain delineates the key domains of the Clinical Exercise Physiologist's role in patient and client education, assessment, exercise prescription and conduction, and physical activity counselling.

2.1 Competency Standard 2.1: Patient Centered Care

The Clinical Exercise Physiologist provides tailored effective, compassionate, and safe care to patients and clients.

- 2.1.1 Conducts patient and client assessment, interprets and reports test results.
- 2.1.1 Implements individual exercise physiological intervention for individual, tracks their progress, and adjusts their programs when necessary.
- 2.1.2 Designs and supervises exercise sessions.
- 2.1.3 Monitors patient's response to exercise.
- 2.1.4 Provides patient, client, and family education.
- 2.1.5 Provides ongoing psychological and motivational support during exercise classes.
- 2.1.6 Assists in safety features of the class, including checking medications and compliance to prescribed exercise program.
- 2.1.7 Assumes responsibility for regular equipment calibration in accordance to manufacturer recommendations, plus first-line cleaning and maintenance of equipment.

2.2 Competency Standard 2.2: Communication and Teamwork

Uses communication skills to ensure that other members of the health care team, the patient and their family are and remain fully informed.

- 2.2.1 Initiates, develops and terminates therapeutic relationship with patients and families through the use of appropriate communication and interpersonal skills.
- 2.2.2 Takes into consideration beliefs, expectations, cultural and religious background of patients and families when communicating with them.



- 2.2.3 Effectively communicates with patients who are in pain, anxious or fearful by exhibiting compassion and empathy.
- 2.2.4 Involves patients and families in decision-making.
- 2.2.5 Provides motivational support to patients and families regarding long-term behavior modification.
- 2.2.6 Maintains effective communication with all team members, which includes applying widely used communication techniques, such as ISBAR (Identification, Situation, Background, Assessment, and Recommendation) and reflective listening.
- 2.2.7 Participates in multi-disciplinary team meetings regarding planning, implementation, and revision of patient care programs.
- 2.2.8 Meets with client and stakeholders to discuss the implementation of program goals.
- 2.2.9 Works with the Head of the Program and other staff, such as marketing and research scientists, to ensure a seamless delivery of intervention and long term programs.
- 2.2.10 Provides leadership in curriculum and planning as well as the formation of goals and objectives in health and physical education.

3. DOMAIN THREE: LEADERSHIP AND MANAGEMENT

Exhibits leadership qualities required to manage the provision of specialized exercise services safely and effectively, and ethically.

3.1 Competency Standard 3.1: Leadership

Exhibits leadership qualities required to manage the provision of specialized exercise services safely, effectively, and ethically.

- 3.1.1 Applies clinical reasoning, critical thinking and problem solving skills to the organization, provision, management and evaluation of care.
- 3.1.2 Manages self, and where appropriate assists others, to ensure effective workload prioritization and time management.
- 3.1.3 Provides feedback, offers suggestions for change and deals effectively with the impact of change on own practice, the team, and the organization.
- 3.1.4 Advocates for, and contributes to, the creation and maintenance of a positive working environment.
- 3.1.5 Participates in mentorship and coaching of others to maximize the effectiveness of specialized exercise interventions, the provision of quality health care and the profession.
- 3.1.6 Acts as a role model for colleagues, students, and other members of the care team by treating all with respect, trust and dignity.
- 3.1.7 Initiates multi-disciplinary team meetings and provides exercise-related information to the team, which is crucial for patient's plan of care.

3.2 Competency Standard 3.2: Quality Improvement and Safety

Ensures specialized exercise service provision meets organizational quality and safety standards and guidelines and participates in continuous quality improvement.

- 3.2.1 Practices in accordance with approved quality standards and guidelines in order to achieve evidence based best practice.
- 3.2.2 Seeks evidence from a wide range of peer reviewed sources to maintain, extend and evaluate the quality of specialized exercise service.
- 3.2.3 Implements quality assurance and risk management strategies.
- 3.2.4 Ensures a safe environment by identifying actual and potential risks and takes timely action to meet national legislation and workplace health and safety principles.



- 3.2.5 Acknowledges own limitations in knowledge, judgment and/or skills, and functions within those limitations.
- 3.2.6 Recognizes less than optimum or unsafe practice in self and others and intervenes, records and reports, and acts to access and/or provides support to ensure remediation of deficiencies.
- 3.2.7 Participates in ongoing quality improvement and risk management initiatives.
- 3.2.8 Adheres to and implements infection control policies and procedures.
- 3.2.9 Communicates and records safety concerns to the relevant authority and documents response.

3.3 Competency Standard 3.3: Delegation and Supervision

Delegates and provides supervision to team members according to their competence and scope of practice.

- 3.3.1 Delegates activities to team members according to their competence and scope of practice.
- 3.3.2 Uses a range of supportive strategies when supervising aspects of care delegated to others.
- 3.3.3 Maintains accountability and responsibility when delegating aspects of care to others.
- 3.3.4 Leads and motivates a team of part-time and seconded specialist staff to continually develop their professional skills, expertise and general performance.

4. DOMAIN FOUR: EDUCATION, LEARNING AND DEVELOPMENT

This domain defines the responsibilities of the Clinical Exercise Physiologist to provide an environment that encourages education of patients and colleagues, as well as personal continuous professional development.

4.1 Competency Standard 4.1: Education and Facilitation

Demonstrates commitment to the development of other members in the healthcare team, as well as patients, families, community and society.

- 4.1.1 Stays consistently up-to-date with the most recent updates in relevant clinical practice and disseminates them to the healthcare team.
- 4.1.2 Acts as a resource person for others.
- 4.1.3 Contributes to the formal and informal education and professional development of students and colleagues facilitating and where appropriate coordinating learning opportunities.
- 4.1.4 Acts as an effective preceptor and/or mentor as assigned, undertaking appropriate preparation and updating to undertake the roles.
- 4.1.5 Takes opportunities to learn together with others in order to contribute to health care improvement.
- 4.1.6 Demonstrates ability to prioritize tasks, activities and resources in line with organizational objectives.
- 4.1.7 Demonstrates ability to monitor and review projects to ensure successful delivery.
- 4.1.8 Possesses superior communication skills (written, oral, graphical and presentation) and is able to communicate complex information in a useful and relevant manner to both laymen and clinical professionals.

4.2 Competency Standard 4.2: Lifelong learning

Assumes responsibility for own professional development through lifelong learning to ensure continued competence and performance improvement.

- 4.2.1 Assumes responsibility for lifelong professional development in the field of Clinical Exercise Physiology.
- 4.2.2 Stays consistently updated with means that provide lifelong learning opportunities in the relevant field, including, but not limited to, conferences, symposia, seminars, webinars, online courses, scientific journals and professional societies/associations newsletters.
- 4.2.3 Undertakes regular self-assessment and reviews own practice through reflection, peer review, competency assessment, critical examination and evaluation.



- 4.2.4 Maintains a professional portfolio including evidence of continued competence, professional development and improvement as required for continuing registration with the Supreme Council of Health.

4.3 Competency Standard: Promotion of Patient Health and Education

Assumes responsibility for providing health promotion and educational services to patients and families.

- 4.3.1 Prepares and delivers individual and group educational sessions to patients and families and assesses their change in knowledge after each session.
- 4.3.2 Participates in community-based promotional, educational, and disease prevention activities in the relevant field that contribute to improved health of the community.
- 4.3.3 Demonstrates understanding of traditional healing practices within an individual's, family's and/or community's health belief systems and incorporates appropriately and/or provides education if adversely effecting optimum health.
- 4.3.4 Applies knowledge of available resources and a variety of teaching and learning strategies with individuals, families and communities to effect and evaluate learning and adherence to treatment and advice.

5. DOMAIN FIVE: RESEARCH AND IMPROVEMENT

This domain articulates the requirement that the Clinical Exercise Physiologist should practice incorporating best available evidence to provide quality health care and contribute to the creation and/or implementation of knowledge through active participation.

5.1 Competency Standard 5.1: Evidence-Based Practice

Critically appraises and integrates evidence and research findings into practice.

- 5.1.1 Uses current evidence-based guidelines, protocols, and recommendations to guide exercise specialty practice.
- 5.1.2 Implements change in practice that is guided by current research findings.
- 5.1.3 Participates in the formulation of evidence-based practice based on best available credible research and/or national and international professional consensus and guidance and audit.
- 5.1.4 Critically evaluates research, audit and practice development findings that underpin exercise specialty practice.
- 5.1.5 Promptly disseminates current relevant important research findings to colleagues and peers.

5.2 Competency Standard 5.2: Using data and information systems

Uses data systems to enhance the quality and delivery of patient care.

- 5.2.1 Possesses the information technology skills needed to inform and provide optimum healthcare and documents accurately the outcomes of interventions.
- 5.2.2 Understands how to use technology and data to assist in problem identification and identification of deficiencies that can be remediated to enable improvements in patient care.

5.3 Competency Standard 5.3: Research Participation

Uses research, evaluation, service improvement and audit findings to enhance the quality of patient care and protect the rights of participants.

- 5.3.1 Participates in activities that disseminate research findings, such as publications, journal clubs, grand rounds and presentations.



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



- 5.3.2 Promotes research, evaluation, service improvement initiatives and audits designed to improve healthcare practice and disseminates findings to colleagues, patients, families, communities, and society.
- 5.3.3 Undertakes appropriate development to ensure competency to recruit, ensure informed consent is obtained, support involvement, facilitate, monitor and where appropriate advocate withdrawal of individuals participating in clinical research and evaluation.

References

<https://www.asep.org>

<https://certification.acsm.org/acsm-certified-clinical-exercise-physiologist>

<http://www.csep.ca/en/>

<https://www.essa.org.au/accredited-exercise-physiologist/>



Criteria	Orthopaedic Practitioner
Definition	The ORTHOPEDIC PRACTITIONER is an individual who holds a current valid license issued under a national authority or board that authorizes them to practice their profession and use the title ORTHOPAEDIC PRACTITIONER
Practice Settings	ORTHOPAEDIC PRACTITIONER services are provided in a variety of settings in healthcare organization for all age groups. These settings include, but are not limited to: <ul style="list-style-type: none">• Outpatients/Fracture Clinics• Inpatients• Operating Theatres/ Day Surgery• Emergency Department/ Urgent Care Center
Education	ORTHOPEDIC PRACTITIONER accepted qualifications include but not limited to the following: <ul style="list-style-type: none">• Diploma or degree in a related health science field i.e. Sports science, nursing, biomechanics, biology degree. OR <ul style="list-style-type: none">• Hospital based vocational training program, minimum two (2) years in orthopedic casting with official documents with successful completion of nationally approved training course in Qatar or overseas i.e.:<ul style="list-style-type: none">- HMC Training course (Qatar Plaster Course) in Bone and Joint Center Qatar- British Orthopedic Association – British Casting Certificate- American Board for Certification in Orthotics, Prosthetics & Pedorthics.- Certificate in Orthopedic Technology (US)- Orthopedic Technologist Certified (OTC) credential offered through the National Board for Certification of Orthopedic Technologists (US)- Australian Government Certificate in Cast Technology
Scope of Practice	<ul style="list-style-type: none">• Application, adjustment and removal of casts.• Fabrication, application, adjustment and removal of splints and other orthopedic devices.• Application of specialized casts and splints including spinal jackets, hip Spica, serial casting for clubfeet, shoulder Spica, hinged casts, Pavlik harness and boots and bars.• Patient assessment.• Apply the principles of aseptic technique.• Remove sutures, staples, k-wires, and external fixation using the appropriate technique and does wound dressings.



	<ul style="list-style-type: none">• Assess the condition of the skin and wounds prior to treatment.• Apply, adjust and remove skin traction, skeletal and manual traction.• Read and interpret radiographic imagery to develop the correct alignment for safe healing.• Apply, bi-valve, split, adjust or wedge casts for patient safety and comfort following assessment.• Measure, fit and instruct patients and families for ambulatory aids. Instruct patients on their proper use and care.• Assist the physician with procedures such as closed reduction of fractures and minor surgical procedures with or without anesthesia, using appropriate aseptic technique.• Document clearly and concisely all information regarding patient's treatment and management.• Educate patients and families regarding cast, wound or device care based on known and unknown possible complications and evidence based practice. Reinforce instructions and medical information conveyed by the physician to the patient/family regarding the specific injury, treatment plan, procedures and expected outcomes.• Remain current in clinical practice, and technological advances in orthopedic practice.• Instruct and educate students and other healthcare professionals, such as medical students, interns and residents, in casting techniques and care.• Instruct and educate other healthcare providers in caring and maintaining orthopedic treatments and devices.
Licensure	The ORTHOPAEDIC PRACTITIONER must apply for certification through Qatar Council For Healthcare Practitioners (MOPH).
Experience	For overseas candidates: <ul style="list-style-type: none">• A minimum of 2 years' experience in the same field. For Qatari Nationals and long term residents, please refer to QCHP circular No. 1/2016.
Competency validation	Competency will be validated through the verification of higher education, certificates and relevant clinical experience.
Others Requirement for Evaluation & Registration	<i>(Refer to QCHP requirements for license Registration/Evaluation)</i> http://www.qchp.org.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx



QCHP

المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



Requirements for License renewal	<i>(Refer to QCHP requirements for license Registration/Evaluation)</i> http://www.qchp.org.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx
Note: Applicant with break from practice please see QCHP “Break from Practice Policy”	



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



Orthopaedic Practitioner Scope of Practice

INTRODUCTION

The Orthopaedic practitioner scope of practice is based on a competency framework that comprises **professional ethics, clinical practice, leadership and management, learning and management** and **research** domains intrinsic to the role of the Orthopaedic Practitioner. The scope also describes the professional roles and activities and practice settings for the Orthopaedic practitioner profession. This document sets out the standards of proficiency required for safe and effective practice in the Orthopaedic practitioner profession. They are the threshold standards necessary to protect members of the public. Once on the Qatar Supreme Council for Health Professionals Register the licensed professional must continue to meet the standards of proficiency which relate to the areas in he/she works. Periodic updating of the scope of practice statement and standards of proficiency will be necessary as technology and perspective change.

Orthopaedic practitioners, as autonomous professionals, have the freedom to exercise their professional judgment and decision making, wherever they practice, so long as this is within the practitioner's knowledge, competence and scope of practice. A licensed professional's scope of practice will change over time and the scope of a more experienced Orthopaedic Practitioner may become narrower and more focused with increased specialization. However, as long as the professional practices safely and effectively within his/her individual scope and does not practice in areas she/he is no longer proficient to do so, no problems will arise. If a licensed professional moves outside of the traditional scope of practice of the Orthopaedic practitioner profession such as occurs in extended scope practice the licensed professional is responsible for ensuring that this is within their knowledge, skills and expertise so that they continue to work safely, lawfully and effectively. The licensed professional must have evidence of advanced competencies in order to address responsibilities that extend beyond traditional boundaries of Orthopaedic practitioner advanced practice.

STATEMENT OF PURPOSE:

The purpose of this document is to define Orthopaedic Practitioners' scope of practice in Qatar to:

- (a) Describe the services offered by qualified Orthopaedic Practitioners.
- (b) Define the professional accountability, required competencies, and scope of ethical and legal practice of the Orthopaedic Practitioner in relation to patients, families, other members of the multidisciplinary team, community and society.
- (c) Serve as a reference for license regulating authorities and professionals governing healthcare.



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



DEFINITION OF ORTHOPAEDIC PRACTITIONER:

An Orthopaedic practitioner is a qualified, skilled professional. They work across the full hospital site in clinics, Emergency Departments, ICU, Operating theatres and day surgery units and on the wards to provide all cast, splinting and traction care and education, their in depth knowledge of Orthopaedic related conditions, injuries and diseases allows them to evaluate, plan and perform procedures under the direction of the Orthopaedic surgeon to facilitate timely treatments which are evidence based.

PROFESSIONAL ROLES AND ACTIVITIES:

An Orthopaedic Practitioner works as part of the wider healthcare team to evaluate the needs of the patient, based on their injury or condition, and lifestyle, and following approved protocols and best practice, determine safest treatment options for the patient.

Orthopaedic Practitioners are experts in the range of materials, and products that are available to use, including traction, pre-fabricated splints and tapes. They review radiographs to determine correct alignment and are fully aware of possible complications and work to minimize risks.

The Orthopaedic Practitioner assumes responsibility for the delivery of all Orthopaedic practitioner services and for the safety and effectiveness of Orthopaedic practitioner services provided. Orthopaedic Practitioners may practice at different levels of practice based on their competencies and job profiles.

Orthopaedic Practitioner may work in the following and other specialty areas:

- Orthopedics
- Pediatrics
- Hands/plastic surgery
- Emergency Departments
- Operating Theatres
- Day Surgery
- Burns
- Neurology
- Oncology and palliative care
- Intensive care
- Neonates



Strategies/activities of Orthopaedic practitioner practice include but are not limited to:

- Application, adjustment and removal of casts.
- Fabrication, application, adjustment and removal of splints and other Orthopaedic devices.
- Application of specialized casts and splints including spinal jackets, hip Spica, serial casting for clubfeet, shoulder Spica, hinged casts, Pavlik harness and boots and bars.
- Patient assessment
- Understanding the principles of aseptic technique.
- Removal of sutures, wound dressings, staples, k-wires, and external fixation using the appropriate technique
- Assess the condition of the skin and wounds prior to treatment.
- Apply, adjust and remove skin, skeletal and manual traction.
- Read and interpret radiographic imagery to develop the correct alignment for safe healing.
- Apply, bi-valve, split, adjust or wedge casts for patient safety and comfort following assessment.
- Measure fit and instruct patients and families for ambulatory aids. Instruct patients on their proper use and care.
- Assist the physician with procedures such as closed reduction of fractures and minor surgical procedures with or without anaesthetic, using appropriate aseptic technique.
- Document clearly and concisely all information regarding a patients treatment and management.
- Educate patients and families regarding cast, wound or device care based on known and unknown possible complications and evidence based practice. Reinforce instructions and medical information conveyed by the physician to the patient/family regarding the specific injury, treatment plan, procedures and expected outcomes.
- Remain current in clinical practice, and technological advances in Orthopaedic practice.
- Instruction and education of students and other healthcare professionals, such as medical students, interns and residents, in casting techniques and care.
- Instruct and educate other healthcare providers in caring and maintaining Orthopaedic treatments and devices.

COMPETENCY FRAMEWORK

1 DOMAIN ONE: PROFESSIONAL AND ETHICAL PRACTICE

This domain defines the professional accountability and scope of ethical and legal practice of the Orthopaedic Practitioner in relation to patients, families, other members of the multidisciplinary team, community and society.

1.1 Competency Standard 1.1: Accountability

Accepts accountability for own actions, and decision-making and for the related outcomes.



Performance criteria:

- 1.1.1 Works within the limits of own competence and the boundaries of personal and professional Scope of Practice.
- 1.1.2 Identifies opportunities for advocacy, health promotion and disease prevention.
- 1.1.3 Provides care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- 1.1.4 Encourages and promotes appropriate stewardship of resources.
- 1.1.5 Avoids any activity that creates a conflict of interest or violates any Qatari laws and regulations.
- 1.1.6 Promotes the growth of the profession, and presents a positive image of orthopaedic practitioner to the community.

1.2 Competency Standard 1.2: Ethical Practice

Demonstrates integrity, accountability, honors the rights and dignity of all individuals, and pursues a quest for excellence in all professional activities that serve the best interests of the patient, society, and the profession.

Performance criteria:

- 1.2.1 Engages in ethical decision-making with respect to own professional responsibilities or where ethical issues affect healthcare delivery or clinical decision-making.
- 1.2.2 Acts as patient advocate protecting the person's rights in accordance with Qatari law and organization specific terms and conditions.
- 1.2.3 Maintains patient confidentiality and makes every reasonable effort to ensure the security of written, verbal and electronic patient information.
- 1.2.4 Respects the patient's (including children and young people and their parents') right to be fully informed, establishing a context for self- determination, assent (children) and informed consent.
- 1.2.5 Acts sensitively and fairly giving due consideration to diversity, including cultural and religious beliefs, race, age, gender, physical and mental state, and other relevant factors.
- 1.2.6 Questions when appropriate, healthcare practice where the safety of others is at risk and where the quality of care warrants improvement; acts where the safety of care is compromised and where necessary reports others who may be risking patient safety.
- 1.2.7 Demonstrates professional integrity and ethical conduct in matters where a conflict of interest could be construed, i.e. when advising on the use of drugs, products, devices or services (as per organizational approved policy).

1.3 Competency Standard 1.3: Legal Practice

Functions at all times in accordance with legislative, regulatory and policy guidelines relevant to Orthopaedic practitioner practice in Qatar.

Performance criteria:

- 1.3.1 Practices in accordance with agreed policies and procedures that guide Orthopaedic practitioner practice.
- 1.3.2 Practices in accordance with relevant State of Qatar laws and regulations that impact Orthopaedic practitioner practice.



- 1.3.3 Maintains valid registration and licensure to practice in Qatar.
- 1.3.4 Recognizes and acts upon breaches of laws and regulations relating to the professional role.
- 1.3.5 Maintains a professional portfolio including evidence of continued competence and improvement.

2 DOMAIN TWO: CLINICAL PRACTICE

As an autonomous healthcare profession, an Orthopaedic practitioner is practiced in partnership with members of the Inter professional team, service users, support staff and others in order to deliver collaborative care across the healthcare continuum. Critical thinking, patient and environment assessment skills and evidence-based clinical practice guidelines enable Orthopaedic Practitioners to autonomously develop and implement effective care plans, Orthopaedic practitioner driven protocols, disease based clinical pathways and management programs.

2.1 Competency Standard 2.1: Provision of Care

Orthopaedic Practitioners serve a diverse population and may function in one or more of a variety of activities. The practice of Orthopaedic practitioner care includes but is not limited to assessment, program planning and intervention to allow service users to participate in everyday life activities and life roles.

Performance criteria:

- 2.1.1 Maintains the provision of Orthopaedic practitioner care services that are safe, aseptic, preventative and restorative to the patient.
- 2.1.2 Keeps accurate, contemporaneous, comprehensive and legible records of patient care in accordance with applicable legislation, protocols and guidelines. This includes Qatar Supreme Council for Health requirements in Qatar and local guidance at a facility level.
- 2.1.3 Provides Orthopaedic practitioner services including, but not limited to independent assessment and evaluation of patient needs and functional abilities using both standardized and non-standardized assessments.
- 2.1.4 Formulates and implements appropriate care plans based on assessment results, taking into account service users' values, beliefs and interests.
- 2.1.5 Implements appropriate action plans and interventions as directed by the physician.
- 2.1.6 Evaluates intervention plans using recognized outcome measures and revise plans as necessary in conjunction with service users.
- 2.1.7 Provides health promotion and prevention activities as deemed clinically appropriate in order to remove barriers to independence, promote health and foster wellbeing.

2.2 Competency Standard 2.2: Patient Centered Care

The Orthopaedic Practitioner is responsible for ensuring that the service user is at the center of all decisions about care wherever possible.



Performance criteria:

- 2.2.1 Understands the need to adopt an approach which centers on the service user and establishes appropriate professional relationships in order to motivate and involve the service user in participating in their own care.
- 2.2.2 Uses formal (structured interview) or informal (conversational, narrative building) strategies to establish a comprehensive occupational profile of the client. This should include an understanding of the values, beliefs and interests of the service user, their families and other appropriate parties.
- 2.2.3 Synthesizes information from the service users' occupational narrative/profile in order to plan for future interventions and services.
- 2.2.4 Understands the need to provide service users and/or people authorized to act on their behalf with the information necessary to enable them to make informed decisions.
- 2.2.5 Provides appropriate education and training for service users, families and caregivers.
- 2.2.6 Works collaboratively with service users to set meaningful goals and outcome measures.
- 2.2.7 Understands the need to engage service users and care-givers in planning and assessing diagnostics, treatments and intervention in order to meet their recovery goals and needs.
- 2.2.8 To have an established process for feedback or questions concerning the service users treatments and questions.

2.3 Competency Standard 2.3: Evidence-Based Practice

Integrates best available evidence, clinical audit and research into practice to ensure quality of provision.

Performance Criteria:

- 2.3.1 Utilizes current evidence-base, including recent research findings, and best available evidence to guide Orthopaedic practitioner practice.
- 2.3.2 Incorporates credible critically appraised evidence into Orthopaedic practitioner practice and when initiating change in practice.
- 2.3.3 Participates in the formulation of evidence-based practice based on best available credible research and/or national and international professional consensus, guidance and audit.
- 2.3.4 Gathers and uses information, including qualitative and quantitative data in order to evaluate outcomes for services users engaged in Orthopaedic practitioner care.
- 2.3.5 Is aware of the role of audit and review in quality improvement and quality assurance.
- 2.3.6 Evaluates the efficacy and effectiveness of both new and established interventions and technologies using recognized outcome measures.
- 2.3.7 Participates in generating new evidence to improve quality of care through research, clinical audit and quality improvement programs.



2.4 Competency Standard 2.4: Communication and Teamwork

Uses communication skills to ensure that other members of the health care team, the patient and their family are and remain fully informed.

Performance Criteria:

- 2.4.1 Establishes relationships of trust, respect, honesty and empathy.
- 2.4.2 Gathers information about disease, but also about a patient's beliefs, concerns, expectations and illness experience.
- 2.4.3 Seeks out and synthesizes relevant information from other sources, such as patient's family, caregivers and other professionals.
- 2.4.4 Delivers information to patients and their families, colleagues, and other members of the healthcare team, in a way that is understandable, and that encourages discussion and participation in decision-making.
- 2.4.5 Demonstrates cultural competence across all patient groups.
- 2.4.6 Consistently and clearly communicates relevant, accurate and comprehensive information in verbal, written and electronic forms in a timely manner to ensure the delivery of safe, competent and ethical care.
- 2.4.7 Understands how communication affects engagement of service users.
- 2.4.8 Able to modify means of communication to take into account important variables such as age, capacity, learning and physical ability.
- 2.4.9 Shows awareness of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs.
- 2.4.10 Participates in building consensus and or resolving conflict in the context of patient care and the multi-professional team.
- 2.4.11 Engages proactively in teamwork and the team-building processes.
- 2.4.12 Works effectively with other professionals to prevent, negotiate and resolve inter-professional conflict.

3 DOMAIN THREE: LEADERSHIP AND MANAGEMENT

Exhibits leadership qualities required for the provision of safe, effective Orthopaedic practitioner care. This domain includes concordance with the Code of Ethics and Professional Conduct and the healthcare organization's Code of Behavior as the operating frameworks.

3.1 Competency Standard 3.1: Leadership

Exhibits leadership qualities and manages Orthopaedic practitioner care safely, efficiently and ethically.

Performance Criteria:

- 3.1.1 Applies clinical reasoning, critical thinking and problem solving skills in the provision, management and evaluation of care.
- 3.1.2 Manages self, and where appropriate assists others, to ensure effective workload prioritization and time management.



- 3.1.3 Provides feedback, offers suggestions for change and deals effectively with the impact of change on own practice, the team and/or on the organization.
- 3.1.4 Advocates for, and contributes to the creation and maintenance of a positive working environment and team working.
- 3.1.5 Participates in the mentorship and coaching of others maximizing the effectiveness of Orthopaedic practitioner interventions, the provision of quality health care and the profession.
- 3.1.6 Acts as a role model for colleagues, students and other members of the healthcare care team by treating all with respect, trust and dignity.
- 3.1.7 Fosters the advancement of Orthopaedic practitioner autonomy and accountability.
- 3.1.8 Promotes and maintains a positive image of Orthopaedic practitioner.
- 3.1.9 Assumes leadership responsibilities, as appropriate, in the delivery of Orthopaedic practitioner care.

3.2 Competency Standard 3.2: Quality Improvement and Safety

Ensures Orthopaedic practitioner practice meets organizational quality and safety standards and guidelines and participates in continuous quality improvement.

Performance criteria:

- 3.2.1 Practices in accordance with approved quality standards and guidelines reflecting recognized evidence based best practice.
- 3.2.2 Seeks evidence from a wide range of credible sources to maintain, extend and evaluate the quality of occupational care.
- 3.2.3 Acts immediately and appropriately in accordance with the national and/or institutional disaster plan as needed participating in triage and coordination of care for patients.
- 3.2.4 Implements quality assurance and risk management strategies.
- 3.2.5 Ensures a safe environment by identifying actual and potential risks and takes timely action to meet national legislation and workplace health and safety principles.
- 3.2.6 Acknowledges limitations in knowledge, judgment and/or skills, and functions within those limitations.
- 3.2.7 Recognizes less than optimum or unsafe practice in self and others and intervenes, records and reports, and acts to access and/or provides support to ensure remediation of deficiencies.
- 3.2.8 Participates in ongoing quality improvement and risk management initiatives.
- 3.2.9 Adheres to and implements infection control policies and procedures.
- 3.2.10 Communicates and records safety concerns to the relevant authority and documents response.

3.3 Competency Standard 3.3: Delegation and Supervision

Delegates and provides supervision to team members according to their competence and scope of practice.

Performance Criteria:

- 3.3.1 Delegates to others, activities commensurate with their abilities and scope of practice.
- 3.3.2 Uses a range of supportive strategies when supervising aspects of care delegated to others.
- 3.3.3 Maintains accountability and responsibility when delegating aspects of care to others.



4 DOMAIN FOUR: EDUCATION, LEARNING AND DEVELOPMENT

4.1 Competency Standard 4.1: Education and Facilitation

Demonstrates commitment to the development of other members in the healthcare team, as well as patients, families, community and society.

Performance criteria:

- 4.1.1 Shares and disseminates professional knowledge and research findings with others.
- 4.1.2 Acts as a resource person for others.
- 4.1.3 Contributes to the formal and informal education and professional development of students and colleagues facilitating and where appropriate coordinating learning opportunities.
- 4.1.4 Acts as an effective preceptor and/or mentor as assigned, undertaking appropriate preparation and updating to undertake the roles.
- 4.1.5 Takes opportunities to learn together with others in order to contribute to health care improvement.

4.2 Competency Standard 4.2: Lifelong learning

Assumes responsibility for own professional development through lifelong learning to ensure continued competence and performance improvement.

Performance criteria:

- 4.2.1 Undertakes regular self-assessment and reviews own practice through reflection, peer review, competency assessment, critical examination and evaluation.
- 4.2.2 Instigates planned updating knowledge and skills for safe, person-centered, evidence-based practice.
- 4.2.3 Actively engages in ongoing professional development and performance improvement of self and others.
- 4.2.4 Maintains a record of learning and professional development activities and accreditation commensurate with the SCH continuing professional development standards
- 4.2.5 Understands the value of case discussion, clinical supervision and other methods of reflecting and reviewing practice.

4.3 Competency Standard 4.3: Promotion of health and patient education

Enable and provide information on maintaining and optimizing health and maximizing self-care to service users as appropriate.

Performance criteria:

- 4.3.1 Takes part in health promotion, patient education and illness prevention initiatives and contributes to their evaluation.
- 4.3.2 Applies knowledge of resources available for health promotion and health education.
- 4.3.3 Acts to empower the individual, family and community to adopt healthy lifestyles and concord with self-management of ill-health to promote wellbeing.



- 4.3.4 Provides relevant health information and patient education to individuals, families and communities to assist in achieving optimal health and rehabilitation.
- 4.3.5 Demonstrates understanding of traditional healing practices within an individual's, family and/or community's health belief systems and incorporates appropriately and/or provides education if adversely effecting optimum health.
- 4.3.6 Recognizes the potential for patient education and teaching for health and wellbeing in Orthopaedic practitioner interventions.
- 4.3.7 Applies knowledge of a variety of teaching and learning strategies with individuals, families and communities to effect and evaluate learning and concordance with treatment and advice.

5 DOMAIN FIVE: RESEARCH AND IMPROVEMENT

This domain articulates the requirement that the Orthopaedic Practitioner should practice incorporating best available evidence to provide quality health care and contribute to the creation and/or implementation of knowledge through active participation.

5.1 Competency Standard 5.1: Using data and information systems

Uses data systems to enhance the quality and delivery of patient care.

Performance Criteria:

- 5.1.1 Demonstrates information technology skills needed to inform and provide optimum healthcare and accurately document outcomes of interventions.
- 5.1.2 Understands how to use technology and data to assist in problem identification and identification of deficiencies that can be remediated to enable improvements in patient care.
- 5.1.3 Analyses data accurately and comprehensively leading to appropriate interpretation of findings and development of implementation plans.
- 5.1.4 Recognizes the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines.

5.2 Competency Standard 5.2: Research Participation

Uses research, evaluation, service improvement and audit findings to enhance the quality of patient care and protect the rights of those participating.

Performance Criteria:

- 5.2.1 Participates in activities that disseminate research findings such as publications, journal clubs, grand rounds and presentations.
- 5.2.2 Promotes research, evaluation, service improvement initiatives and audit, designed to improve healthcare practice and disseminate findings to colleagues, patients, families, communities, and society.
- 5.2.3 Undertakes appropriate development to ensure competency to recruit, ensure informed consent is obtained, support involvement, facilitate, monitor and where appropriate advocate withdrawal of individuals participating in clinical research and evaluation.



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



References

Association of Orthopaedic Practitioners. U.K. 2017 Standards of Practice
<http://aop-uk.com/>

British Orthopaedic Association, UK, - Casting Standards 2015

National Association of Orthopedic Technologists. U.S.A. Scope of Practice. 2017
<http://www.naot.org/>

National Board for Certification of Orthopaedic Technologists. Standards of Practice for the Orthopaedic Technologist- Certified (OTC) 2015

Canadian Society of Orthopaedic Technologists. Code of Ethics and Scope of Practice. 2017
<http://www.pappin.com/csot/index.html>



Criteria	Plaster Technician
Definition	The PLASTER TECHNICIAN is an individual who is responsible for the safe, optimum operation of the casting services in the Orthopaedic Surgery department through adhering to departmental protocols and ensuring a high quality of service to patients.
Practice Settings	PLASTER TECHNICIAN services are provided in a variety of settings in healthcare organization for all age groups. These settings include, but are not limited to: <ul style="list-style-type: none">• Outpatients/Fracture Clinics• Inpatients• Operating Theatres/ Day Surgery• Emergency Department/ Urgent Care Center
Education	PLASTER TECHNICIAN accepted qualifications include but not limited to the following: Minimum - High school certificate with successful completion of nationally approved training course in Qatar or overseas i.e.: <ul style="list-style-type: none">• HMC Training course (Qatar Plaster Course) in Bone and Joint Center Qatar
Scope of Practice	<ul style="list-style-type: none">• Assists in application, adjustment and removal of casts.• Assists in fabrication, application, adjustment and removal of splints and other orthopedic devices.• Assists in application of specialized casts and splints including spinal jackets, hip Spica, serial casting for clubfeet, shoulder Spica, hinged casts, Pavlik harness and boots and bars.• Apply the principles of aseptic technique.• Assist the physician in applying, adjusting and removing skin traction, skeletal and manual traction.• Assists in apply, bi-valve, split, adjust or wedge casts for patient safety and comfort following assessment.• Assist the physician with procedures such as closed reduction of fractures and minor surgical procedures with or without anesthesia, using appropriate aseptic technique.• Educate patients and families regarding cast, wound or device care based on known and unknown possible complications and evidence based practice. Reinforce instructions and medical information conveyed by the physician to the patient/family regarding the specific injury, treatment plan, procedures and expected outcomes.• Remain current in clinical practice, and technological advances in orthopedic practice.• Instruct and educate students and other healthcare professionals, such as medical students, interns and residents, in casting techniques and care.• Instruct and educate other healthcare providers in caring and maintaining orthopedic treatments and devices.



Licensure	The PLASTER TECHNICIAN must apply for certification through Qatar Council For Healthcare Practitioners (SCH).
Experience	For overseas candidates: <ul style="list-style-type: none">• A minimum of 1 year in the field of plaster application techniques or certification experience in the same field. For Qatari Nationals and long term residents please refer to QCHP circular No. 1/2016.
Competency validation	Competency will be validated through the verification of higher education, certificates and relevant clinical experience.
Others Requirement for Evaluation & Registration	<i>(Refer to QCHP requirements for license Registration/Evaluation)</i> http://www.qchp.org.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx
Requirements for License renewal	<i>(Refer to QCHP requirements for license Registration/Evaluation)</i> http://www.qchp.org.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx
Note: Applicant with break from practice please see QCHP "Break from Practice Policy"	



Plaster Technician Scope of Practice

INTRODUCTION

The Plaster Technician scope of practice is based on a competency framework that comprises **professional ethics, clinical practice, leadership and management, learning and management** and **research** domains intrinsic to the role of the Plaster Technician. The scope also describes the professional roles and activities and practice settings for the Plaster Technician profession. This document sets out the standards of proficiency required for safe and effective practice in the Plaster Technician profession. They are the threshold standards necessary to protect members of the public. Once on the Qatar Supreme Council for Health Professionals Register the licensed professional must continue to meet the standards of proficiency which relate to the areas in he/she works. Periodic updating of the scope of practice statement and standards of proficiency will be necessary as technology and perspective change.

STATEMENT OF PURPOSE:

The purpose of this document is to define Plaster Technicians' scope of practice in Qatar to:

- (a) Describe the services offered by qualified Plaster Technician.
- (b) Define the professional accountability, required competencies, and scope of ethical and legal practice of the Plaster Technician in relation to patients, families, other members of the multidisciplinary team, community and society.
- (c) Serve as a reference for license regulating authorities and professionals governing healthcare.

DEFINITION OF PLASTER TECHNICIAN

A Plaster Technician is a qualified, skilled professional who work under the direction of orthopedic surgeons and/or in collaboration with other members of the health team of professionals across the full hospital site in Clinics, Emergency Departments, ICU, Operating theatres and day surgery units and on the wards to provide all cast, splinting and traction care and education.

PROFESSIONAL ROLES AND ACTIVITIES:

A Plaster Technician works as part of the wider healthcare team to evaluate the needs of the patient, based on their injury or condition, and lifestyle, and following approved protocols and best practice, determine safest treatment options for the patient under the direct supervision of orthopedic practitioner/ surgeons.

The Plaster Technician assumes responsibility for the delivery of all high quality of care for the safety and effectiveness of services provided.

Plaster Technician may work in the following and other specialty areas:

- Orthopedics
- Pediatrics
- Hands/plastic surgery



- Emergency Departments
- Operating Theatres
- Day Surgery
- Burns
- Neurology
- Oncology and palliative care
- Intensive care
- Neonates

Strategies/activities of Plaster Technician practice include but are not limited to:

- Assists in application, adjustment and removal of casts.
- Assists in fabrication, application, adjustment and removal of splints and other orthopedic devices.
- Assists in application of specialized casts and splints including spinal jackets, hip Spica, serial casting for clubfeet, shoulder Spica, hinged casts, Pavlik harness and boots and bars.
- Apply the principles of aseptic technique.
- Assist the physician in applying, adjusting and removing skin traction, skeletal and manual traction.
- Assists in apply, bi-valve, split, adjust or wedge casts for patient safety and comfort following assessment.
- Assist the physician with procedures such as closed reduction of fractures and minor surgical procedures with or without anesthesia, using appropriate aseptic technique.
- Educate patients and families regarding cast, wound or device care based on known and unknown possible complications and evidence based practice. Reinforce instructions and medical information conveyed by the physician to the patient/family regarding the specific injury, treatment plan, procedures and expected outcomes.
- Remain current in clinical practice and technological advances in orthopedic practice.
- Instruct and educate students and other healthcare professionals, such as medical students, interns and residents, in casting techniques and care.
- Instruct and educate other healthcare providers in caring and maintaining orthopedic treatments and devices.

COMPETENCY FRAMEWORK

1 DOMAIN ONE: PROFESSIONAL AND ETHICAL PRACTICE

This domain defines the professional accountability and scope of ethical and legal practice of the Plaster Technician in relation to patients, families, other members of the multidisciplinary team, community and society.



1.1 Competency Standard 1.1: Accountability

Accepts accountability for own actions, and decision-making and for the related outcomes.

Performance criteria:

- 1.1.1 Works within the limits of own competence and the boundaries of personal and professional Scope of Practice.
- 1.1.2 Identifies opportunities for advocacy, health promotion and disease prevention.
- 1.1.3 Provides care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- 1.1.4 Encourages and promotes appropriate stewardship of resources.
- 1.1.5 Avoids any activity that creates a conflict of interest or violates any Qatari laws and regulations.
- 1.1.6 Promotes the growth of the profession, and presents a positive image of Plaster Technician to the community.

1.2 Competency Standard 1.2: Ethical Practice

Demonstrates integrity, accountability, honors the rights and dignity of all individuals, and pursues a quest for excellence in all professional activities that serve the best interests of the patient, society, and the profession.

Performance criteria:

- 1.2.1 Engages in ethical decision-making with respect to own professional responsibilities or where ethical issues affect healthcare delivery or clinical decision-making.
- 1.2.2 Acts as patient advocate protecting the person's rights in accordance with Qatari law and organization specific terms and conditions.
- 1.2.3 Maintains patient confidentiality and makes every reasonable effort to ensure the security of written, verbal and electronic patient information.
- 1.2.4 Respects the patient's (including children and young people and their parents') right to be fully informed, establishing a context for self-determination, assent (children) and informed consent.
- 1.2.5 Acts sensitively and fairly giving due consideration to diversity, including cultural and religious beliefs, race, age, gender, physical and mental state, and other relevant factors.
- 1.2.6 Questions when appropriate, healthcare practice where the safety of others is at risk and where the quality of care warrants improvement; acts where the safety of care is compromised and where necessary reports others who may be risking patient safety.
- 1.2.7 Demonstrates professional integrity and ethical conduct in matters where a conflict of interest could be construed, i.e. when advising on the use of drugs, products, devices or services (as per organizational approved policy).

1.3 Competency Standard 1.3: Legal Practice

Functions at all times in accordance with legislative, regulatory and policy guidelines relevant to Plaster Technician practice in Qatar.



Performance criteria:

- 1.3.1 Practices in accordance with agreed policies and procedures that guide Plaster Technician practice.
- 1.3.2 Practices in accordance with relevant State of Qatar laws and regulations that impact Plaster Technician practice.
- 1.3.3 Maintains valid registration and licensure to practice in Qatar.
- 1.3.4 Recognizes and acts upon breaches of laws and regulations relating to the professional role.
- 1.3.5 Maintains a professional portfolio including evidence of continued competence and improvement.

2 DOMAIN TWO: CLINICAL PRACTICE

As a healthcare profession, a Plaster Technician is practiced in partnership with members of the inter-professional team, service users, support staff and others in order to deliver collaborative care across the healthcare continuum.

Critical thinking, patient and environment assessment skills and evidence-based clinical practice guidelines enable Plaster Technician to autonomously develop and implement effective care plans, Plaster Technician driven protocols, disease based clinical pathways and management programs.

2.1 Competency Standard: Provision of Care

The practice of Plaster Technician involves but is not limited to:

- 2.1.1 Maintains the provision of Plaster Technician care services that are safe, aseptic, preventative and restorative to the patient.
- 2.1.2 Keeps accurate, contemporaneous, comprehensive and legible records of patient care in accordance with applicable legislation, protocols and guidelines. This includes Qatar Supreme Council for Health requirements in Qatar and local guidance at a facility level.
- 2.1.3 Provides Plaster Technician services including, but not limited to giving assistance in doing the assessment and evaluation of patient needs and functional abilities.
- 2.1.4 Help in formulating and implementing appropriate care plans based on assessment results, taking into account service users' values, beliefs and interests.
- 2.1.5 Implements appropriate action plans and interventions as supervised by the physician or licensed orthopedic practitioner.
- 2.1.6 Helps in evaluating intervention plans using recognized outcome measures and contribute to the revise plans as necessary in conjunction with physician or licensed orthopedic practitioner.
- 2.1.7 Provides health promotion and prevention activities as deemed clinically appropriate in order to remove barriers to independence, promote health and foster wellbeing.



2.2 Competency Standard 2.2: Patient Centered Care

The Plaster Technician will help to ensure that the service user is at the center of all decisions about care wherever possible.

Performance criteria:

- 2.2.1 Understands the need to adopt an approach which centers on the service user and establishes appropriate professional relationships in order to motivate and involve the service user in participating in their own care.
- 2.2.2 Understands the need to provide service users and/or people authorized to act on their behalf with the information necessary to enable them to make informed decisions.
- 2.2.3 Provides appropriate education and training for service users, families and caregivers.
- 2.2.4 Works collaboratively with service users to set meaningful goals and outcome measures.
- 2.2.5 Provide continuing patient care and periodic evaluation to assure/maintain/document optimal outcome of providing appropriate care to the patient.
- 2.2.6 Understands the need to engage service users and care-givers in planning and assessing diagnostics, treatments and intervention in order to meet their recovery goals and needs.
- 2.2.7 To have an established process for feedback or questions concerning the service users treatments and questions.
- 2.2.8 Adheres to practice precautions.

2.3 Competency Standard 2.3: Evidence-Based Practice

In collaboration with the physicians and the licensed orthopedic practitioner, integrates best available evidence, clinical audit and research into practice to ensure quality of provision.

Performance Criteria:

- 2.3.1 Helps in utilizing current evidence-base, including recent research findings, and best available evidence to guide in providing quality care.
- 2.3.2 Participates in the formulation of evidence-based practice based on best available credible research and/or national and international professional consensus, guidance and audit.
- 2.3.3 Helps in gathering and using information, including qualitative and quantitative data in order to evaluate outcomes for services users engaged in care.
- 2.3.4 Is aware of the role of audit and review in quality improvement and quality assurance
- 2.3.5 Helps in evaluating the efficacy and effectiveness of both new and established interventions and technologies using recognized outcome measures.
- 2.3.6 Participates in generating new evidence to improve quality of care through research, clinical audit and quality improvement programs.



2.4 Competency Standard 2.4: Communication and Teamwork

Uses communication skills to ensure that other members of the health care team, the patient and their family are and remain fully informed.

Performance Criteria:

- 2.4.1 Establishes relationships of trust, respect, honesty and empathy.
- 2.4.2 Helps in gathering information about disease, but also about a patient's beliefs, concerns, expectations and illness experience.
- 2.4.3 Seeks out and helps in synthesizing relevant information from other sources, such as patient's family, caregivers and other professionals.
- 2.4.4 Helps in disseminating information to patients and their families, colleagues, and other members of the healthcare team, in a way that is understandable, and that encourages discussion and participation in decision- making.
- 2.4.5 Demonstrates cultural competence across all patient groups.
- 2.4.6 Helps in communicating consistently the relevant, accurate and comprehensive information in verbal, written and electronic forms in a timely manner to ensure the delivery of safe, competent and ethical care.
- 2.4.7 Understands how communication affects engagement of service users.
- 2.4.8 Able to modify means of communication to take into account important variables such as age, capacity, learning and physical ability.
- 2.4.9 Shows awareness of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs.
- 2.4.10 Participates in building consensus and or resolving conflict in the context of patient care and the multi-professional team.
- 2.4.11 Engages proactively in teamwork and the team-building processes.
- 2.4.12 Works effectively with other professionals to prevent, negotiate and resolve inter-professional conflict.

3 DOMAIN THREE: LEADERSHIP AND MANAGEMENT

Exhibits leadership qualities required for the provision of safe, effective Plaster Technician care. This domain includes concordance with the Code of Ethics and Professional Conduct and the healthcare organization's Code of Behavior as the operating frameworks.

3.1 Competency Standard 3.1: Leadership

Exhibits leadership qualities and manages Plaster Technician care safely, efficiently and ethically.



Performance Criteria:

- 3.1.1 Applies clinical reasoning, critical thinking and problem solving skills in the provision, management and evaluation of care.
- 3.1.2 Manages self, and where appropriate assists others, to ensure effective workload prioritization and time management.
- 3.1.3 Provides feedback, offers suggestions for change and deals effectively with the impact of change on own practice, the team and/or on the organization.
- 3.1.4 Advocates for, and contributes to the creation and maintenance of a positive working environment and team working.
- 3.1.5 Participates in the mentorship and coaching of others maximizing the effectiveness of Plaster Technician interventions, the provision of quality health care and the profession.
- 3.1.6 Acts as a role model for colleagues, students and other members of the healthcare care team by treating all with respect, trust and dignity.
- 3.1.7 Fosters the advancement of Plaster Technician autonomy and accountability.
- 3.1.8 Promotes and maintains a positive image of Plaster Technician.
- 3.1.9 Assumes leadership responsibilities, as appropriate, in the delivery of Plaster Technician care.

3.2 Competency Standard 3.2: Quality Improvement and Safety

Ensures Plaster Technician practice meets organizational quality and safety standards and guidelines and participates in continuous quality improvement.

Performance criteria:

- 3.2.1 Practices in accordance with approved quality standards and guidelines reflecting recognized evidence based best practice.
- 3.2.2 Seeks evidence from a wide range of credible sources to maintain, extend and evaluate the quality of occupational care.
- 3.2.3 Acts immediately and appropriately in accordance with the national and/or institutional disaster plan as needed participating in triage and coordination of care for patients.
- 3.2.4 Implements quality assurance and risk management strategies.
- 3.2.5 Ensures a safe environment by identifying actual and potential risks and takes timely action to meet national legislation and workplace health and safety principles.
- 3.2.6 Acknowledges limitations in knowledge, judgment and/or skills, and functions within those limitations.
- 3.2.7 Recognizes less than optimum or unsafe practice in self and others and intervenes, records and reports, and acts to access and/or provides support to ensure remediation of deficiencies.
- 3.2.8 Participates in ongoing quality improvement and risk management initiatives.
- 3.2.9 Adheres to and implements infection control policies and procedures.
- 3.2.10 Communicates and records safety concerns to the relevant authority and documents response.

3.3 Competency Standard 3.3: Delegation and Supervision

Delegates and provides supervision to team members according to their competence and scope of practice.



Performance Criteria:

- 3.1.1 Delegates to others, activities commensurate with their abilities and scope of practice.
- 3.1.2 Uses a range of supportive strategies when supervising aspects of care delegated to others.
- 3.1.3 Maintains accountability and responsibility when delegating aspects of care to others.

4 DOMAIN FOUR: EDUCATION, LEARNING AND DEVELOPMENT

4.1 Competency Standard 4.1: Education and Facilitation

Demonstrates commitment to the development of other members in the healthcare team, as well as patients, families, community and society.

Performance criteria:

- 4.1.1 Shares and disseminates professional knowledge and research findings with others.
- 4.1.2 Acts as a resource person for others.
- 4.1.3 Contributes to the formal and informal education and professional development of students and colleagues facilitating and where appropriate coordinating learning opportunities.
- 4.1.4 Assist in preceptorship and mentoring and undertaking appropriate preparation and updating to undertake the roles.
- 4.1.5 Takes opportunities to learn together with others in order to contribute to health care improvement.

4.2 Competency Standard 4.2: Lifelong learning

Assumes responsibility for own professional development through lifelong learning to ensure continued competence and performance improvement.

Performance criteria:

- 4.2.1 Undertakes regular self-assessment and reviews own practice through reflection, peer review, competency assessment, critical examination and evaluation.
- 4.2.2 Instigates planned updating knowledge and skills for safe, person-centered, evidence-based practice.
- 4.2.3 Actively engages in ongoing professional development and performance improvement of self and others.
- 4.2.4 Maintains a record of learning and professional development activities and accreditation commensurate with the SCH continuing professional development standards
- 4.2.5 Understands the value of case discussion, clinical supervision and other methods of reflecting and reviewing practice.

4.3 Competency Standard 4.3: Promotion of health and patient education

Enable and provide information on maintaining and optimizing health and maximizing self-care to service users as appropriate.



Performance criteria:

- 4.3.1 Takes part in health promotion, patient education and illness prevention initiatives and contributes to their evaluation.
- 4.3.2 Applies knowledge of resources available for health promotion and health education
- 4.3.3 Acts to empower the individual, family and community to adopt healthy lifestyles and concord with self-management of ill-health to promote wellbeing.
- 4.3.4 Provides relevant health information and patient education to individuals, families and communities to assist in achieving optimal health and rehabilitation.
- 4.3.5 Demonstrates understanding of traditional healing practices within an individual's, family and/or community's health belief systems and incorporates appropriately and/or provides education if adversely effecting optimum health.
- 4.3.6 Recognizes the potential for patient education and teaching for health and wellbeing in Plaster Technician interventions.
- 4.3.7 Applies knowledge of a variety of teaching and learning strategies with individuals, families and communities to effect and evaluate learning and concordance with treatment and advice.

5 DOMAIN FIVE: RESEARCH AND IMPROVEMENT

This domain articulates the requirement that the Plaster Technician should practice incorporating best available evidence to provide quality health care and contribute to the creation and/or implementation of knowledge through active participation.

5.1 Competency Standard 5.1: Using data and information systems

Uses data systems to enhance the quality and delivery of patient care.

Performance Criteria:

- 5.1.1 Demonstrates information technology skills needed to inform and provide optimum healthcare and accurately document outcomes of interventions.
- 5.1.2 Understands how to use technology and data to assist in problem identification and identification of deficiencies that can be remediated to enable improvements in patient care.
- 5.1.3 Analyses data accurately and comprehensively leading to appropriate interpretation of findings and development of implementation plans.
- 5.1.4 Recognizes the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines.

5.2 Competency Standard 5.2: Research Participation

Uses research, evaluation, service improvement and audit findings to enhance the quality of patient care and protect the rights of those participating.



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



Performance Criteria:

- 5.2.1 Participates in activities that disseminate research findings such as publications, journal clubs, grand rounds and presentations.
- 5.2.2 Promotes research, evaluation, service improvement initiatives and audit, designed to improve healthcare practice and disseminate findings to colleagues, patients, families, communities, and society.
- 5.2.3 Undertakes appropriate development to ensure competency to recruit, ensure informed consent is obtained, support involvement, facilitate, monitor and where appropriate advocate withdrawal of individuals participating in clinical research and evaluation

References

Association of Practitioners. U.K. 2017 Standards of Practice

<http://aop-uk.com/>

[British Orthopaedic Association, UK, - Casting Standards 2015](#)

National Association of Orthopedic Technologists. U.S.A. Scope of Practice. 2017

<http://www.naot.org/>

[National Board for Certification of Orthopaedic Technologists. Standards of Practice for the Orthopaedic Technologist- Certified \(OTC\) 2015](#)

Canadian Society of Orthopaedic Technologists. Code of Ethics and Scope of Practice. 2017

<http://www.pappin.com/csot/index.html>