



College of
Physiotherapists
of Manitoba

Supervision Guide for Manitoba Physiotherapists

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This Supervision Guide provides a framework to support effective supervision in physiotherapy clinical practice to help ensure that the College of Physiotherapists of Manitoba's practice directions are met.

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Purpose

This document provides guidance to physiotherapists who provide supervision to others, including physiotherapist support workers, physiotherapy students, Physiotherapy Examination Candidates, and physiotherapists on the Active register. It also provides guidance to supervisees, employers, and others regarding the rules that govern physiotherapy practice.

The intent is to help regulated members, unregulated health providers, and other College of Physiotherapists of Manitoba (CPM) partners understand the expectations outlined in the CPM's Practice Directions. The guide summarizes the requirements that regulated members must meet and provides recommendations for how to meet the expectations. The overall objective is the delivery of effective supervision and safe, quality physiotherapy service provision with and by supervisees.

The first section of this guide begins with a general discussion of supervision and a review of the general principles and requirements of supervision. Considerations related to different categories of supervisees are discussed in the second section of this guide.

Section One

What is Supervision?

Clinical supervision is a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, and enhance consumer protection and the safety of care in complex clinical situations. According to the British Chartered Society of Physiotherapy, one of the principles of clinical supervision is that it involves a supervisor and a practitioner or group of practitioners reflecting on and critically evaluating practice.[1]

A supervisor must evaluate competence and performance of the supervisee to ensure that safe practice occurs and that patients receive quality physiotherapy care.

Who Requires Supervision?

Within the context of physiotherapy practice, supervision may be provided to unregulated health providers including:

- Physiotherapist support workers without formal physiotherapy or rehabilitation-related training
- Physiotherapist support workers who are enrolled in or who have completed formal training programs

Supervision of regulated health professionals including Physiotherapy Students, Physiotherapy Examination Candidates or physiotherapists on the Active register (in a limited set of circumstances) is also common.

Why Supervise?

Supervision helps strengthen the health-care system by making sure patients get the right care, at the right time, from the right provider. It also supports teamwork by allowing health-care staff to share tasks, which increases the amount of physiotherapy services that can be offered. For example, a physiotherapist and a physiotherapist support worker can work together to provide care.

Effective supervision also helps supervisees build their skills, improve their competence, and receive helpful feedback. This supports safe, high-quality physiotherapy care. These benefits apply to all supervisees, including support workers, students, Examination Candidates, and physiotherapists on the Active register who are learning new skills.

[1] Supervision in Physiotherapy Regulatory Entry to Practice Matters Project. Final Summary Report p. 7 Draft June 8, 2012.

Supervision versus Mentorship

Physiotherapists often use the terms supervision and mentorship interchangeably; however, the two are not the same, and it is important to distinguish between them.

Mentorship is a relationship that supports both personal and professional growth and often continues for an extended period. Mentors can be external or internal to the work environment, engage in reciprocal learning, share knowledge, and provide feedback to, but do not typically provide formal evaluation of the mentee. Mentorship relationships are important and support ongoing professional development; however, these informal relationships do not provide the oversight necessary to address the safety and quality considerations which supervision offers.

Who is Responsible?

Both Supervisor and Supervisee are expected to:

- Serve the best interests of the patient, holding patient safety and quality of care as the primary concern at all times.
- Ensure that the expectations identified in the Practice Directions are adhered to when providing physiotherapy services.
- Communicate openly, honestly, and regularly.
- Respect professional boundaries.

Responsibilities regarding patient care vary depending on the supervisee in question; however, in every case the supervisor is responsible:

- Determine the supervisee's patient care assignment and the level of supervision required, regardless of who is managing the patient's care.
- Accept overall accountability for supervisee competence assessment, assignment, ongoing monitoring, and evaluation.
- Only assign, monitor, and evaluate activities that are within the supervisor's own personal scope of practice and competence.
- Develop a supervision plan with patient care needs, service delivery models, and the supervisee's skills and abilities in mind.
- Discuss the supervision plan with the supervisee before assigning patient care activities.
- Intervene if there are patient safety concerns or risk of harm arising from the supervisee's care, and communicate with appropriate authorities as necessary (e.g., the employer, Unit Manager, the College of Physiotherapists of Manitoba).
- Retain responsibility and accountability for providing appropriate supervision.
- Decline the responsibility of supervision if unable to meet the expectations set out in these guidelines.
- Ensure the employer understands the physiotherapist's professional obligations regarding supervision.

The supervisee is responsible:

- Accept accountability to fulfill their assigned duties.
- Identify when an assignment exceeds their individual skills and competencies.
- Take appropriate action when situations arise which render an assignment inappropriate (e.g., the assignment exceeds their skills and competencies or a patient's clinical status changes necessitating the supervisor's re-evaluation or a change in care plan).

If a supervisee deviates from the tasks assigned by their supervisor, the supervisee is accountable for their actions.

The limits of what can and cannot be assigned to a supervisee and the specific details of responsibilities relevant to different supervisee groups are determined by the role of the supervisee, the purpose of supervision, and the parameters established by the Practice Directions. The second section of this guide will provide details specific to different supervisee groups.

What Does Supervision Entail?

The main requirements for supervision are described in the Supervision Practice Direction. In general, a physiotherapist supervisor must:

- Check the supervisee's knowledge, skills, and abilities before giving them any tasks.
- Give tasks that match both the supervisor's own skills and the supervisee's abilities.
- Clearly explain the roles of both the supervisor and the supervisee in providing physiotherapy services.
- Make sure the patient agrees to receive care from the supervisee.
- Monitor the supervisee's work to ensure safe, high-quality care, using supervision methods that fit the patient's needs, the practice setting, and the supervisee's competence.
- Reassess the patient from time to time to ensure the supervisee's ongoing involvement and assigned tasks remain appropriate based on the patient's condition and progress.

Physiotherapists must remember that supervision comes with ongoing responsibilities to both the supervisee and the patient.

Assessment

Every supervision relationship must start with direct supervision so the supervisor can assess the supervisee's technical and non-technical skills, performance, and behavior in the clinical setting.

Direct Assessment Phase

During the direct assessment phase, the supervisor must be physically present to watch the supervisee work, assess their skills, give feedback, and step in if any safety concerns arise.

Through this period of direct supervision, the supervisor decides whether the supervisee can safely take on some tasks with indirect supervision and what type of indirect supervision is appropriate based on the supervisee's skills, the practice setting, and the patients they work with.

Developing a Supervision Plan

After the assessment, the supervisor creates a plan for how supervision will happen. A written plan should outline:

- How the supervisee will be supervised for each task or patient group.
- How often the supervisor will check the supervisee's performance and when the plan will be updated.
- How the supervisor will continue to reassess the supervisee's skills and assigned tasks.
- Any limits placed on the supervisee's work based on their current abilities (e.g., needing direct supervision for certain patients or tasks).
- Any issues the supervisee needs to work on and resources available to help them improve.

The plan formalizes how supervision will continue and supports transitioning from direct to indirect supervision when appropriate. The supervisor must review this plan with the supervisee.

Supervisors are also encouraged to keep a **supervision log** (e.g., observations, case discussions, chart audits).

Assignment

When assigning tasks, the supervisor must put the patient's best interest first. They may only assign tasks they themselves are competent to perform.

A supervisee might have skills the supervisor does not—but the supervisor still cannot assign tasks they cannot personally evaluate for safety and quality.

Assigned tasks and how they will be monitored must be included in the supervision plan. This is separate from patient chart documentation.

The plan should also outline when the supervisee must ask for guidance or request a patient reassessment, including:

- specific events that require the supervisor's involvement, and
- expected milestones where the care plan may need updating.

These details depend on the type of supervisee (e.g., support worker vs. Examination Candidate) and their individual skills.

Consent

Patients must be told clearly who will be involved in their care and what each person's role is. They must agree to the involvement of supervisees. Patients should also know:

- how the physiotherapist ensures safe, quality care through supervision,
- who to contact with concerns (including the regulatory college), and
- their options if they decline care from a supervisee.

Monitoring

Supervision continues after the initial assessment phase.

Supervisees need ongoing monitoring to ensure they provide safe, appropriate care. Monitoring may include both direct and indirect supervision depending on the patient, the setting, and the supervisee's skills.

The supervisor is ultimately responsible for choosing the right supervision approach and must be able to explain their decision.

Supervisees are expected to need less direct supervision over time, but not immediately after the initial assessment. The pace of this transition depends on the practice context, the supervisee's experience, their skills, and regulatory requirements.

Reassessment

Reassessment includes checking both:

- the supervisee's performance and whether supervision needs to change, and
- the patient's progress to ensure the care they receive is effective.

For physiotherapist support workers, the physiotherapist must continue to reassess the patient; they cannot assign a patient entirely to a supervisee without follow up. Reassessment frequency depends on the patient's condition and practice setting. The physiotherapist is always responsible for deciding when physiotherapy is no longer needed and for discharge planning.

The frequency of reassessing the supervisee and the supervision plan depends on:

- their skills and training,
- the original plan,
- the tasks assigned and relevant rules, and
- the practice environment.

Taking a Risk-Based Approach to Supervision

Physiotherapy practice involves different types of risks—some are common and minor, while others are rare but potentially serious. Supervisors must consider the type and level of risk in their practice setting when deciding what tasks to assign to supervisees and how much supervision is needed.

Several factors can influence the level of risk in a physiotherapy setting, including:

- The practice environment (e.g., ICU, private clinic, long-term care) and the type or condition of patients.
- How close the supervisor is to colleagues or other practitioners who can provide support.
- The supervisee's ability to recognize their own limits and reflect on their abilities.
- The expectations of the job role.
- Whether supervision is required because of a conduct decision or a registration requirement (such as learning a high risk/reserved activity).

Other factors that affect risk when assigning tasks include:

- The qualifications of both supervisor and supervisee.
- Their skills, knowledge, and overall competence.
- Their years of experience, especially with the specific patient group or practice setting.

Based on the identified risks, the supervisor must determine:

- The level and type of supervision needed.
- Whether a written supervision plan is required.
- How often the patient's response to treatment and the supervisee's performance should be monitored.
- When and how the supervision plan should change.
- The minimum experience needed for the supervisor to safely oversee the supervisee.

In general, the higher the risk, the more direct and frequent the supervision must be. Many physiotherapists already use a risk based approach without naming it as such. The College encourages supervisors to take a more intentional and transparent approach—clearly identifying risks and explaining how they are managed. This helps everyone involved understand the expectations and promotes consistent, safe supervision across different sectors and settings.

Levels of Supervision

Supervision exists on a continuum. Supervisees may move back and forth along this continuum as their skills grow or as patient needs become more complex.

1. **Direct supervision**

The supervisor is physically in the room, watching the supervisee's actions.

2. **Indirect – present**

The supervisor is on-site but not in the same room (or uses audio/video to stay connected).

3. **Indirect – accessible**

The supervisor is available by phone or other communication and can come in if needed.

4. **Remote**

The supervisor is off-site and not able to attend the workplace quickly.

Methods of Supervision

The specific methods and level of supervision will vary depending on the supervisor's initial and ongoing assessments of the supervisee's level of competency. Examples of methods of supervision can include:

- Direct observation
- Indirect observation
- Chart audits
- Meetings
- Case reviews
- Feedback from peers and other team members

Section Two

Different Approaches for Supervisees

Unregulated Providers

Physiotherapists often work with unregulated health-care providers such as physiotherapist assistants (PTAs) and support workers, as well as students in PTA programs. Using support workers increases patient access to care and helps ensure patients receive the right care from the right provider at the right time.

Supervision allows physiotherapists to safely extend services while maintaining responsibility for quality and safety.

What's Unique About This Group?

Physiotherapist support workers come from a wide range of backgrounds—some have formal PTA education, others have on-the-job training, and some hold related university degrees.

Because of this variation, their skills and competencies differ widely, which affects:

- What tasks they are able to perform safely
- What tasks the physiotherapist can legally and ethically assign
- The level and type of supervision required

Regardless of education or experience, **some tasks must never be assigned**, including:

- Any part of a high risk/Reserved Act
- Any task requiring ongoing clinical judgment
- Interpreting assessment findings
- Discussing or developing treatment plans

A full list is included in the *Supervision Practice Direction*

Some support workers may also receive tasks from other professionals or managers. When a task is not assigned by a physiotherapist, it is not physiotherapy, and the worker is accountable to the person who assigned it. Clear accountability is essential.

Supervision Requirements for Support Workers

The supervising physiotherapist must:

- Know the **Essential Competency Profile for Physiotherapy Assistants in Canada**.
- Assign tasks based on the individual worker's skills and competence.
- Ensure the team understands the College's supervision requirements.
- Accept responsibility and accountability for all physiotherapy tasks they assign.
- Assign only tasks they themselves are competent to perform.
- Never assign high risk/reserved activities, assessments, interpretations, treatment planning, or discharge planning.
- Clearly identify when a support worker is acting under physiotherapist supervision in multidisciplinary settings.
- Ensure tasks done without physiotherapist supervision are not represented as physiotherapy.

The supervisee (support worker) must:

- Perform assigned tasks responsibly and follow all directions and limits.
- Identify and decline tasks that exceed their skills and notify the supervisor.

Who Is Responsible?

Support workers are **not regulated health professionals**, and their education and competency levels vary. Because of this:

The physiotherapist always retains responsibility for:

- The physiotherapy tasks assigned
- The appropriateness of those tasks
- Ongoing supervision
- Oversight of patient progress and care outcomes

This responsibility cannot be delegated.

Physiotherapy Students

Clinical placements help students build their skills and apply classroom learning in real practice. Supervision ensures patients receive safe, high-quality care while giving students the chance to learn and develop.

What's Unique About Student Supervisees?

Students learn quickly during clinical placements. Physiotherapists providing supervision act not only as overseers but also as instructors who support skill development and professional growth.

Supervising physiotherapists must balance giving students independence with providing enough oversight to keep patients safe. Skill levels vary widely, even among students at the same stage of training.

Supervision Requirements for Students

The physiotherapist acting as a supervisor must:

- Understand the university's curriculum and expectations for students at each stage.
- Address any performance concerns early with both the university and the school.

The student must:

- Follow their university's requirements.
- Follow the College's Code of Ethics and Practice Directions while providing care.

Who Is Responsible?

Students are **not fully licensed health professionals**.

The supervising physiotherapist is responsible for:

- The care assigned to the student
- The appropriateness of that assignment
- The quality of physiotherapy services provided
- Ensuring the student is properly monitored

The supervisor remains fully accountable for patient safety and compliance with Practice Directions.

Examination Candidates

The Supervised Practice model for new physiotherapy graduates is the standardized model for new graduates in most provinces across Canada. It is also used in other professions. Supervising new physiotherapy graduates helps to ensure public protection and assists the new graduate in preparing for the entry-to-practice examination.

Duration of Supervision

Supervision must be in place until the Examination Candidate has successfully passed an approved entry-to-practice examination approved by Council and converted their license to Active. The duration of Supervision will be based on the duration of the register as outlined in Regulations, the allowable attempts for the entry-to-practice examination and if the Examination Candidate is on the Two-Exam or Single-Exam pathway.

Supervisor Criteria

The supervising physiotherapist must:

- Be registered as a physiotherapist in Manitoba on the Active Practice Register.
- Hold an unrestricted license (e.g., not be subject to any conditions on their license or subject to fitness to practice proceedings or orders).
- Have no conflict of interest (e.g., no relationship with the Examination Candidate).
- Have a minimum of two years of experience in independent practice in Canada (i.e., equivalent to two years on the Active Practice Register). If you have questions about this requirement, please contact the College.
- Be able to assess the quality of work performed (e.g., working in the same area of practice).
- Have the same employer and work at the same physical location as the Examination Candidate.
- Have a maximum of three exam candidates under their supervision at any given time.

When the College considers a proposed Practice Supervisor, it takes that person's history with the College into account. For example, the College will note whether the proposed Practice Supervisor:

- Is the subject of a complaint or an investigation with the College.
- Is involved in remedial activities or undertakings directed by the College.
- Has a history of practice concerns.

Note: The final decision regarding the Supervisor, proposed Supervision plan and site rests with CPM and the Board of Assessors and is made on a case-by-case basis considering what is in the public's best interest and what is reasonable considering the service delivery environment/model.

Please review the Supervision Agreement for additional roles and responsibilities expected of a supervisor. This document must be reviewed in detail, signed, and submitted along with the Supervision Plan prior to the Examination Candidate initiating supervised practice.

Evaluation/Monitoring:

The Examination Candidate may have more than one supervisor at one physical location (up to a maximum of three) as long as there is one supervisor with the primary responsibility for formal evaluations. The supervisor must assess the Examination Candidate as outlined in the Registration and Licensing Direction *Supervised Practice for Examination Candidates*.

If there are **significant concerns** related to practice which would put public safety at risk, the supervisor or employer has a duty to report this to the College. This report will be managed through the Complaints process.

How does a Supervisor Manage a Concern About a Supervisee’s Performance?

<p>Together the supervisor and supervisee develop corrective measures and document it in a formal plan. The corrective measures include specific goals and timelines. Supervisor reevaluates and adjusts, if necessary, the supervision strategies (i.e., direct observation vs. discussions with supervisee) necessary to ensure the provision of competent, quality, and ethical physiotherapy.</p>		
<p>IMPROVEMENT Supervisee makes necessary changes such that the supervisor’s concerns are alleviated. Supervisor and supervisee discuss ongoing supervision strategies. Supervisor monitors supervisee’s performance.</p>	<p>SOME IMPROVEMENT Supervisee’s practice improves but not to the level expected. Supervisor reviews plan with supervisee and makes changes if necessary. The revised plan is documented, and supervisee informed of consequences if practice does not improve. Supervisee’s practice improves – supervisor and supervisee discuss ongoing supervision strategies. Supervisor monitors supervisee’s performance</p>	<p>NO IMPROVEMENT Supervisor discusses concerns with and seeks advice/guidance from employer and/or College. Supervisor reviews plan with supervisee and makes changes if necessary. The revised plan is documented, and supervisee is informed of consequences if practice does not improve. Still no improvement - supervisor exercises authority to withdraw from supervisory role after advising organization with authority over supervisee (e.g., employer or College)</p>

Levels of Supervision

The purpose of the evaluations throughout the supervisory period is to both allow the supervisor to provide accurate evaluation of the Examination Candidate's practice as well as modifying the level of supervision and the supervision plan as the Examination Candidate progresses over time. The Examination Candidate should progress such that the level of supervision is able to decrease over time. It is important to remember that the Examination Candidate is never working as an independent practitioner during Supervised Practice but may be able to move to more indirect supervision over time.

The levels of supervision can be described as outlined below:

Starting Level - The Supervisor takes responsibility for patient care.

The Supervisor must be present on site when the Examination Candidate is providing patient care. The supervisee must consult initially with the supervisor about the management of each patient before providing care.

Second Level - The Supervisor and Supervisee share responsibility for individual patients.

The supervisor must be physically present at the workplace a majority of the time the supervisee is providing care. If not present, they must be available through phone or virtual means. The supervisee must update the supervisor at regular intervals regarding patients. The Supervisor must make alternative arrangements when they are temporarily unavailable.

Third Level - The Examination Candidate takes primary responsibility for their practice.

The supervisor must continue to evaluate the supervisee's practice. This may include chart audits or case reviews. The Supervisee is able to work under indirect supervision as long as the supervisor is available by phone or virtual means and could come on site if required.

Supervision Approaches for Examination Candidates

The supervision approach ensures safe delivery of physiotherapy services and the prevention of any undue risk of harm to the public. Since the Examination Candidate has not yet been deemed fully competent to practice independently, it is the supervisor's responsibility to monitor the activities of the Examination Candidate using both direct and indirect observation. It is also the responsibility of the supervisor to assess the Examination Candidate following a minimum of 10 days of direct supervision in clinical practice to determine an appropriate supervision plan going forward. An Examination Candidate should not be moved to indirect supervision unless the safety and competence of the Examination Candidate has been deemed appropriate to do so using the Initial Clinical Performance Tool.

The specific methods and level of supervision will vary depending on the supervisor's initial and ongoing assessments of the Examination Candidate's level of competency. Examples of methods of supervision can include:

- Direct observation
- Indirect observation
- Chart audits
- Meetings
- Case reviews
- Feedback from peers and other team members

Responsibilities of a Supervisor for an Examination Candidate

The supervisor must:

- make arrangements for supervision when they are not available.
- ensure employer comprehension and acceptance of professional obligations regarding supervision.
- notify CPM of permanent changes in supervisor
- report when there are issues of incompetence or misconduct through the Complaints process.
- complete and submit the evaluations and forms as required.

Responsibilities of the Examination Candidate

The Examination Candidate is accountable for:

- Their actions and will have the same requirements for liability insurance as a full registrant;
- Notifying CPM of a permanent change in the primary supervisor and/or a change of workplace;
- Provide any submissions as outlined in the Registration and Licensing Direction *Supervised Practice for Examination Candidates*;

- Understanding the terms and conditions imposed on their registration. They will at no time perform any activity or portion thereof as per the conditions on an Examination Candidate license outlined in Registration and Licensing Direction *Registration on the Examination Candidate Register*, and;
- Obtaining informed consent from the clients/patients for their involvement in the patient's treatment.

The Examination Candidate must identify themselves as a Physiotherapy Examination Candidate verbally and in writing as well as on all advertisements/social media as per the Practice Direction on Titles, Credentials and Specialty Designations. The Examination Candidate may be working in either a part-time or full-time position.

What Happens if an Examination Candidate Fails Their Entry-to-Practice Examination?

The duration of registration on the Examination Candidate register is outlined in the Regulations. The approved entry-to-practice examination is outlined in the Registration and Licensing Direction *Approved Entry-to-Practice Examination*.

The process for supervision when a failure occurs is outlined in :

- 1) Registration and Licensing Direction *Failure of an Entry-to-Practice Clinical Evaluation* for the Two-Exam Pathway
- 2) Registration and Licensing Direction *Registration on the Examination Candidate Register* for the One Exam Pathway

Registrants on the full Active Register

Physiotherapists on the Active Register may need supervision for two main reasons:

- They are learning a High Risk/Reserved Activity.
- They must meet a regulatory requirement related to conduct or registration.

In these situations, the physiotherapist acting as a supervisor is responsible for overseeing, monitoring, and evaluating the supervisee's practice to ensure safe, high-quality physiotherapy care.

Note: This type of supervision is different from informal support given to colleagues transitioning to a new area of practice. Those situations are better described as mentorship, because they lack the formal evaluation required in true supervision.

What is Unique About This Group?

Expectations depend on why supervision is required:

- **If supervision is required by the College**, there may be specific conditions the supervisor must follow. Supervisors should understand these requirements before agreeing.
- **If the physiotherapist is learning a high risk/reserved activity**, this may require direct supervision until the physiotherapist is deemed safe and competent to perform the activity independently. This applies in both clinical care and practice-based training.

Supervision Requirements for Physiotherapists on the General Register

The physiotherapist acting as a supervisor must:

- Agree to supervise and understand the purpose of supervision.
- For conduct or Re-entry related supervision:
 - Know the College's formal requirements.
 - Submit required documents.
 - Notify the College if unable to continue.
- For high risk/reserved activities:
 - Be competent and authorized to perform the activity.
 - Be trained in the same method being taught.
 - Provide direct supervision and be able to intervene immediately.

The supervisee must:

- Follow all regulatory responsibilities.
- Comply with restrictions on their practice and any requirements for supervised practice.

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