Clinician's Commentary on Kelland et al.[1]

Advocacy is one of the important responsibilities of health care professionals, and this is reflected in its inclusion in professional competency statements, including both the CanMEDS framework[2] and the Physiotherapy Essential Competency Profile (ECP).[3] At a societal level, limited access to health care and increasing costs continue to burden governing agencies. Wesbury has contended that this burden presents our greatest opportunity as health professionals.[4] Health care issues are taking centre stage in both political and media discussions, and health professionals must be ready to engage in these discussions with both confidence and influence.

Recent revisions to the Regulated Health Professionals Act, which now regulates kinesiologists and the practice of acupuncture and traditional Chinese medicine in Ontario, are an example of the results of professional advocacy. Most importantly, the physical therapy profession has seen the implementation of Ontario's Bill 179, the Regulated Health Professions Statute Law Amendment Act, which resulted in changes to scope of practice that increase physical therapists' professional autonomy.

As a core professional competency and a prerequisite for professional advancement, advocacy needs to be part of health professional curricula. At the 2011 Canadian Medical Association meeting, 95% of delegates voted in favour of a motion requesting more training in advocacy and leadership during medical school.[5] Recognizing the importance of these competencies, the physical therapy profession must also consider helping students to develop the attributes required for successful advocacy during their entry-level education.

Kelland and colleagues have taken the first step toward informing educational strategies by establishing a knowledge base for the perception of competency roles.[1] Using qualitative methods, they capture the unique perspectives of self-identified "leading advocates" with respect to the attributes required for success in the *advocate* role. In an effort to obtain a sample that reflects the profession's breadth, the authors followed preset criteria relating to geography, practice area, and advocacy efforts. This aspect of their study design ensures a broad and diverse representation of perspectives, and thus strengthens the applicability of their results. An interesting follow-up study would augment the perspectives of self-identified leading advocates with those of front-line clinicians and academics engaged in educating entry-level students. The study sample included 13 female and 4 male participants, accurately reflecting gender distribution in the profession.[6] With such a small sample, however, physical therapists practising in rural settings may have been overrepresented: 29% of participants identified as being from rural Canada,[1] whereas only 7.7% of practising physical therapists in Canada are employed in rural areas.[6] However, these perspectives are highly relevant to increasing our advocacy on behalf of adequate service provision, as 27% of the Canadian population resides in rural areas.[6]

Kelland and colleagues identified eight key attributes for success in the role of advocate. Five of these are roles already identified in the existing ECP; collaboration, communication, and scholarly practice are identified as specifically important for successful advocacy. These findings support the components of the ECP and may also support a more interconnected relationship between competencies. The five overlapping attributes from the ECP represent acquired skills, while the three additional attributes (perseverance, humility, and passion), although equally influential, represent personality characteristics. Kelland and colleagues' graphical representation based on the CanMEDS framework is a step toward an elevated model of the ECP that features multiple roles, including advocate and expert. Future research addressing the perceived relationships between roles outlined in the ECP may lead to a deeper understanding, informing both education and professional growth. The authors highlight an overlap between their results and findings from the physician literature,[7] which should facilitate further crucial communication and collaboration. To echo the guidance of study participants, this overlap presents an opportunity to build strategic multidisciplinary partnerships to advance advocacy efforts.

As the ECP describes knowledge, skills, and attitudes required for physical therapy practice,[3] a greater understanding of the proposed roles and their interpretation is essential to the advancement of the profession. In a competitive health care climate, maintaining forward momentum and integrating this knowledge into practice is vital for professional growth. Kelland and colleagues have taken the first step toward refining our understanding of the advocate role. As we build the foundation of competency and leadership research, academic institutions and professional organizations can begin to develop this role and cultivate an environment that ensures the profession is well positioned alongside our health care colleagues.

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