28 July 2011

The Executive Officer
Physiotherapy Board of Australia
GPO Box 9958
Melbourne
VIC 3001

By post and email

To the Board

Vivir Healthcare Comments to Draft Supervision Guidelines

Vivir Healthcare is a company that provides Allied Health Services to the Aged Care sector. The vast majority of our service is delivery of physiotherapy interventions to clients of residential aged care facilities (nursing homes).

Vivir Healthcare has a keen interest in the outcome of this policy consultation for the following reasons:

- We presently engage Limited Registrant Physiotherapists (LRPs)
- The Aged Care sector, as the Board will well understand, presents additional hurdles to attracting staff, in an already critically skills short market place. LRPs represent an additional pool of talent that we can draw on and they in many instances are attracted to our type of work. The narrower scope of clinical provision we can offer our clients, given their pre-existing medical history and physical capacity, means we can offer a controlled entry into the Australian healthcare environment which suits many LRPs

We offer the following comments or queries for response having cognisance to the Board's primary goals which are to provide; *access to* and *competent* physiotherapy services.

Vivir Healthcare understands that this is a fine balance but we do feel that, particularly in our subsector of the physiotherapy market place the issue of *access* is a key consideration. If the LRP supervisory model is significantly modified our ability to deliver services may be threatened thus limiting nursing home resident's access.

If the aged care sector is not able to reasonably engage LRP talent we will find ourselves either:

- unable to provide reliable access to services for some of the most vulnerable in the community, or
- participating in a wages blow out because we will be forced to hire general registrants meaning competition for their services will increase (effecting wages). This will have an unenviable flow on effect to the wider profession as we will draw from hospital and clinic environments

As with any supply constrained market the consequence will be inflationary which is damaging.

Firstly Vivir Healthcare applauds the Board's proposals and thanks it for its considerations of flexibility and of the LRPs existing skills/knowledge base.

The primary area of concern we have is the requirement that each LRP is required to undertake Level 1 Supervision as mandatory for what could be an extended period of time. If it is unwarranted this could create inefficiencies and potential conflicts. An example is the instance where the recommendation is to progress to Level 4 supervision however they are prevented from doing so until the Board is able to act.

The assumption is that if the supervision plan can not be developed and submitted until the end of the first month's practice and a decision can only be made by the board it could take three months post granting of the LRP status. Stylised example being:

- 1 July - Board grants LRP status
- 15 July – commence employment allowing for reasonable time to start
- 16 August - submit supervision plan
- 1 September – Board is unable to consider plan as insufficient time to have it reviewed, create recommendation and formally tabled on the agenda
- 1 October – Board approves

At best, the final determination will be two full months and at worst could be four months if the Board has any questions or there is an administrative error. This uncertainty has implications for professional relationships and financial management as the cost of double staffing for any extended period is difficult to manage for any business considering with the intimacy of supervision required at Level 1. Any reasonable and clinically appropriate method to expedite the delivery of services relieves supply side pressures and promotes access to services,.

Vivir Healthcare supports intimate supervision in the initial period however feels clinically appropriate levels of supervision can be achieved through a process whereby:

1) a period of 2-4 weeks (the assessment period) intimate supervision (Level 1) must be undertaken
2) at the conclusion of this assessment period the supervisor prepare the supervision plan and submit for approval, **however**
3) the supervision plan be allowed to take effect from the conclusion of the assessment period and the Board's process is one of ratification or should it feel appropriate

Supervisors will still be under the same obligations to ensure their recommendation is fair and true and the Board could insert into the relevant forms and guidelines the statement that the proposal of a reduced level of supervision and the actions by that LRP prior to the ratification by the board will have the same effect as if the supervision was that of Level 1 (or the prior level).

This incentivises (through prospective sanctions) the supervisor to ensure they are proposing the appropriate amount of supervision or to wait until the board ratifies the plan before executing it.

Under the current proposal the Board is seeking to the best judgement of an experienced clinician to make the recommendations. As the board proposes to rely largely on these recommendations (it is not proposing a system of independent verification under current drafting) to reach the determinations the proposed revision essentially delivers the same outcome.

However the proposal we make gives rise to a more efficient outcome with respect to providing access to physiotherapy services. Bear in mind while a supervisor is conducting Level 1 supervision they could not be delivering services to any other clients leaving these patients with potentially sub optimal levels of care because the supervisor is forced to devote time to an LRP who really doesn't need it.

If the LRP is genuinely not appropriate for a reduction of supervision the same outcome occurs, ie. the experienced clinician will not allow them to progress. If they are appropriate, a more efficient outcome is delivered as the recommendation is delivered by the same person giving same regard to the rules and regulations.

It will be noted that in point 1 of our revised process we propose a period of 2-4 weeks. In our opinion a period of intimate supervision of 2 weeks should be sufficient to gain insight into the clinical competence of an LRP prior to the development of a supervision plan. With a minimum of 5 years experience we contend the supervisors will be very experienced in supervision and education of students already so will have the tolls available to properly assess and supervise LRPs.

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In addition to the issue of a more efficient system to the same outcome Vivir Healthcare seeks clarification as to what happens to those clinicians we presently employ. At the very least there must be a transition period whereby a supervision plan can be produced and approved rather than all LRP going back to Level 1 supervision as of an arbitrary date. In reality this would result in supervisors with more than one LRP not being able to fulfil the obligations as set out in the present draft guidelines.

Vivir Healthcare also asks if the Board will assist in the development of an *Introduction to the Australian Healthcare System* or will that be left to the devices of each individual employer?

Vivir Healthcare welcomes any additional questions the Board has in relation to this submission and requests that all such queries be directed to Hugh Cattermole, COO by email hugh@vivir.com.au or on 0432 829 362.

Yours sincerely

Hugh Cattermole
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