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Message from the Chair

Welcome to the July edition of *Registrant update* on behalf of the Physiotherapy Board of Australia (the Board).

Physiotherapist prescribing

As we've reported in previous newsletters, the Board is continuing to explore the pathway to prescribing by physiotherapists.

The profession, as represented by education providers (Council of Physiotherapy Deans Australia and New Zealand), the accreditation authority (the Australian Physiotherapy Council) and the peak membership body (the Australian Physiotherapy Association), is developing a case for physiotherapist prescribing for the Board's consideration.

The primary role of the Board is to protect the public. Accordingly, any case that is developed for physiotherapist prescribing must convince the Board that the public will be safe. The Board will also want to see that the case provides an overall net benefit to the health of the Australian people and that it is cost-effective.

Currently, the Board does not have approval from Australian health ministers to endorse the registration of physiotherapists for scheduled medicines. There are many steps that must be taken by the Board and others over a potentially significant period of time to obtain this approval. These include a formal submission to ministers after wide-ranging public consultation on the scope of the proposal and the additional regulatory standards and processes that would need to apply.

Should prescribing by physiotherapists become a reality in the future, there will be no requirement for all physiotherapists to prescribe. However, if you choose to prescribe you would need to meet initial and ongoing education requirements and meet other standards, codes and guidelines to ensure you remain competent and safe. If you choose not to prescribe there would be no impact on your registration as a physiotherapist.

Registrant survey

Thanks again to all those who contributed to the registrant survey that the Board conducted earlier this year. The results have been useful in highlighting the best information to provide to physiotherapists.

The answers to the survey questions have been published on the [Board's website](#) and are correct as at July 2015. Requirements for physiotherapists may change over time so it's important to keep checking the website for news and updates, remembering that it is your responsibility to keep up to date with any changes.

The Board's [registration standards](#) set out the requirements that you must meet to become registered and to maintain your registration.

Further information about any of the questions and answers in the survey is available through links to the Board's [registration standards](#) and [codes and guidelines](#). The answers to the survey will be accessible on the website for the next two months.

The Board is committed to ensuring that communication between the Board and physiotherapists is regular, meaningful and productive. Even though the survey has now closed, please email us at physioboardconsultation@ahpra.gov.au if you have comments or queries about any of the Board's activities.

Paul Shinkfield

Chair, Physiotherapy Board of Australia



Continuing professional development requirements

Continuing professional development (CPD) is a requirement of your registration as a physiotherapist. Each year when you renew your registration you are required to sign a declaration that you have met the requirements detailed in the Board's [CPD Registration standard](#) and [CPD guidelines](#), available on the [Board's website](#).

To meet the requirements you must complete and document a minimum of 20 hours of CPD each year and you must also document the impact of that CPD on your practice as a physiotherapist.

You may be asked to produce evidence of having met this requirement in the preceding year if you are audited. However, you should retain your records for longer than one year, given their value as evidence of appropriate professional behaviour.

There are no prescribed types of CPD that count towards your minimum 20 hours. However, the CPD you choose to do must relate to your chosen scope of practice. You can choose to do formal and/or informal CPD – for example, participation in a conference and reflecting on the impact on your practice of what you learnt, or analysing an article and again, keeping a record of its impact on your practice.

The CPD [registration standard](#) and the [guidelines](#) provide answers to FAQ, as well as examples about the types of CPD that can count towards meeting the requirements.

Make it as simple as possible to be able to provide evidence of your CPD requirements, if you are audited, by maintaining a portfolio of evidence. A sample portfolio is included in the [CPD guidelines](#) as one example of how to document your CPD. However, you may choose to use any electronic or other type of portfolio as long as it provides evidence of meeting the requirements.

Professional indemnity insurance – volunteering on weekends

Another of your obligations as physiotherapists is to meet the requirements set out in the [Professional indemnity insurance \(PII\) registration standard](#).

There is no specific amount of PII cover required by the Board. The essential factor is that your level of PII must be in line with the type of work you do as a physiotherapist, that is, your chosen scope of practice.

Whether your PII is provided through your employer or privately, you must ensure that it covers all of the work you do as a physiotherapist. This includes, for example, volunteering at sporting events on the weekend, even if you're not being paid or attending as a physiotherapist. If you are representing yourself as a physiotherapist, or if someone reasonably considers that you are, you must have appropriate PII in place to cover your practice.

Snapshot of the profession

The Board publishes quarterly data profiling Australia's physiotherapy workforce, including a number of statistical breakdowns about registrants.

The table below shows that there are 27,360 physiotherapists in Australia as at March 2015. Of this total, 837 are non-practising and 274 have limited registration.

The data published by the Board also provides information on physiotherapists by principal place of practice, gender by state and territory and endorsement type by state and territory.

For further information, visit the [Statistics](#) page on the Board's website.

Physiotherapy practitioners – registration type and sub type by state or territory (March 2015)

State	General	Limited			Total Count
		Postgraduate training or supervised practice	Public interest Teaching or research	Non-practising	
ACT	505	1	-	9	515
NSW	7,640	39	7	248	7,934
NT	165	-	-	1	166
QLD	4,918	34	7	106	5,065
SA	2,167	32	-	41	2,240
TAS	426	8	-	7	441
VIC	6,405	113	4	208	6,730
WA	3,254	26	-	68	3,348
NO PPP*	769	3	-	149	921
Total	26,249	256	18	837	27,360

*No principal place of practice.

National Scheme news

Criminal history and English language skills registration standards have been revised

The registration standards for criminal history and English language skills have been revised following consultation and have now been approved by the Australian Health Workforce Ministerial Council. Both registration standards took effect from 1 July 2015.

Criminal history

The new criminal history registration standard makes minor amendments to the old standard, which is expected to have minimal impact on practitioners.

When a practitioner first applies for registration, the National Board requires the applicant to declare their criminal history in all countries, including Australia. All registered health practitioners must inform their National Board if they are:

- charged with an offence punishable by 12 months imprisonment or more, or
- convicted or found guilty of an offence punishable by imprisonment in Australia and/or overseas.

When practitioners renew their registration they must disclose any changes to their criminal history.

The registration standard and associated explanatory information are published on [AHPRA's website](#).

English language skills

The new registration standard for English language skills applies to all applicants for initial registration, regardless of whether they qualified in Australia or overseas.

The new standard introduces additional pathways for applicants to demonstrate evidence of their English language skills.

The new standard was developed after a review of the existing standard, which included a public consultation. All National Boards, except the Aboriginal and Torres Strait Island Health Practice Board of Australia, consulted on and revised their English languages skills standard. The standards are now largely common across professions.

The registration standard and supporting information are published on [AHPRA's website](#).

AHPRA joins Facebook

Earlier this year the Australian Health Practitioner Regulatory Agency (AHPRA) joined Facebook as another means by which we can engage with the public and practitioners. We'll be sharing similar content on Facebook that we do on Twitter: news from AHPRA and the Boards, along with photos from events and forums.

Visit our [Facebook page](#).

Changes to Medicines Australia code of conduct affecting health practitioners

Health practitioners should be aware of changes to Medicines Australia code of conduct. Medicines Australia is a membership organisation for pharmaceutical companies in Australia. Its code of conduct sets standards for the advertising and promotion of prescription medicines and applies to all member organisations. The revised code requires member companies to publicly disclose payments made to health professionals for their expert service or when financial support is provided for education purposes, including airfares, accommodation and conference registration fees.

The new requirements in the code come into effect on 1 October 2015 and reporting of all payments will be mandatory from 1 October 2016. More information is available on [Medicines Australia's website](#).

Queensland complaints data have been published

AHPRA and the National Boards have published detailed performance data about notifications management in Queensland.

A co-regulatory system has been in place in Queensland since July 2014 and all complaints about Queensland registered health practitioners are received by the Office of the Health Ombudsman (OHO). The Health Ombudsman is responsible for managing serious complaints relating to the health, conduct and performance of health practitioners in Queensland, and determines which complaints go to AHPRA and the National Boards after assessing their severity.

AHPRA provides quarterly data to the OHO about its performance in managing the complaints which come to AHPRA and the National Boards from the OHO. These data provide quantitative information about the number of complaints received and timelines for managing them.

The first report, which was published in May, includes detailed performance data about notifications management for the first three quarters from 1 July 2014 and 31 March 2015.

Analysis of these data, detailing matters managed by AHPRA and the National Boards, indicates:

- complaint referral patterns from the OHO to AHPRA are variable month to month
- on early trends, AHPRA is receiving 50 per cent fewer complaints than for the comparable period in 2013/14. This suggests the OHO is not accepting, is retaining and/or is closing most matters that the Ombudsman considers do not warrant further action. Of those we manage, more than 70 per cent require further regulatory action, and
- investigation timelines continue to be a major focus for AHPRA and the Boards. Sixty seven of the matters open with AHPRA for longer than 18 months are about 25 practitioners. Multiple complaints about the same practitioner require more complex investigations.

AHPRA continues to focus on decreasing the time it takes to investigate matters, finalising more old investigations and improving the notifier and practitioner experience.

AHPRA will publish more national performance data throughout the next financial year.

The Queensland report is published on the AHPRA website [Statistics](#) page.

Improving monitoring of conditions on practitioner registration

AHPRA has welcomed calls for stringent monitoring and swift detection of breaches in compliance by registered health practitioners with restrictions on their registration.

On 24 March 2015, the OHO published a report recommending a range of initiatives to strengthen monitoring and compliance in Queensland and the National Registration and Accreditation Scheme (the National Scheme).

'Regulation is all about managing risk to patients and we welcome all suggestions to help improve our work in public safety,' AHPRA CEO Martin Fletcher said.

'These recommendations affirm the sweeping changes we have already initiated to strengthen our compliance and monitoring program.'

AHPRA's detailed response to the OHO and the recommendations in the report is published on its website [Corporate publications](#) page.

Since July 2014, health complaints management in Queensland for registered health practitioners has involved a partnership between National Boards, AHPRA and the OHO.

Improvements to compliance monitoring add to the overhaul of complaints management in Queensland that started in 2012. Recent initiatives include preparation for stricter drug and alcohol screening announced in February 2015, the appointment of a national compliance manager and stronger national coordination of the compliance function.

For more information, please read the [media release](#) on AHPRA's website.

AHPRA actions to improve consumer and practitioner experience

Improving the experience of people who have made a notification has been a focus for AHPRA and the National Boards since early last year, when the Health Issues Centre of Victoria (HIC) was commissioned to conduct targeted research into the consumer experience when making a notification.

Since then a raft of changes to address the issues this research raised have been made, in particular to make written communication clearer and easier to understand.

Earlier this year, senior leaders from AHPRA and the Medical Board of Australia (MBA) met Australian Medical Association (AMA) leaders about the way notifications are managed – including decision-making protocols, guidance and policies.

Key issues include the time it takes for a notification to go through the process; the tone and clarity of communication; the need to better explain how the process works and why, and greater transparency wherever legally possible.

AHPRA will continue working on addressing the HIC's recommendations, and on other activities that will improve the overall experience of both consumers and practitioners who are the subject of a notification.

The latest update on this work will be published soon on this page: [Improving our work](#).

Health ministers to consider National Scheme review report in August

Federal and state and territory health ministers will respond to the report of the review of the National Scheme in August this year.

Ministers met in mid-April at the COAG Health Council to discuss a range of national health issues, including the final report of the National Registration and Accreditation Scheme Review. The independent review was conducted by Kim Snowball, the former Director General of Health in Western Australia. It involved an extensive consultation process that included more than 230 written submissions and more than 1,000 individuals participating in consultation forums in each capital city.

The review aimed to identify what was working well in the National Scheme and opportunities to improve and strengthen the work of AHPRA and the National Boards to protect the public and facilitate access to health services. According to the report of the meeting, health ministers will consider the recommendations from the review and discuss them further at their meeting in August 2015.

The *COAG Health Council communiqué* is available on the [COAG Health Council website](#).

Royal Commission on child sexual abuse

The Board and AHPRA have been following the Royal Commission into institutional responses to child sexual abuse and its implications for the regulation of health practitioners. The issues raised in the Royal Commission are serious and disturbing.

The Board and AHPRA are committed to learning from the evidence before the Royal Commission and its findings and are taking action to make sure our regulatory system is responsive to anyone who has been sexually abused by a registered health practitioner, who comes forward.

If you have a concern about a health practitioner call:

- AHPRA on 1300 419 495 (all states and territories except NSW and Qld)
- NSW – 1800 043 159
- Qld – 133 646 (133 OHO).

For more information

- Visit the [Board's website](#) for the mandatory registration standards, codes, guidelines and FAQ.
- Lodge an [online enquiry form](#).
- For registration enquiries, call 1300 419 495 (from within Australia) or +61 3 8708 9001 (for overseas callers).
- Address mail correspondence to: Mr Paul Shinkfield, Chair, Physiotherapy Board of Australia, GPO Box 9958, Melbourne, VIC 3001.