

## Contents

<b>Message from the Chair</b>	<b>1</b>	<b>Snapshot of the profession: over 30,000 registered physiotherapists</b>	<b>4</b>
<b>Update on the review of the Code of conduct</b>	<b>2</b>	<b>National Scheme news</b>	<b>5</b>
<b>Meeting your legal and professional advertising obligations</b>	<b>2</b>	COAG Health Council meeting communiqué: progressing amendments to the National Law	5
<b>Recency of practice protects the public – find out more before you renew your registration</b>	<b>2</b>	Scheduled Medicines Expert Committee appointed	5
<b>Renewal is approaching – are your contact details up to date?</b>	<b>3</b>	Working together to ensure Aboriginal and Torres Strait Islander patient safety	5
<b>Registering as a physiotherapist: the most important thing you do this year</b>	<b>3</b>	<b>For more information</b>	<b>6</b>

## Message from the Chair

Welcome to the latest edition of the Physiotherapy Board of Australia (the Board) newsletter. We hope that the information included is helpful and we would be pleased to receive your feedback, including suggestions as to what you'd like to hear about from the Board.

As we approach World Physical Therapy Day on 8 September, it is timely for us to reflect on the important contribution physiotherapists have made and continue to make to the health and well-being of the Australian community. It is also timely to reflect that the Australian community have a rightful expectation that the physiotherapist they consult, in whatever role or situation that practitioner is employed, will deliver a safe and effective service. This expectation is enshrined within the Health Practitioner Regulation National Law (the National Law) that has been in force since 2010. The Board is charged with administering the National Law as it is legislated in partnership with the Australian Health Practitioner Regulation Agency (AHPRA).

The Board's role is, primarily, to protect the public and it sets standards and policies, as required by the provisions in the National Law that all physiotherapists must meet. The Board also publishes codes and guidelines for physiotherapists and maintains the register of practitioners. The Board and AHPRA aims to protect the public and in all areas of our work, we:

- identify the risks to which we are obliged to respond
- assess the likelihood and possible consequences of the risks, and
- respond in ways that are proportionate and manage risks.

As part of upholding the National Law, an advertising and compliance strategy has begun which included a recent audit of physiotherapy advertising. Physiotherapists found to be non-compliant with the advertising provisions of the National Law, have been sent letters advising them they must **check, correct and comply** with those provisions. The National Law recognises that advertising can heavily influence a patient's decision-making about their healthcare needs. To help the National Registration and Accreditation Scheme (The National Scheme) protect the public, the National Law includes provisions about advertising regulated health services. The advertising provisions affect all advertisers of regulated health services, not just registered health practitioners. Information in advertising should be accurate and based on acceptable evidence, however this is not always the case, and some advertising practices may mislead patients about the potential benefits of certain health services. I urge you to familiarise yourself with the requirements of the National Law, and review the resources now available on the AHPRA website.

The Board is aware that some physiotherapists are including animal-based practice in their chosen scope of practice. It is important to understand that the National Law relates to humans rather than animals, and that you would not be able to meet the requirements of the National Law (e.g. recent practice requirements) if your practise was 100% animal-based. It is important to ensure that your insurer knows about all of your practice, that you adhere to all state and territory based laws about the treatment of animals as well as the National Law, including that you maintain enough practice on humans to meet your professional obligations under the National Law – including the continuing professional development (CPD) and recency of practice registration standards.

We hope that the information included in our newsletter is helpful and we would be pleased to receive your feedback, including suggestions as to what you'd like to hear about from the Board.

**Charles Flynn**  
Chair, Physiotherapy Board of Australia

## Update on the review of the Code of conduct

The Board's **Code of conduct** (the Code) is also used by ten other National Boards (Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Medical Radiation Practice, Occupational Therapy, Optometry, Osteopathy, Pharmacy and Podiatry), with some minor profession-specific changes for some Boards.

The Code is a regulatory document that provides an overarching guide to support and inform good practice and to assist practitioners, National Boards, employers, healthcare users and other stakeholders to understand what good practice involves. It seeks to assist and support practitioners to deliver safe and effective health services within an ethical framework.

As the Code was last published in March 2014, we have started a scheduled review with other National Boards that use the Code, which will draw on best available research and data and involve additional stakeholder consultation and engagement.

The review is still at an early research phase. However, we are already considering how we can maximise opportunities for input when the consultation stage of the review starts. In addition to public consultation, we intend to use our website and other social media to inform physiotherapists of how they can contribute to the review. We will highlight opportunities for you to be involved in this review in our upcoming communiqués and newsletters.

## Meeting your legal and professional advertising obligations



Registered physiotherapists who advertise health services need to **check**, **correct** and **comply** with their professional and legal advertising obligations.

Under the National Law, a regulated health service or a business providing a regulated health service must not advertise in a way that:

- is false, misleading or deceptive
- uses gifts, discounts or inducements without explaining the terms and conditions of the offer
- uses a testimonial or a purported testimonial
- creates an unreasonable expectation of beneficial treatment, and/or
- directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

There are also restrictions on advertising in a way that identifies a health practitioner as a specialist when they do not hold registration as a specialist or as an endorsed practitioner in a health profession.

The National Boards and AHPRA have published a strategy for the National Registration and Accreditation Scheme (the National Scheme) aimed at keeping health service consumers safe from misleading advertising.

The **Advertising compliance and enforcement strategy** explains how National Boards and AHPRA will manage advertising complaints and compliance, including the regulatory powers available to deal with breaches of the National Law.

The strategy is designed to keep improving how regulated health services are advertised so healthcare consumers can be better informed.

When preparing advertising, you should always put the consumer first and ensure that your advertising is not **false, misleading or deceptive** in any way.

This strategy builds on the previous education and enforcement work from National Boards and AHPRA.

More information is available on the **Advertising resources** section of the AHPRA website and more information will be published in coming months.

## Recency of practice protects the public – find out more before you renew your registration

Are you a qualified and trained physiotherapist but concerned about how recent your practice is? Perhaps you are planning to return to work after a period of extended leave and want to know the requirements you must meet. Physiotherapists, along with other regulated health professionals, have to consider their regulatory responsibilities, which include declaring recent practice.

### Regulation of physiotherapy practice protects the public

In order to practise as a physiotherapist in Australia, you are required by the National Law<sup>1</sup> to be registered with the Board. AHPRA supports the Board to help you register quickly and easily.

As a regulator, the Board sets minimum requirements, through its standards, codes, guidelines and policies, for physiotherapy practice, maintains an online *Register of practitioners* and holds to account physiotherapists who fail to meet its requirements.

The National Law requires the Board to ensure, among other things, that practising physiotherapists have the appropriate level of recent practice to be able to provide care to patients.

Meeting your recency of practice obligations means you are able to practise competently and safely, while protecting patients and making sure they receive high quality care.

<sup>1</sup> Health Practitioner Regulation National Law, as in force in each state and territory.

## Revised recency of practice standard now in force

The Board makes it clear what the minimum requirements are for recent practice in their [Recency of practice registration standard](#). This was updated last year and took effect from [1 December 2016](#).

This standard applies to all registered physiotherapists except those with non-practising registration.

You will need to meet the obligations of the revised standard by the time you renew your registration in 2017.

### What's changed?

The key change to the Board's recency of practice requirements is that a minimum hours of practice requirement has been introduced.

### What is recent practice?

To meet the standard, you must practise for a minimum total of:

- 450 hours in the previous three years (approx. three months fulltime), or
- 150 hours in the previous 12 months (approx. one month fulltime).

Most practitioners who are currently practising will meet the revised standard.

This change may affect those physiotherapists who are currently practising infrequently, or who have had a recent absence from practice, or who are currently taking a break from practice and wish to return to practice.

The Board encourages you to review the new registration standard to check whether you will be affected by the changes.

If you cannot meet the minimum hours of practice in the revised standard, this will not necessarily prevent you from returning to practice as a physiotherapist. The standard sets out the options for physiotherapists who don't meet the standard, including those with non-practising registration and physiotherapists who are not registered and wish to return to practice after 1 December 2016.

### Examples that may help you

	Practice in 2015	Practice in 2016	Practice in 2017	Practice in 2018	Practice in 2019	Practice in 2020
<b>Example 1</b>	450 hours ✓	50 hours ✓	50 hours ✓	150 hours ✓	250 hours ✓	50 hours ✓
<b>Example 2</b>	450 hours ✓	No practice ✓	No practice ✓	450 hours ✓	No practice ✓	No practice ✓

In addition to the above, any combination, provided there is either 150 hrs, which is equal to one month Full Time Equivalent (FTE) in the year immediately prior to registration renewal, or 450 hours over the previous three years.

### Fact checker: what do we mean by 'practice'?

A common question is 'what is meant by practice' as part of health practitioner regulation. The definition of 'practice' is used in a number of National Board registration standards.

It means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

### Still have a question? Helpful resources

- You can read these [registration standards](#) on the Board's website.
- The Board has also published [guidelines](#) and [FAQs](#) to support the standard and to help practitioners to understand its requirements.

## Renewal is approaching – are your contact details up to date?

It is important that your contact details are up to date to receive renewal reminders from AHPRA and information from the Board. You can check your details via the Login icon at the top right of the [AHPRA website](#).

Email accounts need to be set to receive communications from AHPRA and the Board to avoid misdirection to an account junk box.

## Registering as a physiotherapist: the most important thing you do this year

Each year throughout October and November every registered physiotherapist in Australia is reminded by the Board, with the support of AHPRA, to renew their registration.

Online renewal is quick and easy. You must renew your registration annually by 30 November. It is also your responsibility to ensure that the contact details AHPRA holds for you are correct.

If for some reason you fail to renew your registration – such as you were away on holidays or if you forget – you have a one-month grace period to renew after your registration expires. After that your details will be removed from the national *Register of practitioners*.

If your name is removed from the register you will not be able to practise as a physiotherapist without making a new application for registration.

A physiotherapist whose name no longer appears on the register is not registered with the Board and cannot call themselves, or make someone believe them to be, a registered health practitioner or physiotherapist.

This is not a rule that the Board can bend, no matter what your circumstances or reasons are for causing your registration to lapse. It is a requirement of the National Law and is the same for the other 13 regulated health professions that are part of the National Scheme.

If you continue to practise as a physiotherapist after your name is no longer on the register, there can be serious consequences for you. If this happens to you, you must:

- cease practice immediately
- notify your professional indemnity insurer
- notify AHPRA, and
- understand that you cannot practise as a physiotherapist until your name appears on the national *Register of practitioners*.

### Meeting your obligations – can you remember the last time you read the small print?

It is important for you to carefully read the renewal questions each year when you register as some of these may have changed since last year.

You should also read the Board’s registration standards to make sure that you understand the declarations you must make regarding mandatory registration standards. These standards include:

- continuing professional development (CPD)
- criminal history
- English language skills
- professional indemnity insurance (PII) arrangements, and
- recency of practice.

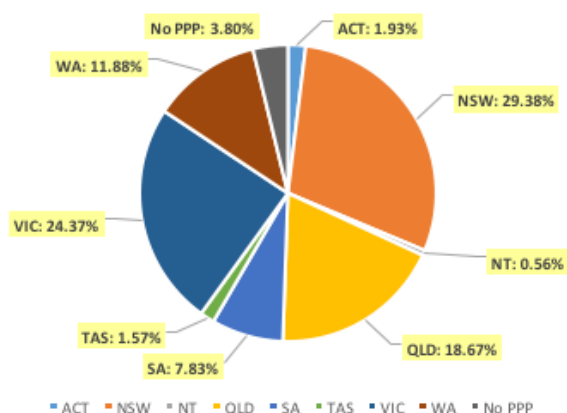
## Snapshot of the profession: over 30,000 registered physiotherapists

The Board has analysed its registration data and produced a number of statistical breakdowns about registrants to share with the profession and community. The Board shares these breakdowns regularly.

Our latest quarterly registration data were published recently. As at 31 March 2017, there were 30,153 registered physiotherapists across Australia. Of these, 28,921 hold general registration, 366 hold limited registration (postgraduate training, supervised practice, or teaching or research), and 866 hold non-practising registration. Further details are given in Table 1.

By percentage, the highest numbers of physiotherapists are based in NSW (29.38%), Vic. (24.37%) and Qld (18.67%). See the chart below for more details.

### Registration by principal place of practice: percentages (31 March 2017)



There are currently seven physiotherapists with an endorsement for acupuncture. For more registration data, such as breakdowns by age and gender, visit our [Statistics](#) page.

**Table 1: Registration type and subtype by principal place of practice (31 March 2017)**

Registration Type	Registration Subtype	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
General		575	8,528	164	5,460	2,298	456	7,005	3,457	978	28,921
Limited	Postgraduate training or supervised practice	1	65	2	44	27	11	158	43	2	353
	Teaching or research		9		3			1			13
Non-practising		7	258	3	123	37	6	184	82	166	866
<b>Total</b>		<b>583</b>	<b>8,860</b>	<b>169</b>	<b>5,630</b>	<b>2,362</b>	<b>473</b>	<b>7,348</b>	<b>3,582</b>	<b>1,146</b>	<b>30,153</b>

## National Scheme news

### COAG Health Council meeting communiqué: progressing amendments to the National Law

The federal and state and territory health ministers met in Brisbane on 4 August 2017 at the **COAG Health Council** to discuss a range of national health issues. The meeting was chaired by the Victorian Minister for Health, the Hon. Jill Hennessy. AHPRA CEO Martin Fletcher attended the Australian Health Workforce Ministerial Council (the Ministerial Council) meeting which brings together all health ministers throughout Australia to provide oversight for the work of the National Registration and Accreditation Scheme. AHPRA and the National Boards provide a regular update to the Ministerial Council on our work.

The meeting included an agreement by health ministers to proceed with amendments to the Health Practitioner Regulation National Law (the National Law) to strengthen penalties for offences committed by people who hold themselves out to be a registered health practitioner, including those who use reserved professional titles or carry out restricted practices when not registered. Ministers also agreed to proceed with an amendment to introduce a custodial sentence with a maximum term of up to three years for these offences. These important reforms will be fast tracked to strengthen public protection under the National Law. Preparation will now begin on a draft amendment bill, with a view to being introduced to the Queensland Parliament in 2018.

Ministers also discussed mandatory reporting provisions for treating health practitioners, agreeing that protecting the public from harm is of paramount importance as is supporting practitioners to seek help and treatment for their health concerns, including for their mental health and well-being. They agreed practitioners should be able to confidentially seek treatment for health issues while preserving the requirement for patient safety. It was agreed that the Australian Health Ministers' Advisory Council (AHMAC) will recommend a nationally consistent approach to mandatory reporting following a consultation process with consumer and practitioner groups. A proposal on mandatory reporting is expected to be considered at the November 2017 meeting of the COAG Health Council.

The Council produces a communiqué from its meeting which can be accessed on [AHPRA's website](#).

### Scheduled Medicines Expert Committee appointed

Late last year the Ministerial Council endorsed the AHMAC *Guidance for National Boards: Applications to the Ministerial Council for approval of endorsements in relation to scheduled medicines under section 14 of the National Law* (the Guidance).

The Guidance is published on the AHPRA website under [Ministerial directives and communiqués](#). It provides information for National Boards about the process for, and

content of, an application to the Ministerial Council for approval of endorsement for scheduled medicines for a health profession under section 14 of the National Law.

Consistent with the Guidance, AHPRA has established a Scheduled Medicines Expert Committee (Expert Committee) whose role is to advise National Boards on the use of scheduled medicines generally, and on matters relevant to a National Board's proposal for a new scheduled medicines endorsement or an amendment to an existing scheduled medicines endorsement.

Following a call for applications, AHPRA is pleased to announce the following appointments to the Expert Committee:

- Professor Anne Tonkin, Chair
- Ms Vanessa Brotto, core member
- Dr Susan Hunt, core member
- Professor Lisa Nissen, core member; and
- Ms Sarah Spagnardi, core member.

The Expert Committee is expected to hold its inaugural meeting later this year. Information about the Expert Committee, including the terms of reference, will be published on the AHPRA website shortly.

### Working together to ensure Aboriginal and Torres Strait Islander patient safety

NAIDOC (National Aboriginal and Islander Day Observance Committee) week is a celebration of the history, culture and achievements of Aboriginal and Torres Strait Islander peoples. It is an important week for all Australians, with celebrations held across Australia each July. This year NAIDOC week's theme was 'our languages matter'.

AHPRA and National Boards marked NAIDOC week (2-9 July) by reaffirming their commitment to an Australia-wide National Scheme Aboriginal and Torres Strait Islander health strategy.

AHPRA and the National Boards have been working with Aboriginal and Torres Strait Islander health sector leaders and regulatory partners to get this important work started. As regulators of over 657,000 health practitioners in 14 different health professions, the opportunity to improve patient safety for Aboriginal and Torres Strait Islander peoples in Australia's health system is an important one. This commitment will be achieved through a [National Scheme Aboriginal and Torres Strait Islander Health Strategy](#).

This work is about strong partnerships with Aboriginal and Torres Strait Islander people and communities, not about AHPRA or the National Boards acting in isolation. The National Boards are working actively towards influencing cultural safety, equity and justice in healthcare for patients. A strategy group is in place which includes Aboriginal and Torres Strait Islander health sector leaders and representatives from accreditation entities, National Boards, AHPRA, and the Chair of AHPRA's Agency Management Committee.

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## 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 9275 9009 (for overseas callers).
- Address mail correspondence to: Charles Flynn, Presiding Member, Physiotherapy Board of Australia, GPO Box 9958, Melbourne, VIC 3001.

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## Follow AHPRA on social media



Australian Health Practitioner Regulation Agency  
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