



22 December 2009

The Hon John Hill MP  
Chair, Australian Health Workforce Ministerial Council  
Minister for Health  
GPO Box 2555  
ADELAIDE SA 5001

Dear Minister

### **Proposals for Ministerial Council approval**

I am pleased to submit the attached proposals from the Physiotherapy Board of Australia on mandatory registration standards and specialist registration for the Ministerial Council's approval.

The proposals for registration standards and specialist registration are submitted in line with schedule 7, clause 30 of the *Health Practitioner Regulation National Law Act 2009* (Qld) (the National Law) for approval by the Ministerial Council under sections 12 and 13 of the National Law.

The proposals submitted relate to:

- criminal history registration standard
- English language requirements registration standard
- professional indemnity insurance arrangements registration standard
- continuing professional development registration standard
- recency of practice registration standard, and specialist registration.

Common minimum registration standards across all boards are proposed for criminal history matters and English language requirements registration standards.

The proposals have been subject to wide-ranging consultation as required in relation to registration standards by section 40 of the National Law, and comments have been received from the sector, governments and other stakeholders. The Board has found it very useful during the consultation process to receive advice agreed across jurisdictions from the heads of all health departments across Australia on their views on the matters under consideration.

I advise that the development of the proposals has been consistent with the Australian Health Practitioner Regulation Agency's *Procedures for Development of Registration Standards* which the Agency has issued under section 20(1)(a) of the *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008* (Qld).

The Board wishes to highlight its response to the comments from the AHMAC Governance Committee for the National Registration and Accreditation Scheme. The Board gave careful consideration to these comments and has significantly revised its proposals in response.

In relation to specialist registration, the Board's proposal has been revised to address the issues raised by the Governance Committee and explains why there is a strong public interest case for specialist registration of physiotherapists. I would be pleased to attend your meeting to make a brief presentation on the proposal and answer any questions that Ministers may have.

The Board has reluctantly decided to include a more categorical requirement for a minimum number of hours of continuing professional development (CPD) in its initial CPD registration standard, in response to feedback from the Governance Committee. However, the Board wishes to emphasise that this change is not supported by the current research evidence, which has not established any link between a minimum number of CPD hours and competency. The Board also notes that the approach of specifying a minimum number of CPD hours could discourage practitioners from undertaking greater amounts of CPD than specified. Lastly, the Board is firmly of the view that there is a need for additional research on effective CPD to inform future registration standards for physiotherapy and other nationally-registered health professions, to enable standards to be properly based on evidence.

The Board looks forward to receiving the approval of the Ministerial Council for the attached registration standards under section 12, approval as a health profession for which specialist recognition operates under section 13(1)(c) and approval for the list of specialties and specialist titles under section 13(2) of the National Law.

Yours sincerely



Glenn Ruscoe  
Chair



# **Proposals to the Australian Health Workforce Ministerial Council in registration standards and related matters**

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# 1 Mandatory registration standards

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## 1.1 Criminal history

### Physiotherapy Board of Australia Criminal history standard

#### Summary

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the 10 factors set out in this standard. While every case will need to be decided on an individual basis, these 10 factors provide the basis for the Board's consideration.

#### Scope of application

This standard applies to all applicants and all registered health practitioners. It does not apply to students.

#### Requirements

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the following factors.

**1. The nature and gravity of the offence or alleged offence and its relevance to health practice.**

The more serious the offence or alleged offence and the greater its relevance to health practice, the more weight that the Board will assign to it.

**2. The period of time since the health practitioner committed, or allegedly committed, the offence.**

The Board will generally place greater weight on more recent offences.

**3. Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.**

In considering the relevance of the criminal history information, the Board is to have regard to the type of criminal history information provided. The following types of criminal history information are to be considered, in descending order of relevance:

- (a) convictions
- (b) findings of guilt
- (c) pending charges
- (d) non-conviction charges; that is, charges that have been resolved otherwise than by a conviction or finding of guilt, taking into account the availability and source of contextual information which may explain why a nonconviction charge did not result in a conviction or finding of guilt.

**4. The sentence imposed for the offence.**

The weight the Board will place on the sentence will generally increase as the significance of the sentence increases, including any custodial period imposed. The Board will also consider any mitigating factors raised in sentencing, where available, including rehabilitation.

**5. The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.**

The Board may place less weight on offences committed when the applicant is younger, and particularly under 18 years of age. The Board may place more weight on offences involving victims under 18 years of age or other vulnerable persons.

**6. Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence.**

The Board will generally place less or no weight on offences that have been decriminalised since the health practitioner committed, or allegedly committed, the offence.

**7. The health practitioner's behaviour since he or she committed, or allegedly committed, the offence.**

Indications that the offence was an aberration and evidence of good conduct or rehabilitation since the commission, or alleged commission of the offence, will tend to be a mitigating factor. However, indications that the offence is part of a pattern of behaviour will tend to have the opposite effect.

**8. The likelihood of future threat to a patient of the health practitioner.**

The Board is likely to place significant weight on the likelihood of future threat to a patient or client of the health practitioner.

**9. Any information given by the health practitioner.**

Any information provided by the health practitioner such as an explanation or mitigating factors will be reviewed by the Board and taken into account in considering the health practitioner's criminal history.

**10. Any other matter that the Board considers relevant.**

The Board may take into account any other matter that it considers relevant to the application or notification. A Board will not require an applicant or registered health practitioner to provide further information that may prejudice their personal situation pending charges and the Board must not draw any adverse inference as a result of the fact that information has not been provided.

*Note:* the above factors have been numbered for ease of reference only. The numbering does not indicate a priority order of application.

### Definitions

**Criminal history** is defined in the National Law as:

- every conviction of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law,
- every plea of guilty or finding of guilt by a court of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law and whether or not a conviction is recorded for the offence
- every charge made against the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.

### Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

## 1.2 English language skills

### Physiotherapy Board of Australia

#### English language skills standard

##### Summary

All applicants for initial registration must be able to demonstrate English language skills at IELTS academic level 7 or the equivalent, and the Board may require this in a number of ways. This standard does not apply to students.

An internationally qualified applicant or an applicant who did not complete their secondary education in English must demonstrate that they have the necessary English language skills for registration purposes by achieving the required minimum score in each component of the IELTS academic module, OET or specified alternatives (see 'Definitions', below).

Test results will generally need to be obtained within two years prior to applying for registration. The Board may grant an exemption in specified circumstances.

##### Scope of application

This standard applies to all applicants for initial registration. It does not apply to students.

##### Requirements

1. An applicant who is:

- an internationally qualified applicant; or
- an applicant who did not undertake and complete their secondary education in English and in one of the countries specified in Exemption 1 below

must submit evidence of secondary education, or arrange for evidence to be provided (in the case of test results), to the relevant Board of competency in English language skills as demonstrated by having completed the following tests of English language proficiency:

- (a) the IELTS examination (academic module) with a minimum score of 7 in each of the four components (listening, reading, writing and speaking); or
- (b) completion and an overall pass in the OET with grades A or B only in each of the four components.

2. Results must have been obtained within two years prior to applying for registration.

3. An IELTS or OET Test Report Form more than two years old will be accepted as current if accompanied by proof that a candidate has actively maintained employment as a registered health practitioner using English as the primary language of practice in a country where English is the native or first language. Test results must comply with the current requirements of this policy.

4. Results from any of the abovementioned English language examinations must be obtained in one sitting.

5. The applicant is responsible for the cost of English tests.

6. The applicant must make arrangements for test results to be provided directly to the Board by the testing authority; for example, by secure internet login.

## Exemptions

1. The Board may grant an exemption from the requirements where the applicant provides evidence that:
  - (a) they undertook and completed secondary education that was taught and assessed in English in one of the countries listed below where English is the native or first language; and
  - (b) the applicant's tertiary qualifications in the relevant professional discipline were taught and assessed in English in one of the countries listed below, where English is the native or first language:
    - Australia
    - Canada
    - New Zealand
    - Republic of Ireland
    - South Africa
    - United Kingdom
    - United States of America.
2. The Board may grant an exemption where an applicant applies for limited registration in special circumstances, such as:
  - (a) to perform a demonstration in clinical techniques
  - (b) to undertake research that involves limited or no patient contact
  - (c) to undertake a period of postgraduate study or supervised training while working in an appropriately supported environment that will ensure patient safety is not compromised.

These special circumstances exemptions will generally be subject to conditions requiring supervision by a registered health practitioner and may also require the use of an interpreter.

3. The Board reserves the right at any time to revoke an exemption and/or require an applicant to undertake a specified English language test.

## Definitions

**IELTS** means the International English Language Testing System developed by the University of Cambridge Local Examinations Syndicate, The British Council and IDP Education Australia (see <http://www.ielts.org/>).

**OET** means Occupational English Test (OET) administered by the Centre for Adult Education (see <http://www.occupationalenglishtest.org/>).

An **internationally qualified applicant** means a person who qualified as a health practitioner outside Australia.

**One sitting** means the period of time set by the testing authority for completion of the test. For example, IELTS states that the listening, reading and writing components of the test are always completed on the same day. Depending on the test centre, the speaking test may be taken up to seven days either before or after the test date.

## Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

## 1.3 Professional indemnity insurance arrangements

### Physiotherapy Board of Australia

#### Professional indemnity insurance arrangements standard

##### Summary

All registered physiotherapists practising in Australia are required to have in place professional indemnity insurance (PII) arrangements that are continuous throughout the period of registration. The registrant must ensure that the cover is appropriate to the level of risk and is inclusive of run-off cover.

##### Scope of application

This standard applies to all registered health practitioners. It does not apply to students and practitioners who have nonpractising registration.

##### Requirements

1. All registered physiotherapists practising in Australia must have in place PII arrangements.
2. The requirement for all practising physiotherapists to hold appropriate PII applies both to physiotherapists in private practice and to employed physiotherapists, whether in the private, nongovernment or public sector.
3. For privately held PII, the physiotherapist must retain documentary evidence and, if required by the Board, provide written advice from an approved insurer or insurance broker that PII has been issued or that a premium has been paid and accepted for the issue of PII. Generally, this will be in the form of a certificate of currency.
4. Physiotherapists whose PII cover is provided by their employer or by their union are required to retain documentary evidence of their insurance where such documentation is provided by their employer or union, but are not required to seek such documentation where it is not automatically provided to them. Physiotherapists who do not have such documentation will be required by the Board to seek documentation from their employer or union in a limited number of circumstances (such as during an audit of PII or in the handling of a notification). Group policies must meet all other requirements of this standard.
5. At annual renewal, physiotherapists must complete a declaration that appropriate indemnity arrangements are, or will be, in place for the period of the proposed registration or renewal.
6. Registered physiotherapists must, in consultation with their insurer or insurance broker, identify the risk exposure associated with their practice and ensure that the type and level of cover provided by the PII arrangements are sufficient in the circumstances.
7. Registered physiotherapists whose PII arrangements are provided by their employer must have individual PII arrangements in place if they intend to practise physiotherapy outside their stated employment, including when undertaking practical components of professional development activities.
8. Registered physiotherapists must ensure their PII arrangements provide unlimited run-off cover for when they cease to practise or change insurance provider.

##### Definitions

**Professional indemnity insurance arrangements** means arrangements that secure for the practitioner insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the costs and expenses of defending a legal claim, as well as any damages payable. Some government organisations, under policies of the owning government, are self-insured for the same range of matters

**Run-off cover** means insurance that protects a practitioner who has ceased a particular practice or business against claims that arise out of activities which occurred when he or she was conducting that practice or business. This type of cover may be included in a PII policy or may need to be purchased separately.

**Notification** means a notification to the National Agency under the proposed National Law, for example, complaining about the conduct of a health practitioner.



**Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

#### Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

## 1.4 Continuing professional development

### Physiotherapy Board of Australia Continuing professional development standard

#### Summary

All registered physiotherapists practising in Australia must maintain a portfolio documenting participation in continuing professional development (CPD) that contributes to maintaining and improving their competence to practise in their chosen scope of practice. The Board will accept as evidence a declaration by an individual of CPD activity sufficient to maintain competence throughout the period of registration.

#### Scope of application

This standard applies to all registered practitioners. It does not apply to students or practitioners who have nonpractising registration.

#### Requirements

1. All practising physiotherapists must maintain a portfolio that documents all CPD undertaken and a record of reflection of the impact of learning on practice.
2. The Board will accept as evidence a declaration by an individual that they will commit to undertake sufficient CPD to maintain competence throughout the period of registration.
3. All practising physiotherapists are required to participate in CPD activities that contribute directly to maintaining and improving their competence in their chosen scope of practice. Practising physiotherapists must complete at least 20 hours of CPD per year.
4. Applicants who are registered part-way through a registration period must complete five hours of CPD for every three months of registration remaining in the registration period.

In line with its function to monitor the competence of physiotherapists, the Board will conduct an annual audit of physiotherapists registered in Australia. The audit process, including the proportion of practitioners audited, will be published in the Board's guidelines and may be reviewed from time to time.

#### Definitions

**Continuing professional development** is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

**Professional development activities** means participation in formal learning activities, such as attendance at courses or conferences, as well as non-formal learning gained through experience and interaction with colleagues.

**Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

#### References

Australian Capital Territory Health (2005). *Continuing Professional Development for Allied Health Professionals*, ACT Health, Canberra.

#### Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

## 1.5 Recency of practice

### Physiotherapy Board of Australia

#### Recency of practice standard

##### Summary

All registered physiotherapists practising in Australia are required to maintain their competence to practise. The Board requires that physiotherapy practice has been undertaken during the five-year period immediately prior to the commencement of the registration period.

New applicants are required to provide documented evidence of practice if their qualification was obtained more than five years before the date of application.

All registered physiotherapists are required to declare their practising status at renewal.

##### Scope of application

This standard applies to all registered practitioners. It does not apply to students or practitioners who have nonpractising registration.

##### Requirements

1. If an applicant's qualifications were obtained more than five years before the day the application for registration is made, the applicant is required to provide documented evidence that they have practised physiotherapy within the five years before the day the application is made.
2. Upon renewal of registration, all physiotherapists must confirm that they have practised physiotherapy within the five years before the first day of the renewal period.
3. The Board will accept as evidence at renewal a declaration by an individual that they have practised physiotherapy.
4. If an applicant has not practised for more than five years, they will be required to demonstrate competence to practise and registration will be at the Board's discretion.

##### Definitions

**Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

**Recency of practice** means that a practitioner has maintained contemporary practice in the profession since qualifying or obtaining registration.

##### Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

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## 2 Proposals for specialist registration

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The Physiotherapy Board of Australia is seeking Ministerial Council approval for:

1. Physiotherapy as a profession for which specialist recognition operates.
2. The following specialties:
  - cardiorespiratory
  - continence and women's health
  - gerontology
  - musculoskeletal
  - neurology
  - occupational health
  - paediatrics
  - sports.

During the consultation process, the Board's proposal received strong support from the Australian Physiotherapy Association, the Australian Physiotherapy Council, the Australian Medical Association and the Hospital Services Union. However, the AHMAC Governance Committee did not support the proposal. The Board carefully considered the feedback provided by the Australian Health Ministers Advisory Council (AHMAC) Governance Committee and has significantly revised its proposal to explain why specialist registration is in the public interest and to reassure ministers that all criteria for specialist registration required under the National Law will be established by 1 July 2010.

### 2.1 Approval as a health profession for which specialist recognition operates

The case for approving physiotherapy as a profession for which specialist recognition operates is consistent with the objectives and guiding principles articulated in the National Law. In particular, the Board argues that its case provides for greater levels of protection of the Australian public; facilitates improved access to health services in the public interest; and provides a framework that will contribute to the continuous development of a flexible, responsive and sustainable physiotherapy workforce.

The Board submits that it is in the public interest to recognise, through specialist registration, the advanced level of knowledge, skills and professional attributes that enable specialist physiotherapists to manage the more complex or challenging clinical presentations. It is also important to formally identify specialist physiotherapists for the contributions they can make, and will continue to make, to the many current challenges facing health systems across Australia. The Board proposes that specialists should be subject to specific regulation due to their participation in advanced practice. Advanced practice may involve risk, which in turn warrants higher levels of expectation from the public and health service providers.

The Board submits eight key arguments in support of its case (see 'Key arguments in support of specialist registration of physiotherapists', below).

1. Specialist registration of physiotherapists is in the public interest, because it has the potential to allow the Australian public to be able to reliably identify and access physiotherapists with specialist skills and competencies more readily than they can without such regulation.

2. Specialist registration of physiotherapists is necessary to meet the demands of an increasing number of patients with complex conditions and comorbidities.
3. Specialist registration of physiotherapists is an enabler to support workforce flexibility and enhance workforce retention.
4. Specialist registration of physiotherapists will benefit health services in the public sector.
5. Specialist registration of physiotherapists will improve access for the Australian public to overseas trained physiotherapists with specialist qualifications.
6. The current self-regulated approach to specialisation within the physiotherapy profession is inadequate.
7. There is existing recognition of specialist registration for physiotherapists.
8. Newly developed infrastructure and processes for the registration of specialist physiotherapists currently exist.

### **Background — specialist physiotherapists**

Australian physiotherapists graduate with and maintain a broad range of knowledge, skills and professional attributes to practise across the various human body systems. Specialist physiotherapists are generalist physiotherapists who have engaged in further learning and extensive periods of supervised practice culminating in eligibility for admission to the Australian College of Physiotherapy. Specialist physiotherapists, while maintaining a broad foundation of skills, focus on a particular area of practice, and further develop their knowledge, skills and professional attributes in that particular area of practice.

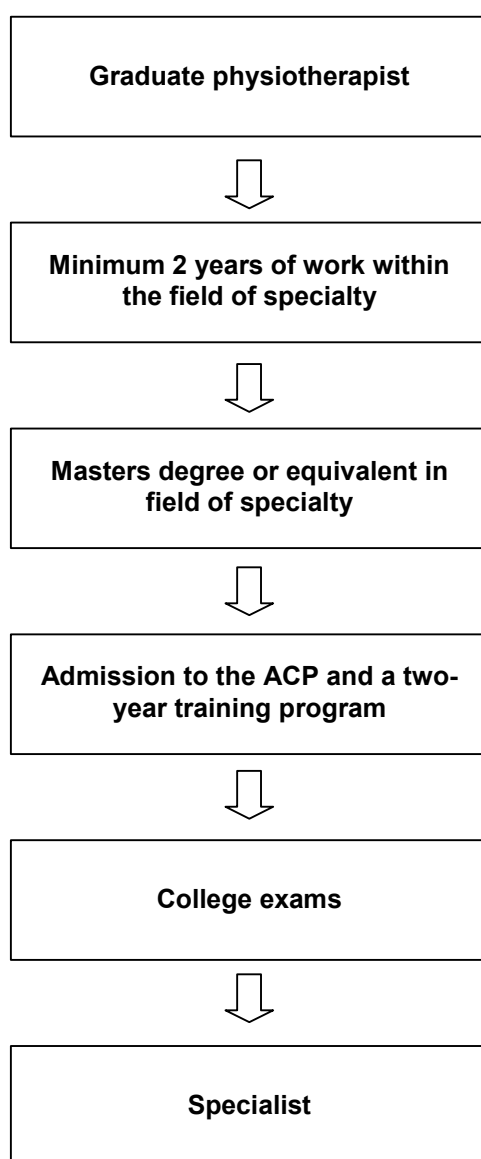
### **Current specialist recognition of physiotherapists**

A process of specialisation for physiotherapists through the Australian College of Physiotherapy has been in place for more than 30 years. The recognition of specialist physiotherapists differentiates practitioners who have demonstrated a greater depth of knowledge and advanced clinical competence in specific areas of practice. The physiotherapy services provided by specialist physiotherapists are, as the title indicates, specialised.

Each specialist physiotherapist has:

- A depth and breadth of knowledge, skills and professional attributes that an entry-level practitioner does not possess, and uses his or her advanced training to provide specialised physiotherapy services to the community.
- Completed advanced levels of postgraduate education and has demonstrated the knowledge, skills and professional attributes that are required to provide specialised physiotherapy services through a rigorous process of assessment, including clinical examinations.
- Completed a minimum of five years of postgraduate training. This includes a university-based Masters degree or equivalent in the physiotherapy specialty, followed by a two-year, specific, specialist training program. The specialist training programs include clinical education and training, and facilitate clinical development to achieve an advanced level of clinical practice. Each specialist physiotherapist must also provide evidence of active participation in research and a commitment to health professional education.

At the completion of the two-year specialist training program, candidates must pass rigorous final clinical examinations. The above elements of an established process of specialisation provide the infrastructure for specialist registration. The process is shown in Figure 2.1.



**Figure 2.1** The current specialisation process for physiotherapy

### Key arguments in support of specialist registration of physiotherapists

- 1. Specialist registration of physiotherapists is in the public interest, because the Australian public will be able to reliably identify and access physiotherapists with specialist skills and competencies**

The higher level of regulation, and consequential administrative activities, involved in the specialist registration of physiotherapists is justified by the public interest. Registration of specialists potentially facilitates reliable identification of providers with advanced skills gained through postgraduate training, experience and competencies in specialist areas of practice. An important example is continence and women's health physiotherapists who provide low-cost, effective management of stress urinary incontinence. These specialised

services avoid the need for gynaecological surgery in hundreds of women (Neumann et al 2005<sup>1</sup>).

For physiotherapists, general practice will not be restricted by specialist registration that provides for identification of physiotherapists who also have extended education and expertise in specific fields of practice. However, specialist registration will ensure that only physiotherapists with suitable training and experience approved by the Board could use specialist titles. This will protect the public from potentially false, confusing or misleading representations about practitioners who do not have the specialist knowledge and skills at this advanced level of professional recognition. It will therefore provide a clear and consistent system for the identification of specialist physiotherapists to the Australian public and, in turn, better access to advanced and appropriate health services.

In its 2008 report, the Australian Bureau of Statistics indicated that approximately seven million (46 per cent) Australians aged 15 to 74 years in 2006 had scores at Level 1 or 2 for prose and document health literacy. These levels were described as insufficient to meet the minimum standards for coping with the complex demands of everyday life and work in modern society. Inadequate health literacy has been found to be associated with poor health in a range of settings and conditions. Failing to establish specialist registration for physiotherapy transfers the burden of identifying appropriate practitioners with specialist skills and competencies to the public to distinguish between the claims of different practitioners in a complex environment. Given the prevailing standards of health literacy, the lack of a clear system to readily identify specialist physiotherapy skills and knowledge could have significant detrimental effects on health outcomes for the Australian public.

The Board suggests that the current system of specialisation in physiotherapy is not well understood by the Australian public, who are used to operating within an environment where legislative frameworks assist in the recognition of different specialist practitioners. Physiotherapists use a variety of titles to differentiate themselves in the market place or by service providers seeking to develop physiotherapy roles and services. These include titles such as ‘consultant’, ‘specialist’ and ‘clinical lead’ physiotherapist. These terms describe roles and functions that do not necessarily align with the rigorous requirements of the current specialisation framework recognised by the Australian College of Physiotherapy. If specialist skills and competencies are not readily identifiable by the public, the assessment and diagnosis of more complex or challenging presentations may be inadequate, treatment for a range of conditions may take significantly longer, referrals to other essential services may not be as timely or appropriate, and the overall outcome from intervention may be less or not effective. This has the potential to increase costs for consumers, promote the further development of chronic conditions, and negatively impact on health care outcomes generally.

## **2. Specialist registration of physiotherapists is necessary to meet the demands of an increasing number of patients with complex conditions and comorbidities**

The Board submits that public safety is paramount and that there are inherent risks in some physiotherapy practice and techniques. The Board proposes that important safety considerations can be addressed through the regulation of specialist physiotherapists who are more appropriately positioned to provide high-risk techniques and interventions, and to supervise, review and teach other physiotherapists to undertake these practices more safely, than physiotherapists without specialist training.

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<sup>1</sup> Neumann PB, Grimmer KA, Grant RE and Gill VA (2005). The costs and benefits of physiotherapy as first-line treatment for female stress urinary incontinence. *Aust N Z J Public Health*, 416-21.

The vision for specialist registration is to facilitate effective and appropriate health care, and not to restrict the number of physiotherapy training places or to limit the practice of generalist physiotherapists. Specialist registration of physiotherapists potentially enhances the health system's capacity to address the demands of the increasing numbers of patients with complex conditions and comorbidities. The advanced skills that specialist practitioners possess enhance their ability to provide specialist care to this cohort of patients. Specialist registration will provide a better pathway for complex cases and will facilitate the provision of more efficient care. Through a specialist register, the Board will be better able to monitor adverse events and set up quality feedback loops.

Specialist registration will support specialist physiotherapists to provide clinical leadership across the profession. The Board considers it important, particularly in rural and remote areas, that nonspecialist physiotherapists are able to provide as wide a range of services to the Australian public as necessary and appropriate. However, the introduction of specialist registration will strengthen the infrastructure for critical clinical support for rural and remote practitioners.

### **3. Specialist registration of physiotherapists will support workforce flexibility and enhance retention**

The Board recognises the importance to the Australian community of maintaining a flexible physiotherapy workforce to meet the current and future challenges facing the health care system nationally. The Board has considered the National Health Workforce Strategic Framework endorsed by the Council of Australian Governments and Health Ministers in developing its proposal for specialist registration. Principle 5 provides that 'to make optimal use of workforce skills and ensure best health outcomes, it is recognised that a complementary realignment of existing workforce roles or the creation of new roles may be necessary'.

It is important that generalist physiotherapy skills are maintained in the community, while also encouraging the development of the specialist skills needed by the public and private health sectors. Workforce flexibility provided by specialised physiotherapy practice has been recognised by health authorities in most States and Territories.

Particularly in rural and remote areas of Australia, but also in metropolitan areas, physiotherapists with general skills are essential members of multi and interdisciplinary health care teams. Generalist physiotherapists often work in new and innovative ways to meet the particular needs of the community. Across all health systems, the demand for service is continuing to outstrip supply associated with drivers such as the ageing population and the rise in levels of people living with chronic conditions. This means that physiotherapists, among other health professionals, are challenged to work in advanced or extended scopes of practice to meet the various challenges at a local level. This potentially involves taking on tasks and activities that were formerly the domain of other professions (e.g. diagnosis through medical imaging, joint injections and medication prescription). The unique skills and competencies of Australian physiotherapists ideally place them to undertake such roles.

Specialist physiotherapists are particularly well situated to work in advanced and extended scopes of practice due to their advanced level of training, knowledge and skill they have gained in their specific areas of practice. A broadly skilled health workforce will require specialist physiotherapists to lead the practice of physiotherapy to, in turn, provide a greater contribution to the health of the Australian public. Hospital emergency departments and orthopaedic and neurological clinics are increasingly using specialist musculoskeletal physiotherapists to triage and treat patients. Emergency and surgical waiting times are being



significantly reduced by the skills of specialist musculoskeletal physiotherapists who lead triage services for patients. Similarly, in the private sector, specialist physiotherapists have the skills to recognise conditions that require surgery and have the clinical ability to triage patients and refer them directly to medical specialists such as an orthopaedic surgeon. Recognition of specialists and provision of infrastructure to allow such referral could, potentially, facilitate better care for the public and reduce health care costs.

The Board is aware of the current rate of attrition of the physiotherapy workforce. A 2006 Victorian study indicated that of the 1400 respondents working in clinical physiotherapy in 2003, 26.4 per cent intended to leave the workforce within the next five years. The New South Wales Department of Health indicated that the wastage rate for physiotherapists increased from four per cent in 2001–03 to 11 per cent in 2003–04. A major factor leading to continued rates of attrition of clinical physiotherapists, particularly in the public sector, is the lack of a clear career pathway in physiotherapy. Specialist registration will assist in the retention of physiotherapists in the workforce by creating a clear, legislatively recognised, career path to help arrest this high attrition rate.

The Board proposes that specialist registration of physiotherapists will contribute to maintaining an appropriate balance between generalist and specialist skills in the physiotherapy workforce by requiring all specialist physiotherapists to also hold general registration. This will ensure that specialists maintain a broader scope of practice in addition to their area of specialisation. The Board suggests that only a relatively small percentage of the physiotherapist workforce is expected to seek specialist registration. The best estimate is that in the initial three years of the national registration scheme, around seven per cent of the physiotherapy workforce would be eligible for specialist registration. Accordingly, the numbers of physiotherapists able to provide a generalist service is not likely to be depleted significantly by a specialist registration framework.

#### **4. Specialist registration of physiotherapists will benefit health services in the public sector**

Specialisation will not be available to physiotherapists as a direct entry into the profession. Specialisation will only be possible following completion of a period of general practice, completion of further studies and a period of supervised practice.

The above approach reflects current physiotherapy career paths and the manner in which the workforce tends to move into preferred areas of practice, developing more specialised skills over the course of their careers. Most physiotherapy graduates, particularly in the public sector, undertake work across a wide range of areas of practice in their early years. Programs such as first year allocations to public hospitals (eg New South Wales) facilitate this. Anecdotal evidence suggests that most newly qualified, newly registered physiotherapists tend to consolidate their base skills in the core areas of musculoskeletal, cardio-respiratory and neurological physiotherapy in a wide variety of clinical areas before moving into more specialised practice. Given this and Point 3 above, it is not anticipated that specialist registration will lead to any change in the physiotherapy workforce available to the public sector or to the existing patterns of work preferences. However, the Board suggests that specialist registration of physiotherapists would have particular benefits for the public health sector by establishing clearer career paths for mid-career and senior physiotherapists, while maintaining the broad flexibility required to contribute to innovative solutions to service demand challenges. Physiotherapists will continue to choose public sector work due to the greater opportunities for being involved in teaching and research, as well as the range of areas of practice. Given the requirements to undertake teaching and research as part of the specialisation framework, it is likely that formalised specialist registration may lead to

increased numbers of specialist physiotherapists seeking employment in the public sector. Providing clear specialisation pathways as viable career options for public sector physiotherapists will contribute to the ability of public health services to develop innovative models of care. It will also assist public health providers to better define and assure the public of access to highly skilled and appropriate services.

#### **5. Specialist registration of physiotherapists will improve access for the Australian public to overseas trained physiotherapists with specialist qualifications**

The proposal for specialist registration of physiotherapists improves the scope for access by overseas trained physiotherapists with equivalent recognised specialist skills, knowledge and experience to work in Australia. This would, in turn, provide benefits for the Australian public via increased access to advanced physiotherapy services. As outlined in Point 1, this is clearly in the public interest.

Specialist regulation potentially provides overseas trained physiotherapists with the choice of being assessed in Australia for general registration, or for general and specialist registration. The skills and expertise of overseas recognised specialists in areas including paediatrics, cardiorespiratory and musculoskeletal physiotherapy are in demand across many areas of Australia, particularly rural and remote regions.

#### **6. The current self-regulated approach to specialisation within the physiotherapy profession is inadequate**

The current approach to specialisation is self-regulated by the peak advocacy body for the physiotherapy profession, the Australian Physiotherapy Association. The current process is focused on educational pathways, rather than regulatory standards focused on the protection of the public. The process is not supported by enforceable sanctions that ensure the use of specialist titles are restricted to physiotherapists with specialist qualifications recognised by the specialist training provider, the Australian College of Physiotherapy, or any current State or Territory registration board. Accordingly, the current system does not assist the Australian public to identify or access physiotherapists with advanced qualifications and skills recognised by the Board.

Specialist registration of physiotherapists has the potential to provide the Board with a clear structure for regulation of practitioners in a way that will be difficult to achieve within a general registration framework. Endorsements on general registration in specialty areas would be an inadequate method of protecting the title of specialist practitioners who have completed the rigorous education and training requirements of the Australian College of Physiotherapy. Specialist registration would enable a requirement that specialists be subject to specific requirements for continuing professional development (CPD), recency of practice and possibly professional indemnity insurance (PII) requirements specific to that specialty.

#### **7. There is existing recognition of specialist registration for physiotherapists**

In addition to qualification of specialist physiotherapists through the Australian College of Physiotherapy, there are specific legislative provisions related to recognition of specialist physiotherapists and protection of specialist titles within the Physiotherapy Registration Acts in Western Australia and New South Wales. There is capacity for use of the title 'specialist physiotherapist' in other jurisdictions. It is submitted that these existing provisions provide a precedent for the ongoing access to specialist physiotherapist registration under the National Law.

Section 30 of the *Physiotherapists Act 2005* provides for the specialist registration of physiotherapists in Western Australia. While qualifications for specialist registration have not yet been prescribed, physiotherapists who hold postgraduate qualifications in physiotherapy can apply to the Board to register their qualifications. Providing a physiotherapist has the appropriate postgraduate physiotherapy qualification registered with the Board, he or she is entitled to use the specified specialist titles: cardiopulmonary physiotherapist, manipulative therapist, musculoskeletal physiotherapist and women's health physiotherapist.

National specialist registration for physiotherapy would be consistent with the existing Western Australian and New South Wales legislation and would formalise the current approach with benefits for the public, as discussed above.

There is a clear existing body of specialist knowledge taught and practised by the profession of physiotherapy. There are specialist clinical conferences and peer reviewed publications. There are currently more than 100 specialist physiotherapists recognised by the Australian College of Physiotherapists. However, there are an additional 1300 'titled members' of the Australian Physiotherapy Association who have completed the initial stage of the specialisation process, including achievement of a Masters-level qualification or equivalent in a specialty area of practise. Titled members are eligible to complete the two-year specialist training program and be assessed to qualify as specialists by the Australian College of Physiotherapy. Registration as specialists would provide incentives to these physiotherapists to complete the specialisation training program and thereby significantly increase the pool of specialist physiotherapists available within the Australian health workforce within as little as two years. This is particularly important in areas that are likely to be subject to increasing future demand, such as aged care and chronic disease management, as well as those areas outlined in Point 3, above.

Physiotherapy is a profession where a recognition framework for specialisation currently exists. Registration of specialist physiotherapists is clearly supported by a number of key bodies, including the Australian Medical Association and the Health Services Union of Australia. There are existing, well-defined pathways for gaining specialist academic and practical qualifications and gaining recognition for specialist skills, knowledge and expertise. This educational-based system needs to be reflected in a regulatory system for more advanced areas of physiotherapist practice where the risks to the public are higher than in general physiotherapy practice.

#### **8. There are newly developed infrastructure and processes for the registration of specialist physiotherapists in place**

The infrastructure and processes required under the National Law includes the development of national standards for the accreditation of specialist training programs and the accreditation of at least one training program in accordance with those standards. The Board highlights that:

- The Australian Physiotherapy Council (APC) has recently endorsed a new national standard and process for the accreditation of programs of study leading to recognition of physiotherapists as specialist practitioners. The Council has undertaken wide-ranging consultation in development of this document, including within the physiotherapy profession, education providers and with the Australian Physiotherapy Association. It is now ready for use by a Specialist Assessment Committee of the APC in the accreditation of programs of study leading to recognition of specialist physiotherapists.

- The Australian College of Physiotherapy is due to submit an application for accreditation of its specialist physiotherapist training program to the APC in mid-January 2010. The APC has indicated that initial accreditation of the Australian College of Physiotherapy program may be completed by as soon as 31 March 2010.

## 2.2 Protection of the public through specialist registration by proposed specialty

As new areas of specialised physiotherapy practice open up, advanced techniques are developed that tend to carry higher risk. The registration of specialist physiotherapists will ensure the public is not put at risk of advanced techniques being carried out by anyone without appropriate knowledge and skills. Specialist registration would ensure that only physiotherapists with suitable training and experience approved by the Board could use specialist titles, protecting the public and ensuring easy identification of practitioners with specialist knowledge and skills.

**Musculoskeletal physiotherapists** practise in the domain of musculoskeletal health — assessing, diagnosing and treating muscle, joint and nerve problems. They have advanced skills in the treatment of the spine, particularly using manipulation. The neck is an area of specific concern, because of its causal link to chronic whiplash, neck pain, headaches and dizziness. The neck is a particularly dangerous area, because it is the conduit of the blood and nerve supplies to and from the brain. Specialist musculoskeletal physiotherapists have the advanced training required to safely implement a range of techniques, including cervical manipulation and end-range mobilisation techniques.

**Sports physiotherapists** also practise in the domain of musculoskeletal health — specifically directing their attention to athletes. Elite athletes, Olympic training programs and professional sporting teams employ specialist sports physiotherapists because of their expert knowledge. When touring, the physiotherapist is often the first member of the medical team to be selected, and often is solely responsible or leads the treatment response for particular issues. Elite athletes must train to a level just short of tissue overload and a single poor decision by an insufficiently trained physiotherapist can result in significant injury or even destroy an entire career.

**Continence and women’s health physiotherapists** practise in the domain of the pelvic floor. Central to their specialist training is the safe, appropriate and effective internal examination of patients via the vagina or anus. The emotional and physical health ramifications of unsafe, inappropriate and ineffective internal examinations can be measured in years. A traumatised patient may never seek help again. In addition, the specialist skills of these physiotherapists result in greater effectiveness in teaching remedial exercises and a wider range of potential treatment options that can be better tailored to the individual patient. Nonspecialist practitioners lack this knowledge and skill, and may resort to generic techniques that are less effective for an individual. Continence and women’s health physiotherapists have demonstrated cost-effective treatment of incontinence superior to that of surgical intervention (Neumann et al 2005<sup>2</sup>).

**Paediatric physiotherapists** treat children. The need for specialised training in this area is due to the anatomical and physiological differences between adults and children. Physical treatment strategies used on adults are capable of causing permanent damage to children. Specialist paediatric physiotherapists also must have an advanced understanding of the cognitive and developmental level of the child to optimise physical treatments and to ensure

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<sup>2</sup> Neumann PB, Grimmer KA, Grant RE and Gill VA (2005). The costs and benefits of physiotherapy as first-line treatment for female stress urinary incontinence. *Aust N Z J Public Health*, 416-21.

they do not do something detrimental to the child (e.g. an internal examination of a young child being assessed and treated for incontinence).

An expert knowledge of normal development and biomechanics is also important when treating children with physical disabilities such as cerebral palsy. Paediatric rehabilitation physicians and orthopaedic surgeons rely on the expert diagnosis of movement disorders by these physiotherapists to guide their interventions, such as botulinum toxin (e.g. Botox) injections and to optimise the movement outcomes for the child. Much of the leading research in this field is being conducted by physiotherapists (e.g. Boyd, Galea and Rodda).

**Cardiorespiratory system physiotherapists** practise in the domain of the heart and lungs. Patients in intensive and high-care units, or patients who have had cardiac emergencies or surgery, are in a highly vulnerable state and require specialised care to prevent increased morbidity and mortality. Physiotherapists specialising in this area must have advanced pathophysiological knowledge and be highly skilled in invasive techniques that are applied to critically ill patients with complex comorbidities. It is the physiotherapist working in this area who is responsible for the physical rehabilitation of patients whose exercise tolerance is severely compromised, putting them at great risk if not managed appropriately.

Specialist **neurological physiotherapists** treat patients suffering from disease and injury to the nervous system. Correct diagnosis and treatment programs are essential for a safe and timely recovery. Inappropriate treatment will see poor outcomes, significantly creating dependence for ongoing health care.

**Gerontological physiotherapists** are increasingly required for an ageing population. Their skilful assessment and treatment can significantly improve and maintain an independent life, and reduce morbidity. Through expert assessment, these specialist practitioners can prescribe treatment plans that can be carried out by general physiotherapists and assistants, thereby ensuring the most cost-effective service to the patient in a health sector where workforce is scarce.

**Occupational health physiotherapists** practise in occupational settings to prevent work-related injuries, to rehabilitate injured workers, and to increase productivity. Their specialist expertise is highly sought to ensure safe working practices in organisations.

## 2.3 Conclusion

The Board has significantly revised its previous proposal to explain why specialist registration is justified for the above eight key arguments. It has outlined how specialist physiotherapy registration would improve access to high-quality physiotherapy services, reduce risk and improve the protection of the public. The Board has also addressed why specialist registration will not have any negative impact on workforce flexibility or the entry of overseas trained practitioners, and how it can contribute to increased sustainability and innovation of health services, particularly in the public sector. The Board notes the existing legislative frameworks for recognition of specialist physiotherapists and that the current infrastructure for supporting national registration of specialist physiotherapists is largely in place. It submits that specialist registration of physiotherapists is clearly in the public interest. Accordingly, the Board seeks Ministerial Council approval of physiotherapy as a profession for which specialist recognition operates under the National Law and approval for the eight specialties discussed above.