

Policy and Procedure: Supervision for registrants with Australian Physiotherapy Council (APC) Interim Certificates

1.0 Background

- 1.1 Physiotherapists Board of Queensland (the Board)'s primary role under the *Physiotherapists Registration Act 2007* (the Act) is to protect the public by ensuring health care is delivered by registrants in a professional, safe and competent way. Accordingly, the Board requires that overseas qualified physiotherapists who wish to be registered to practise in Australia must undertake the Australian Physiotherapy Council (APC) assessment process to determine their competence to independently practise the profession.
- 1.2 The APC assessment process is undertaken in three parts:
1. Eligibility assessment
 2. Written examination
 3. Clinical examination
- 1.3 On successful completion of the APC written examination the applicant is presented with an APC Interim Certificate, valid for a limited period of time, to allow the applicant to prepare for and complete the APC clinical examination. It is following successful completion of the second stage, the written examination, that the person is eligible to apply for General Registration (with supervisory conditions).
- 1.4 The Board expects that the registrant would complete the clinical examination within 12 months of registration.
- 1.5 The information the Board receives is confidential and will not be shared with the APC. This process is completely independent and separate to the APC process.

2.0 Purpose and scope of policy

- 2.1 This policy describes how the Board will implement the provisions of section 57(1) of the Act.

57 Imposition of conditions by board

(1) The board may decide to register an applicant for general registration as a general registrant on conditions the board considers necessary or desirable for the applicant to competently and safely practise the profession.

Examples of conditions of general registration—

- 1 a condition that a general registrant only practise the profession under the supervision of another general registrant*
- 2 a condition prohibiting a general registrant engaging in stated procedures related to the practice of the profession*

- 2.2 This document also provides guidance to registrant supervisors (the supervisor) and APC Candidates registered with supervisory conditions (the registrant).
- 2.3 Supervision in accordance with this policy is required for *any* practice in Queensland *other than* that carried out as part of the APC clinical examination.
- 2.4 Flowcharts describing the processes for gaining registration and practice under supervision, and the review of supervised practice conditions are at Appendix A.

3.0 Key elements of this policy

- 3.1 Registrants must practise **under supervision** of a registered physiotherapist.
- 3.2 Satisfactory *Supervised Practice Reports* must be provided to the Board as per this policy at **11.0**.
- 3.3 Registrants **must** have a current Interim Certificate with the APC, and must advise the Board if their Certificate is no longer current, and the Board will advise of relevant action.

4.0 Registration application process

- 4.1 Registrants who are required to practise under this policy must have:
- made application to the Board for registration on the *Application for General Registration Form 101*
 - been granted by the Board General registration with supervisory conditions
- 4.2 The Board may seek an undertaking, or request further information before making a decision on registration.
- 4.3 Please note that practise must not commence prior to receiving advice from the Board that registration has been granted.

5.0 Supervised practice

- 5.1 Registrants with supervisory conditions must practise the profession in accordance with the supervision requirements as per this policy at **11.0**.
- 5.2 The purpose of a supervised practice program is to ensure that:
- (a) the registrant's performance is evaluated and monitored;
 - (b) the registrant demonstrates that she or he can practice the profession safely and competently; and
 - (c) the registrant develops skills that enable them to operate within the local and Australian health care systems.

6.0 Supervised Practice Agreement

- 6.1 The Board requires a *Supervised Practice Agreement* signed by the registrant and the supervisor outlining:
- who will supervise the registrant in his or her work;
 - where the registrant will be practising;
 - the clinical field of supervised practice (i.e. musculoskeletal, cardiorespiratory and/or neurological conditions).
- 6.2 It is the registrant's responsibility to seek a supervisor and submit the relevant documentation to the Board for approval prior to:
- initially commencing practice
 - changing practice location, or
 - changing supervisors.
- 6.3 The Board may ask the supervisor nominated in the Agreement, to give information to the Board about the registrant's practise of the profession from time to time.

6.4 At any time, if there is a change of supervisor the Board must be notified in accordance with section 8.0 of this policy.

6.5 A supervisor of a Level 1 registrant must provide a comprehensive Practice Induction program, as specified under Supervision Level 1 (see section 11.5). The induction program should include an overview of the health system in Australia, an introduction to professional standards, information on cultural differences and practice policies and procedures.

7.0 Obligations of the supervisor

7.1 The nominated supervisor must have a minimum of **four (4) years** full time equivalent experience as a general registrant in Australia or New Zealand. The Board will require the supervisor to make a statement that they are competent in supervision of physiotherapy practice at the registrant's approved level of supervision.

7.2 The Board must approve the supervisor prior to the commencement of practice under that supervisor. In granting that approval, the Board will give consideration to the supervisor's standing/status. Supervisors should not themselves be subject to Board imposed conditions.

7.3 Conflicts of interest must be disclosed. This would include the existence of a personal relationship between the proposed supervisor and the registrant.

7.4 All registrants will undertake an initial screening by the Board approved supervisor, at Level 1 to demonstrate minimum requirements for safe and competent clinical practice of non-complex cases.

7.5 The supervisor must take reasonable steps to ensure that the registrant is practising safely by such measures as direct observation (where it is relevant to the level of supervision), individual case review, periodic performance review and remediation of identified problems.

7.6 The supervisor must notify the Board immediately if there are concerns in relation to the registrant's clinical performance, health or non-compliance with conditions or undertakings. The supervisor must ensure that the registrant is practising in accordance with the approved work arrangements (paid or unpaid) and must notify the Board of non-compliance with or of any proposed changes to those arrangements.

7.7 The Board must be notified if the supervisor is no longer able to provide the level of supervision that is required. A notification to the Board is not required if the supervisor takes temporary leave from their supervising role for a period of up to one month. In these circumstances the approved supervisor **MUST** delegate supervision responsibilities to another registrant; however, the approved supervisor will retain primary responsibility for the supervised registrant.

7.8 The supervisor must provide *Supervised Practice Reports* as required by the registrant's level of supervision and comply with the Board's requirements as to format and frequency (see section 11.0). These reports must be timely, objective and as accurate as possible. They should identify both strengths and weaknesses including any problems (if applicable) and what has been done in terms of follow-up or remediation.

8.0 Notification of change in supervisor

8.1 The registrant must, using the *Supervised Practice Agreement*, seek **prior** approval from the Board for a new supervisor.

9.0 Obligations of the registrant

- 9.1 As mentioned previously, it is the registrant's responsibility to seek a supervisor and submit the relevant documentation to the Board for approval prior to:
- initially commencing practice
 - changing practice location, or
 - changing supervisors.
- 9.2 The registrant must take reasonable steps to ensure safe practice by such measures as seeking assistance from other practitioners, cooperation in individual case review, periodic performance review with the supervisor and seeking remediation of identified problems.
- 9.3 The registrant must seek advice if there are concerns in relation to the registrant's health, clinical performance or compliance with any conditions/undertakings. This advice may be from their supervisor, a medical practitioner, or from the Board.

10.0 Management of breaches of supervisory arrangements

- 10.1 Should it be identified that the supervisory arrangements have not been complied with then the Board reserves the right to take appropriate action.

11.0 Levels of Supervision

- 11.1 It is the responsibility of the Board to determine the level of supervisory requirements of the registrant and to approve the supervisory arrangements. It is also the role of the Board to make appropriate decisions on the basis of periodic reports.
- 11.2 The registrant must only practise in the clinical fields nominated in the Supervised Practice Agreement.
- 11.3 A registrant may practise under more than one Supervised Practice Agreement. They may also practise at different levels of supervision in different clinical fields.
- 11.4 There are three (3) levels of supervision approved by the Board as described below. Minimum periods apply to each level of supervision which must be complied with before moving to the next level. Registrants must commence supervision at Level 1. Before a registrant may proceed to another level of supervised practice, the supervisor must complete a *Supervised Practice Report* and forward it to the Board for approval.

11.5 LEVEL 1

- 11.5.1 A supervisor must provide a comprehensive Practice Induction program which should include an overview of the health system in Australia, an introduction to professional standards, practice policies and procedures, and culturally responsive care. The following list of topics is provided as a guide as to some of the areas the Board considers important to include in your induction program for registrants.

Practice Induction
<p>General</p> <ul style="list-style-type: none"> ▪ Physiotherapists should be familiar with the structure of the Australian health care system and the roles of the various bodies with whom contact would occur or which have particular areas of responsibility. <p>Regulation of health care</p> <ul style="list-style-type: none"> ▪ Physiotherapists Board of Queensland – registration, professional standards, health assessment and monitoring ▪ Public Health vs Private Health care, Department of Veterans Affairs, Medicare Australia, Workcover ▪ Regulatory agencies – Health Quality and Complaints Commission, Health Rights Commission. <p>Practice orientation</p> <ul style="list-style-type: none"> ▪ Practice policies and guidelines – including emergency response, infection control, documentation, complaint process ▪ Australian Physiotherapy Association ▪ Professional Indemnity – legal issues / risk management ▪ Referral to physiotherapy ▪ Referral to other services – The registrant should be provided a list of service providers and their contact details ▪ Other contact phone numbers – supervisors, interpreter service.

- 11.5.2 The Board approved supervisor will organise some cases that are at **entry level (non-complex) for the profession** for specific treatment that represent the clinical field(s) nominated in the Supervised Practice Agreement, that is one or more of the following:

- musculoskeletal
- cardiorespiratory
- neurological conditions
- other (as specified).

The supervisor must **personally supervise** the treatments performed by the registrant on these cases. It is anticipated that the screen would involve less than a day.

11.5.3 Clinical practice requirements

The registrant must demonstrate safe and competent clinical practice under Level 1 supervision in the areas specified in Appendix B (categories 1 to 9). For further information, the supervisor must refer to the *Australian Standards for Physiotherapy*, which are available for purchase through the Australian Physiotherapy Council (see www.physiocouncil.com.au).

11.5.4 Minimum practice period

No minimum period (may depend on the registrant's previous level of clinical experience).

11.5.5 Reporting and progression to next level

The special purpose registrant may proceed to Level 2 supervision on submitting to the Board a *Supervised Practice Report* completed by the supervisor stating that the registrant has been observed as safe and competent at Level 1 supervision (i.e. for entry level (non-complex) cases), and that they are satisfied that they will safely practise under Level 2 supervision.

Progress to Level 2, can occur prior to Board approval being given.

11.6 LEVEL 2

- 11.6.1 With Level 2 supervision the supervisor shares responsibility for the individual patient with the registrant. Thus the supervisor should be in the workplace at all times. The supervised registrant is responsible for ensuring that practice is within the Supervised Practice Agreement and that the supervisor is informed of the management of individual patients on a daily basis.
- 11.6.2 The work environment must be such that there is at least general oversight of the registrant's practice by other registered physiotherapists who can recognise if a threat to patient safety is emerging and give guidance or initiate appropriate action.
- 11.6.3 The Board accepts that on rare occasions there may be an exception to the requirement that another colleague be present at all times. For instance, where a registrant is **required** to work and the only other colleague who is rostered on is unable to work due to unexpected personal reasons such as illness. The Board does not expect the registrant to withhold treatment to patients. However the registrant must notify the **principal** supervisor as soon as possible of the circumstances which led to unsupervised practice and also of the services provided.
- 11.6.4 **Clinical practice requirements**
At this level the registrant should demonstrate to the supervisor they are safe and competent under Level 2 supervision in a **broader scope of cases** in the areas specified in Appendix B (categories 1 to 9). For further information, the supervisor must refer to the *Australian Standards for Physiotherapy*, which are available for purchase through the Australian Physiotherapy Council (see www.physiocouncil.com.au).
- 11.6.5 **Minimum practice period**
A minimum of **20** working days of clinical practice at Level 2 supervision is required before progression to Level 3 will be considered by the Board.
- 11.6.6 **Reporting and progression to next level**
Supervised Practice Reports are required to be submitted to the Board no later than the 10th day of every month following commencement of clinical practice.

The supervisor must submit a *Supervised Practice Report* to the Board stating that the registrant has been observed as safe and competent to practise under Level 2 supervision across a broad scope of cases, and that they are satisfied that they will safely practise under Level 3 supervision. This report may be submitted at any time (i.e. does not have to be aligned with the Board's monthly reporting requirement).

- 11.6.7 **The registrant cannot commence practice at Level 3 supervision until the Board notifies the supervisor and registrant of the approved change in supervisory level.**

11.7 LEVEL 3

- 11.7.1 With level 3 supervision the supervisor is responsible for ensuring that the practice of the registrant is in accordance with acceptable standards and that there are mechanisms in place to ensure that the registrant is practising at a safe standard. The registrant takes responsibility for individual patient care. The supervisor maintains an indirect responsibility for the patient through ensuring that appropriate safeguards are in place for monitoring performance and referral as required.
- 11.7.2 Upon commencing level 3 supervision the supervisor and registrant must **formulate a plan in regard to the scope and limits of practice** and should meet regularly to monitor practice performance including workload and any significant clinical issues. This agreement may alter over time as the supervisor is satisfied with the progress and performance of the registrant. Thus the extent of supervision will vary over time as the registrant becomes more confident (e.g. the registrant may be permitted to work alone, on-call or after hours). When working alone, the registrant must have telephone access to a supervisor.

11.7.3 Reporting

Supervised Practice Reports are required to be submitted to the Board no later than the 10th day of every month following commencement of clinical practice, until otherwise advised by the Board.

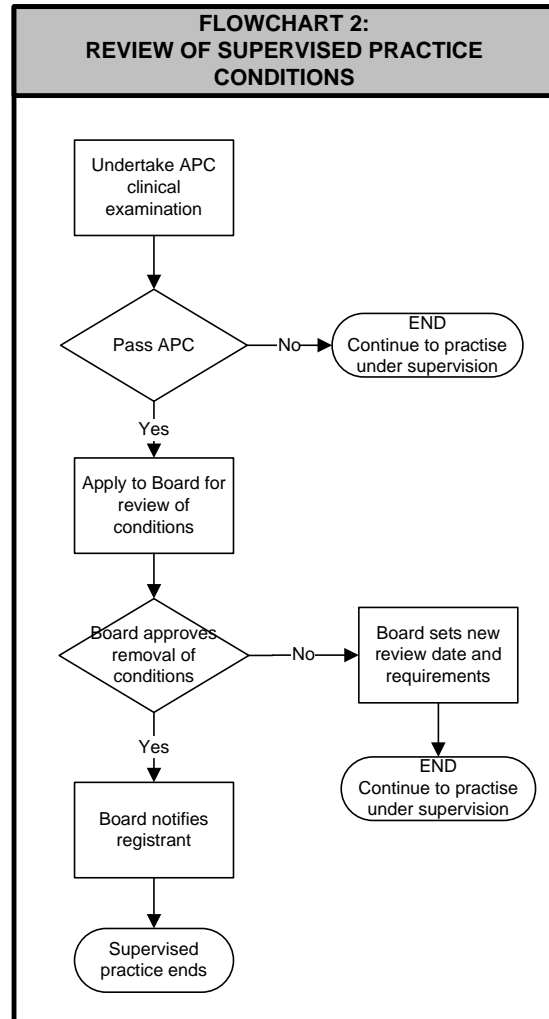
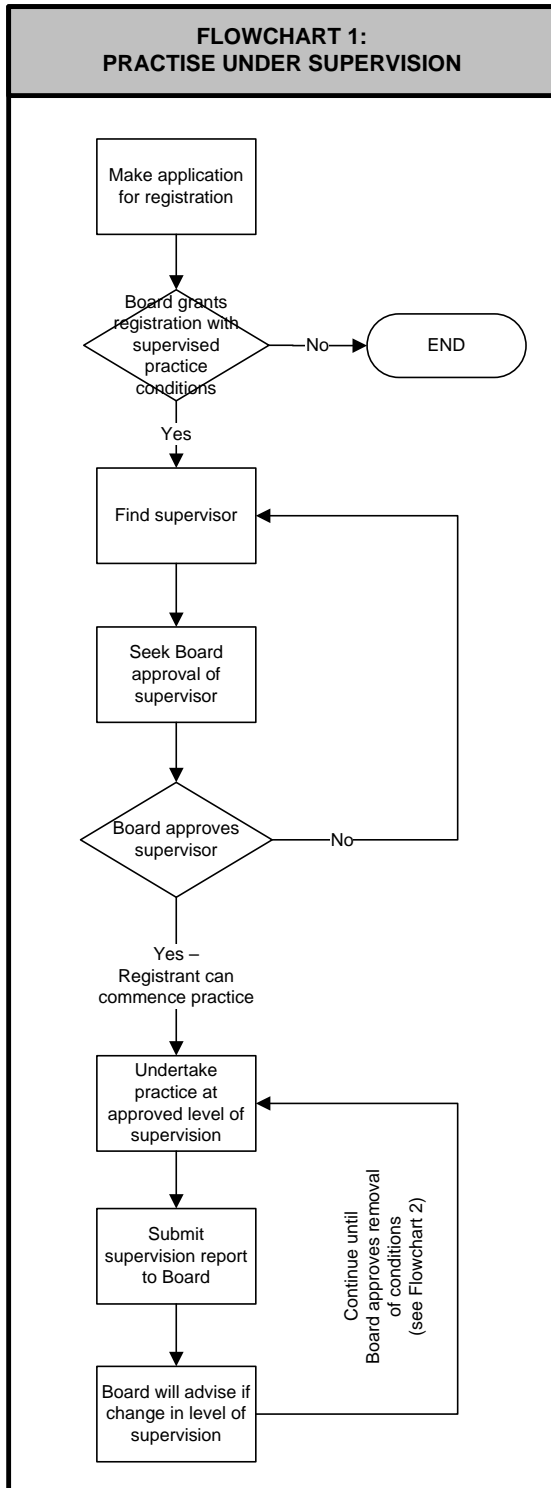
Approving authority: Physiotherapists Board of Queensland
Approval date: 26 June 2008
Review date: June 2009

APPENDIX A – Flowcharts

Flowchart 1 describes the process for gaining registration and the supervision of registrants under this policy.

Flowchart 2 describes the process for seeking a review of the supervised practice conditions. As can be seen from the flowchart, a registrant practising under this policy will be ineligible for a review of their conditions until they have successfully completed the APC clinical examination.

As mentioned at 1.5 of the policy, the processes covered by this policy are completely independent and separate to the APC process.



APPENDIX A — Standards

Category 1 — Professional behaviour appropriate to physiotherapy

- Demonstrate practice that is ethical and in accordance with relevant legal and regulatory requirements
- Demonstrate strategies to maintain and extend professional competence
- Operate within individual and professional strengths and limitations

Category 2 — Communicated effectively

- Prepare and provide documentation according to legal requirements and accepted procedures and standards
- Established a rapport with the patient
- Adapted verbal and non verbal communication to the needs and profile of the patient
- Communicated with the patient in a manner and environment that ensured confidentiality, privacy and sensitivity
- Discussed and agreed the goals, nature, purpose and expected outcomes of the physiotherapy intervention
- Employed appropriate strategies to address communication difficulties
- Demonstrated effective English language ability

Category 3 — Collected patient information and formed a preliminary hypothesis

- Obtained consent from the patient to conduct the assessment
- Collected patient information and history
- Explored presenting signs and symptoms
- Obtained relevant measurable data
- Identified goals, values and expectations of the patient
- Formed a preliminary hypothesis by analysing the information collected
- Identified potential influencing presentations and hypothesized differential diagnoses
- Identified assessment needs including priority and urgency

Category 4 — Designed and conducted a safe assessment

- Planned an appropriate assessment which included tests to measure impairment and activity limitation
- Identified potential problems and contraindications to assessment
- Recognised factors impacting on the assessment process such as patient's age, occupation, pain, co-morbidities, communication ability and the assessment environment, and cultural issues that may affect treatment outcomes.
- Used appropriate assessment tools
- Conducted a safe, systematic, efficient and goal oriented physical examination appropriate to physiotherapy
- Progressively interpreted test results to guide further examination and test the preliminary hypothesis
- Identified risks for the patient and physiotherapist undertaking the assessment and modified appropriately.

Category 5 — Interpreted and analysed the assessment findings

- Compared findings with 'normal' status of the patient
- Compared findings with what is expected for the condition, and included or excluded alternative diagnoses
- Prioritised patient needs
- Re-evaluated as required to develop a justifiable and sustainable hypothesis
- Identified areas that are outside their own skills and expertise and discussed appropriate referral

Category 6 — Developed a physiotherapy intervention plan

- Developed a logical rationale for physiotherapy intervention based on the assessment findings
- Set realistic short and long term goals with patient
- Selected appropriate and effective interventions to address the patient problems that were identified
- Planned for possible contingencies that may have affected the intervention plan
- Prioritised the intervention plan in collaboration with the patient
- Determined plan of evaluation that used valid and reliable outcome measures

Category 7 — Implemented a safe and effective physiotherapy intervention(s)

- Obtained consent for the intervention
- Prepared equipment and the treatment area
- Implemented safe and effective physiotherapy interventions for both the patient and the registrant
- Managed adverse events
- Provided strategies for patient self management
- Implemented health promotion activities

Category 8 — Evaluated the effectiveness and efficiency of physiotherapy intervention(s)

- Monitored the outcomes of intervention
- Evaluated the outcomes of the intervention
- Determined modifications to the intervention