Proposed physiotherapy practice thresholds in Australia and Aotearoa New Zealand – Public consultation draft

13 November 2014

Introduction

Background to this document

The Physiotherapy Board of Australia (PhysioBA) and the Physiotherapy Board of New Zealand (PBNZ) are working together on a joint project to establish shared statements that describe the threshold level of practice for entry to the physiotherapy profession in Australia and Aotearoa New Zealand. The title of these shared statements will be Physiotherapy practice thresholds in Australia and Aotearoa New Zealand (referred to in this document as “Physiotherapy practice thresholds”).

ARETE Group Pty Ltd has been contracted to undertake the joint project which commenced at the end of January 2014 and is expected to be completed by the end of March 2015.

The overall objective of the project is to develop and publish stakeholder supported Physiotherapy practice thresholds for the physiotherapy profession in Australia and Aotearoa New Zealand that will replace the Physiotherapy Competencies for Physiotherapy Practice in New Zealand (2009) and the Australian Standards for Physiotherapy (2006).

The Physiotherapy practice thresholds in the end product must be measurable. However, consideration of the actual methods that may be used to measure the Physiotherapy practice thresholds is beyond the scope of this joint project and this document. Consequently, this document does not consider measurement of the proposed Physiotherapy practice thresholds.

The PhysioBA and PBNZ will review the published Physiotherapy practice thresholds regularly to maintain their relevance to expectations of the threshold competence required for contemporary physiotherapy practice in Australia and New Zealand.

Development of the consultation draft

ARETE engaged with more than 200 physiotherapists at focus groups and refinement workshops in Australia and Aotearoa New Zealand to progressively develop the consultation draft proposed Physiotherapy practice thresholds with input from members of the Expert Reference Group, feedback from key stakeholders and direction from members of the Steering Committee (see Appendix A for details about the methodology for the project).

Purpose of the Physiotherapy practice thresholds

The Physiotherapy practice thresholds describe the threshold competence required for initial and continuing registration as a physiotherapist in both Australia and Aotearoa New Zealand.

Format of the Physiotherapy practice thresholds

The format of the Physiotherapy practice thresholds is adapted from the competency framework for physicians in Canada (“the CanMEDS approach”). The CanMEDS approach emerged in the 1990’s and was first implemented by the Royal College of Physicians and Surgeons of Canada in 1997–2002.
The CanMEDS approach aims to describe what (specialist) physicians must actually do when they encounter clients in real clinical situations across the range of contexts of practice of physicians. This approach organises the competency framework for physicians in Canada thematically around seven roles of physicians in practice. The seven roles are: Medical expert, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional. A consultation paper about an updated CanMEDS framework was published in September 2014 and proposes to change the name of the "Manager" role to "Leader".

The CanMEDS approach to describing competence has gained acceptance in several other countries. It has been adapted by the medical profession in Australia, Aotearoa New Zealand, Denmark and the Netherlands as well as by other professions, including the physiotherapy profession in Canada and the Netherlands.

The Physiotherapy practice thresholds describe competencies for physiotherapy practice at four cascading levels:

1. Role title
2. Role definition
3. Key competencies
4. Enabling components

Members of the profession in Australia and Aotearoa New Zealand identified the seven roles described in the proposed Physiotherapy practice thresholds during Stage 2 of the project. The central role of Physiotherapy practitioner is integrated with the roles of Professional and ethical practitioner, Communicator, Reflective practitioner and self-directed learner, Collaborative practitioner, Educator and Manager.

Although the proposed Physiotherapy practice thresholds separate the seven roles, the CanMEDS approach recognises that in each physiotherapist’s context of practice, the role of Physiotherapy practitioner is central and will always be integrated with at least one of the other roles in the context of the physiotherapist’s practice.¹

**Uses of the Physiotherapy practice thresholds**

The PhysioBA and PBNZ will apply the Physiotherapy practice thresholds as the threshold competence for:

- registration of new graduates from physiotherapy programs in Australia and Aotearoa New Zealand
- registration of individuals who completed their initial physiotherapy qualifications in other countries
- re-registration of individuals who were previously registered as a physiotherapist in Australia or Aotearoa New Zealand, and
- evaluation of a registrant’s competence to practise, for example if the PBNZ or PhysioBA receives a complaint or notification about that registrant.

The PhysioBA and PBNZ recognise a range of other stakeholders will use the Physiotherapy practice thresholds for purposes such as registrants’ self-assessment of their own competence, performance evaluation and management in the workplace, as a foundation for accreditation of entry level

¹ The integration of the central role of the Physiotherapy practitioner with at least one of the other roles is best illustrated by the CanMEDS diagram. The CanMEDS diagram has not been reproduced or adapted in the proposed Physiotherapy practice thresholds because it is officially trademarked. It can be viewed at [www.royalcollege.ca/portal/page/portal/rc/resources/aboutcanmeds](http://www.royalcollege.ca/portal/page/portal/rc/resources/aboutcanmeds).
physiotherapy programs, curriculum design of academic programs leading to entry level physiotherapy qualifications, and as a reference in health policy and health workforce strategy.

**The concept of threshold competence**

“Threshold competence” is used in this document to describe the level of competence required to practise as a registered physiotherapist in Australia and Aotearoa New Zealand. This concept is based on the premise that development of competence is a continuum. The point on that continuum when a person is competent to practise safely and effectively as a physiotherapist is described as “threshold competence”.

In this document, “threshold competence” is described in terms of two dimensions - key competencies and enabling components.

The enabling components for each key competency are intended to describe the requirements for threshold competence for the respective key competency and apply equally to all registered physiotherapists and those seeking registration as a physiotherapist in Australia or Aotearoa New Zealand.

The enabling components must be measurable but rather than describing a series of specific tasks and discrete knowledge related to the key competency, they are expressed in language that reflects the complex conceptual, analytical and behavioural elements that transform the competent performance of a series of specific tasks and discrete knowledge into competent practice that achieves the key competency. This is because threshold competence requires a physiotherapist to not only perform specific tasks or demonstrate discrete knowledge in isolation, but to decide how and when to apply their knowledge, skills and attitudes in real practice situations.

The diagram below illustrates the concept of competent practice as being “above the line”, where the line represents threshold competence.

**Maintenance of competence**

In order to practise physiotherapy safely and effectively in Australia and Aotearoa New Zealand, a registered physiotherapist must achieve and maintain competence at or above the threshold in all seven overlapping roles. This means the Physiotherapy practice thresholds are relevant not only at entry to practice but throughout a registered physiotherapist’s career.

The PBNZ and PhysioBA recognise that each physiotherapist's level of competence and chosen field of practice may change over time. This may be because the physiotherapist focuses on a particular
client group or area of physiotherapy specialisation, or pursues a career that does not involve direct client care such as research, education or management. The fields of physiotherapy practice will also change as new roles emerge in an evolving health care environment.

Each registered physiotherapist must continue to demonstrate competence across their chosen field of practice at or above the threshold described by the Physiotherapy practice thresholds. If a physiotherapist wants to change their chosen field of practice, they have a legal responsibility to first make sure their competence across the changed field of practice is maintained at or above the threshold described by the Physiotherapy practice thresholds.

**Terms used in this document**

There is a glossary of terms on page 25 of this document to assist reader's understanding.
Physiotherapy practice in Australia and Aotearoa New Zealand

Description of physiotherapist

The World Confederation for Physical Therapy (WCPT) has published the following description of a physiotherapist:

A professional who has successfully completed a professional entry level programme that enables them to identify and maximise quality of life and functional movement potential, within the spheres of promotion, prevention, maintenance, intervention/treatment, habilitation and rehabilitation. This encompasses physical, psychological, emotional and social wellbeing. Physical therapist practice involves the interaction between the physical therapist, patients or clients, families, care givers, other health care providers and communities, in a process of assessing movement potential and in establishing agreed upon goals and objectives using knowledge and skills unique to physical therapists. (World Confederation for Physical Therapy 2011)

Description of physiotherapy practice

Physiotherapists in Australia or Aotearoa New Zealand are registered health professionals and apply a holistic approach to client-centred practice. Physiotherapists practise autonomously and also work as part of interprofessional teams to support clients’ achievement of functional outcomes. They work with clients across the life span including antenatal and end of life care and contribute to the health and well-being of communities through health promotion and disease prevention.

It is widely recognised that physiotherapy assessment and management requires a holistic approach to the client, including any impairments, activity limitations and participation restrictions, and integration of best-available evidence. Physiotherapists facilitate the client’s self-management, and implement strategies to prevent and minimise any impairments, activity limitations and participation restrictions, including those associated with complex and chronic conditions. Physiotherapists evaluate the environment and personal factors that may impact on a client’s functioning, disability and health and take these factors and client preferences into consideration as part of their holistic approach to the client supported by use of best-available evidence.

Physiotherapists in Australia and Aotearoa New Zealand practise within a legislated regulatory framework (see Appendix 2). They share a culture of professionalism and ethical practice and are generally regarded by the community as socially responsible, trustworthy and credible. Throughout their careers, physiotherapists engage in professional development and practice to continuously maintain competence within their chosen field of practice.

Some physiotherapists in Australia and Aotearoa New Zealand further develop their chosen field of practice and work in roles that require advanced levels of competence. Many physiotherapists take on responsibilities other than direct client care and may work in management, administration, education, research, advisory, regulatory or policy development roles and many other roles that have an impact on safe, effective delivery of health services. Physiotherapists are well suited to roles that require critical thinking, reasoned decision-making, advanced communication skills, problem-solving skills, leadership and intellectual capacity for innovative and lateral thinking.

Physiotherapists in Australia and Aotearoa New Zealand who commence practising at a new workplace or setting are required to familiarise themselves with the expectations of accountability, funding systems and other matters relevant to practice and specific to that workplace or setting, including cultural factors.
Cultural competence

Physiotherapists in Australia and Aotearoa New Zealand must be able to work effectively with people whose cultural realities are different to their own. Culture may include but not limited to age, gender, sexual orientation, race, socioeconomic status (including occupation), religion, physical mental or other impairments, ethnicity and organisational culture. A holistic, client-centred approach to practice requires cultural competence.

Cultural competence is a contemporary term that encompasses concepts which are holistic and client-centred. Culturally responsive practice requires physiotherapists to continuously reflect on their own culture as well as their client’s culture and to engage in new and ongoing learning in order to effectively interact with and respond to each client.

Physiotherapists in Australia and Aotearoa New Zealand require a working knowledge of factors that contribute to and influence the health and well-being of Indigenous communities including history, spirituality and relationship to land, and other determinants of Indigenous health.

Te Tiriti o Waitangi / The Treaty of Waitangi

Te Tiriti o Waitangi / The Treaty of Waitangi is a founding document of Aotearoa New Zealand and informs legislation, policy and practice. Government health policy aims to reduce health inequalities between Māori and non-Māori. Alongside this, the New Zealand Health Practitioners Competence Assurance Act (2011) requires Health Regulatory Authorities to ensure registered health professionals meet set competencies (including cultural competencies). To practise effectively in New Zealand, a physiotherapist therefore needs in addition to meeting cultural competence, to understand the relevance and be able to demonstrate contemporary application of Te Tiriti o Waitangi / The Treaty of Waitangi’s three principles of partnership, participation and protection and incorporate the four cornerstones of Māori health which are whānau (family health), tinana (physical health), hinengaro (mental health) and wairua (spiritual health).

Partnership involves working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.

Participation requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services.

Protection involves the Government working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.

Contexts of physiotherapy in Australia and Aotearoa New Zealand

Physiotherapists work across a diverse range of clinical and non-clinical settings in urban as well as regional, rural and remote geographical locations. Contexts of physiotherapy practice and the ways that physiotherapists work in Australia and in Aotearoa New Zealand will change as health workforce roles evolve and new roles and technologies emerge.

The key competencies in the proposed Physiotherapy practice thresholds apply to all contexts of physiotherapy practice irrespective of setting, location, use of technology or the area of practice.

Assumptions applying to the Physiotherapy practice thresholds

Assumed minimum qualifications

Prior to registering as a physiotherapist in Australia or Aotearoa New Zealand, an individual must complete studies leading to a higher education qualification in physiotherapy. Successful completion of these studies must require:
• a sound working knowledge of relevant anatomy, physiology, pathology, other biomedical sciences and psychosocial and other determinants of health, and

• a sound working knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice, and

• demonstration of competence in physiotherapeutic clinical skills (such as safety and effectiveness in manual techniques).

The program of study must provide learning experiences and exposure to relevant clinical situations that make sure all graduates can work safely and effectively:

• across acute, rehabilitation and community practice in private and public settings, and

• autonomously as well as a member of a team, and

• with clients across the lifespan from birth to end of life care who present with one or more problems such as pain and/or impairment or dysfunction contributing to impairment, activity limitations and participations restrictions, and

• in health promotion and facilitation of client self-management strategies to enhance their health and well-being.

Assumed integrated elements

The following assumptions are integrated with all key competencies in the Physiotherapy practice thresholds:

• physiotherapists’ practice is holistic, client-centred, culturally responsive and family/whānau focussed (where relevant) and physiotherapists always obtain the client’s informed consent before acting

• safety of the client and physiotherapist through effective risk management is paramount

• practice is supported by best available evidence, critical reflection and clinical reasoning

• safe practice requires physiotherapists to reflect on their practice and recognise the limits of their expertise and competence.
### Overview of roles and key competencies

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<th>Role</th>
<th>Key Competencies</th>
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<tr>
<td><strong>Physiotherapy practitioner</strong></td>
<td><em>Registered physiotherapists in Australia and Aotearoa New Zealand are able to:</em>&lt;br&gt;adopt a holistic, comprehensive, contextually relevant and culturally responsive client-centred approach to physiotherapy&lt;br&gt;engage with the client and relevant others to plan and implement an efficient, effective and culturally responsive client-centred physiotherapy assessment using clinical reasoning and incorporating relevant diagnostic tests, assessment tools and outcomes measures&lt;br&gt;engage with the client and relevant others to plan and implement safe and effective physiotherapy using clinical reasoning to optimise the outcomes&lt;br&gt;engage with the client and relevant others to review the continuation of physiotherapy and facilitate the client’s return to optimal participation in their everyday life supported by the use of best available evidence&lt;br&gt;advocate for clients and their rights to culturally responsive physiotherapy</td>
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<tr>
<td><strong>Professional and ethical practitioner</strong></td>
<td>make informed and appropriate decisions about acceptable professional and ethical behaviour supported by best available evidence and always behave professionally and ethically&lt;br&gt;know and comply with the fundamental professional, legal and ethical responsibilities of physiotherapists&lt;br&gt;recognise the need for and implement appropriate self-care strategies to manage own physical and mental health and resilience</td>
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<tr>
<td><strong>Communicator</strong></td>
<td>develop and maintain rapport, trust and professional relationships through clear, accurate and sensitive communication with the client and relevant others, using culturally responsive written and spoken language and non-verbal communication strategies&lt;br&gt;use written, spoken and non-verbal communication to effectively communicate physiotherapy assessment findings, outcomes and decisions to relevant others within professional, legal and ethical frameworks&lt;br&gt;deal effectively with potential and actual conflict</td>
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<td><strong>Reflective practitioner and self directed learner</strong></td>
<td>engage in self-assessment of outcomes of own practice against relevant professional benchmarks, take action to continually improve own professional practice and contribute to the development of the profession through research and enquiry&lt;br&gt;seek professional support, including peer review, to evaluate learning needs and engage in relevant continuing professional development&lt;br&gt;be committed to practice supported by best available evidence and seek to acquire new knowledge&lt;br&gt;seek to proactively apply principles of quality improvement and risk management to practice&lt;br&gt;reflect on their own professional practice, recognise situations that are outside their scope of expertise or competence and take appropriate action</td>
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| Collaborative practitioner | engage in an inclusive, collaborative, consultative, culturally responsive and client-centred model of practice  
engage in safe and effective collaborative interprofessional practice |
| Educator             | empower self and others through education  
seek opportunities to lead the education of others, including physiotherapy students, as appropriate within the physiotherapy setting |
| Manager              | organise workload and resources effectively, efficiently and autonomously and, where relevant, as a member of a team  
manage self and lead others effectively and efficiently within relevant professional, ethical and legal frameworks |
## Role 1: Physiotherapy practitioner

### Definition

Physiotherapists integrate all of the roles in the Physiotherapy practice thresholds to employ holistic, safe and culturally responsive approaches supported by best available evidence to promote health and well-being and optimise function of clients and relevant others. The role of *Physiotherapy practitioner* is central and will always be integrated with at least one of the other roles in the context of the physiotherapist’s practice.

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| adopt a holistic, comprehensive, contextually relevant and culturally responsive client-centred approach to physiotherapy | • place the client’s needs, interests, safety, privacy and confidentiality at the centre of the care process  
• recognise the client’s knowledge, experiences and culture are integral to effectively addressing the presenting health issue and/or restoring function  
• engage with the client and relevant others in negotiation and decision-making about physiotherapy for the client  
• work effectively autonomously and collaboratively with the client and relevant others in a way that acknowledges and respects their dignity, culture, rights and goals  
• recognise that the membership and roles of interprofessional teams and service providers will vary depending on the client’s needs and the context of physiotherapy  
• engage with the client and relevant others to promote and optimise health and wellbeing, using education and empowerment strategies |
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| engage with the client and relevant others to plan and implement an efficient, effective and culturally responsive client-centred physiotherapy assessment using clinical reasoning and incorporating relevant diagnostic tests, assessment tools and outcomes measures | • use a client-centred and culturally responsive approach to explain the purpose of physiotherapy assessment and any relevant risks and options to the client and relevant others  
• apply knowledge of relevant pathology, anatomy, physiology, other core biomedical sciences and relevant determinants of health and best available evidence to assess the client’s impairments, activity limitations and participation restrictions  
• engage with the client and relevant others to collect information about the client’s prior function, physical abilities and participation and identify the client’s expectations of physiotherapy  
• engage with the client and relevant others during the physiotherapy assessment and incorporate relevant diagnostic tests, assessment tools and outcomes measures  
• analyse the client’s response and information gathered during the physiotherapy assessment using clinical reasoning to identify any relationships between assessment findings and modify the assessment appropriately  
• reflect on the client’s presenting problems and information gathered during the physiotherapy assessment and use clinical reasoning and best available evidence to explore and explain the diagnosis and/or causes of presenting problems |
| engage with the client and relevant others to plan and implement safe and effective physiotherapy using clinical reasoning to optimise the outcomes | • assist and support the client and relevant others to make informed health care decisions by providing appropriate and culturally responsive information about relevant diagnostic, therapeutic and management options  
• engage with the client and relevant others to identify and explain the options available to manage the client’s presenting problems and the benefits and realistic expectations of the risks and outcomes associated with each option, supported by best available evidence  
• work with the client and relevant others to determine agreed goals and develop a client-centred physiotherapy plan that reflects cultural needs and realistic expectations of the risks and likely outcomes of the plan |
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- engage with the client and relevant others to implement physiotherapy consistent with the agreed goals and plan, and use specific and relevant measures to evaluate a client’s response to physiotherapy and recognise when that response is not as expected
- engage with the client and relevant others to review goals and to plan and implement appropriate modifications to subsequent physiotherapy to improve outcomes
- when appropriate, educate the client and relevant others to implement effective therapy that is responsive to cultural needs and ensures the physiotherapist remains responsible and accountable for outcomes of the client’s therapy
- recognise when own expertise, competence or cultural responsiveness will potentially compromise safety, quality of physiotherapy or expected outcomes and seek appropriate and timely assistance, guidance or professional support to manage risk and improve outcomes

engage with the client and relevant others to review the continuation of physiotherapy and facilitate the client’s return to optimal participation in their everyday life supported by the use of best available evidence

- engage with the client and relevant others to develop an agreed plan to review the efficacy of continuation of physiotherapy supported by the use of best available evidence
- engage with the client and relevant others to facilitate the client’s return to optimal participation in their everyday life
- recognise when physiotherapy is not suitable for the client and engage with the client and relevant others to identify and facilitate access to more suitable options, including referral to other professionals and discontinuation of physiotherapy
- engage with the client and relevant others to develop an agreed plan for the continuation or completion of physiotherapy supported by use of best available evidence
- when relevant, facilitate the client’s transition to a new context including linking the client to relevant clinical and non-clinical support services and referral for further physiotherapy
- engage with the client and relevant others to promote health, wellbeing and client self-management, identifying and responding to the client’s cultural and other needs
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| advocate for clients and their rights to client-centred and culturally responsive physiotherapy | • engage in self-reflection on cultural factors and respond to the rights and cultural needs of the client and relevant others  
• recognise the complex and interrelated factors including social, economic, physical, historical, political and cultural determinants that may impact on the client, their needs and response to physiotherapy  
• advocate for the client’s equitable access to physiotherapy, other professionals and services that address their holistic needs, acknowledging that access broadly includes availability, affordability, acceptability and appropriateness  
• recognise when technology can improve the client’s access to physiotherapy, such as in regional, rural and remote areas, and take action to facilitate that access when relevant |
## Role 2: Professional and ethical practitioner

### Definition
Physiotherapists engage in ethical practice and are committed to high standards of professional behaviour supported by use of best available evidence.

### Key competencies

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<tr>
<td><strong>Registered physiotherapists in Australia and Aotearoa New Zealand are able to:</strong></td>
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- know and comply with the fundamental professional, legal and ethical responsibilities of physiotherapists

### Enabling components

- provide ongoing opportunities for the client to make informed decisions and consent to physiotherapy
- record the client’s information and complete all documentation accurately and legibly using language and format that complies with relevant professional, contractual and other legal obligations
- comply with confidentiality and privacy requirements when sharing the client’s health and personal information
- recognise and respect professional boundaries in professional and therapeutic relationships
- recognise and effectively manage conflicts of interest including personal, professional and financial interests and seek guidance if unsure how to manage
- apply knowledge of legal and regulatory requirements regarding ownership, storage, retention and destruction of the client’s records and other physiotherapy documentation
- recognise inappropriate or unethical health practice and comply with relevant professional and legal obligations
### Key competencies

*Registered physiotherapists in Australia and Aotearoa New Zealand are able to:*

- make informed and appropriate decisions about acceptable professional and ethical behaviour supported by use of best available evidence and always behave professionally and ethically

- recognise the need for and implement appropriate self-care strategies to manage own physical and mental health and resilience

### Enabling components

*Registered physiotherapists in Australia and Aotearoa New Zealand are able to:*

- engage in culturally responsive, safe, competent, ethical and respectful physiotherapy supported by use of best available evidence
- comply with statutory requirements and standards for physiotherapy at all times
- show compassion, empathy and respect for the client and relevant others
- apply professional ethical principles to decision-making
- practise physiotherapy within limits of own expertise
- seek guidance, assistance or professional support in situations that are outside their expertise or competence or when outcomes of physiotherapy are not as expected
- recognise impact of stress and fatigue on own physical and mental health and resilience
- seek appropriate guidance and support to manage own physical and mental health and resilience
- not knowingly expose the client or relevant others to risk associated with the physiotherapist’s own physical and mental health and resilience
### Role 3: Communicator

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<tr>
<td>Physiotherapists use written, spoken and non-verbal communication to communicate effectively with clients and families, professional colleagues, Indigenous communities, culturally and linguistically diverse communities and relevant others</td>
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| *Registered physiotherapists in Australia and Aotearoa New Zealand are able to:* | *Registered physiotherapists in Australia and Aotearoa New Zealand are able to:*
| develop and maintain rapport, trust and professional relationships through clear, accurate and sensitive communication with the client and relevant others, using culturally responsive written and spoken language and non-verbal communication strategies | • recognise and reflect upon the influence of culture on communication with clients and relevant others  
• listen effectively to the client and relevant others and respond appropriately to verbal and non-verbal communication  
• respect opinions expressed by the client and relevant others  
• use information communication technology effectively and professionally integrate relevant technology into practice and provide communication in accessible formats  
• communicate clearly, accurately, sensitively and effectively about relevant diagnostic, therapeutic and management options with the client and relevant others  
• recognise the culture, level of language proficiency, health literacy and comprehension ability of the client and relevant others  
• adapt written, spoken and non-verbal communication for the situation or context to appropriately reflect the culture, language proficiency, comprehension and health literacy of the client and relevant others |
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<tr>
<td>use written, spoken and non-verbal communication to effectively communicate</td>
<td>• record the client’s clinical data and other information appropriately, accurately, legibly and in client-centred language as soon as practicable</td>
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<td>physiotherapy assessment findings, outcomes and decisions to relevant others</td>
<td>• subject to any obligations with respect to the client’s consent, discuss physiotherapy assessment findings, outcomes and decisions with relevant parties</td>
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<td>within professional, legal and ethical frameworks</td>
<td>including other professionals</td>
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<td>• provide accurate and appropriate information to insurers and other third parties</td>
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<td>deal effectively with potential and actual conflict</td>
<td>• recognise when there is a risk of conflict with the client or relevant others and take timely and appropriate action to effectively manage that risk</td>
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<td>• adapt communication to resolve conflict with the client and relevant others including through negotiation and cooperation</td>
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<td>• seek assistance, as appropriate, to mitigate risk of conflict and to resolve conflict with the client and relevant others</td>
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Role 4: Reflective practitioner and self-directed learner

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<tr>
<td>Physiotherapists are outcome-focused professionals who engage in critical self-reflection and relevant learning to maintain and enhance their professional competence, cultural responsiveness and quality of practice</td>
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<td>engage in self-assessment of outcomes of own practice against relevant professional benchmarks, take action to continually improve own professional practice and contribute to the development of the profession through research and enquiry</td>
<td>• reflect on risk, safety and quality of physiotherapy and the client’s physical, verbal and non-verbal response to physiotherapy throughout the therapeutic interaction</td>
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<td>• reflect on professional practice, engage in critical questioning of self and others and engage in ongoing personal and professional development to maintain and improve professional practice</td>
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<td>• reflect on own culture and preferences as part of culturally responsive practice</td>
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<td>• evaluate own professional support and guidance needs and seek professional support and guidance to enhance professional competence, cultural responsiveness and quality of practice</td>
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<td>• engage in scholarly physiotherapy practice and participate in research</td>
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<td>• recognise opportunities to engage in scholarly physiotherapy practice and contribute to the development of new knowledge through research and enquiry</td>
</tr>
<tr>
<td>seek professional support, including peer review, to evaluate learning needs and engage in relevant continuing professional development</td>
<td>• evaluate own learning needs, including gaps in cultural knowledge and understanding, and professional competence, as part of reflective practice</td>
</tr>
<tr>
<td></td>
<td>• seek opportunities and engage in relevant activities to address identified learning needs</td>
</tr>
<tr>
<td></td>
<td>• maximise own learning in opportunistic, innovative and creative ways</td>
</tr>
<tr>
<td>Key competencies</td>
<td>Enabling component</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
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</tr>
</tbody>
</table>
| *Registered physiotherapists in Australia and Aotearoa New Zealand are able to:* | *Registered physiotherapists in Australia and Aotearoa New Zealand are able to:*
|                                                                                  | - initiate and implement strategies to develop and achieve realistic goals for own professional development in the workplace                                                                                      |
|                                                                                  | - seek, accept, reflect and respond appropriately on feedback from others in a team environment                                                                                                                   |
| be committed to practice supported by best available evidence and seek to acquire new knowledge | - access, critically appraise, interpret and apply evidence from relevant research, literature and continuing professional development as well as from clinical data, client response, expert opinion and own experience |
|                                                                                  | - incorporate best available evidence into clinical reasoning and professional decision-making                                                                                                               |
|                                                                                  | - measure outcomes, analyse client response to physiotherapy and plan modifications to enhance therapeutic outcomes                                                                                          |
|                                                                                  | - advocate for physiotherapy that is supported by best available evidence                                                                                                                                       |
|                                                                                  | - operate effectively across a range of settings and adapt effectively to changes in the practice context, such as by generating innovative solutions to new problems                                                |
### Key competencies

**Registered physiotherapists in Australia and Aotearoa New Zealand are able to:**

- seek to proactively apply principles of quality improvement and risk management to practice

<table>
<thead>
<tr>
<th>Key competencies</th>
<th>Enabling component</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered physiotherapists in Australia and Aotearoa New Zealand are able to:</td>
<td>Registered physiotherapists in Australia and Aotearoa New Zealand are able to:</td>
</tr>
</tbody>
</table>
| **seek to proactively apply principles of quality improvement and risk management to practice** | • practise in accordance with clinical guidelines and use best available evidence to improve safety and quality  
• measure and analyse outcomes of practice  
• plan and implement modifications to enhance outcomes of practice  
• identify, appropriately manage and report on risks, treatment injury, near misses and their consequences, and adverse events, including contributing factors  
• reflect on practice, recognise when their level of expertise or competence contributes to risk including treatment injury, near misses and their consequences, and adverse events  
• engage in learning to mitigate risk by enhancing relevant aspects of expertise or competence  
• recognise barriers to efficiency and effectiveness and facilitate strategies that lead to quality outcomes and improvement |
| reflect on their own professional practice, recognise situations that are outside their scope of expertise or competence and take appropriate action | • reflect on the client’s response and seek guidance or assistance to effectively manage the therapeutic interaction  
• seek appropriate professional guidance or assistance to effectively manage situations that are outside their scope of expertise or competence |
## Role 5: Collaborative practitioner

### Definition

Physiotherapists engage with clients and relevant others to support achievement of agreed goals through inclusive, collaborative, consultative and culturally responsive approaches within legal, ethical and professional frameworks.

### Key competencies

<table>
<thead>
<tr>
<th>Registered physiotherapists in Australia and Aotearoa New Zealand are able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>engage in an inclusive, collaborative, consultative, culturally responsive and client-centred model of practice</td>
</tr>
</tbody>
</table>

### Enabling components

- place the client’s needs, interests, cultural beliefs, safety, privacy and confidentiality at the centre of the care process
- collaborate and share decision making with the client and relevant others

<table>
<thead>
<tr>
<th>Registered physiotherapists in Australia and Aotearoa New Zealand are able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>engage in safe and effective collaborative interprofessional practice</td>
</tr>
</tbody>
</table>

- gain cooperation and facilitate good working relationships with the client and relevant others
- understand, acknowledge and respect the roles of others providing care and services for the client and work effectively and collaboratively with them
- recognise opportunities to delegate responsibility to others and make appropriate delegation decisions, including when it is safe, effective and appropriate to accept delegation from others
- when relevant, work as part of a client-centred interprofessional team that recognises barriers to, and facilitates pathways for, efficient client discharge planning and implementation
- collaborate with the interprofessional team to develop, implement, monitor and update policies and guidelines using clinical reasoning and best available evidence
**Role 6: Educator**

<table>
<thead>
<tr>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapists apply educational principles and strategies to facilitate the learning of students, clients, relevant others, communities and other professionals.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key competencies</th>
<th>Enabling components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registered physiotherapists in Australia and Aotearoa New Zealand are able to:</strong></td>
<td><strong>Registered physiotherapists in Australia and Aotearoa New Zealand are able to:</strong></td>
</tr>
</tbody>
</table>
| empower self and others through education | • facilitate safe and effective learning and assumption of responsibility by students, clients, relevant others, communities and other professionals, taking into account the level of knowledge, health literacy and role of the person they are educating  
• support education of physiotherapy students  
• educate physiotherapy assistants, health workers and relevant others to implement effective and safe therapy  
• educate, motivate and empower the client and relevant others to take control of their health and wellbeing and implement effective self-management strategies  
• assist the client and relevant others to understand the risks and rationale for physiotherapy and any referrals to other professionals  
• recognise the educational value of learning experiences such as simulation relevant to the physiotherapy setting |
### Key competencies

**Registered physiotherapists in Australia and Aotearoa New Zealand are able to:**

- seek opportunities to lead the education of others, including physiotherapy students, as appropriate within the physiotherapy setting

### Enabling components

**Registered physiotherapists in Australia and Aotearoa New Zealand are able to:**

- initiate discussion and proactively recognise opportunities to educate others, including physiotherapy students,
- facilitate the education of others, including physiotherapy students, in opportunistic and innovative ways
- model good practice, self-reflection and culturally responsive practice to others, including physiotherapy students,
- encourage and motivate others, including physiotherapy students, to engage in critical reflection and self-directed learning
- engage with others, including physiotherapy students, to initiate and implement strategies to support their professional development
## Role 7: Manager

### Definition

Physiotherapists manage time, workload, resources and priorities in a variety of situations.

### Key competencies | Enabling components

<table>
<thead>
<tr>
<th>Registered physiotherapists in Australia and Aotearoa New Zealand are able to:</th>
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</tr>
</thead>
</table>
| organise workload and resources effectively, efficiently and autonomously and, where relevant, as a member of a team | • set priorities, manage time and implement other strategies to deal with workload safely, effectively and efficiently  
• adapt and innovate to achieve realistic goals within available resources, including time, staff, money and equipment  
• recognise own accountability to the client, relevant others, insurer/funder, the profession and the community more broadly  
• accept responsibility for meeting service goals and achieving positive outcomes of physiotherapy  
• comply with obligations to insurers/funders as relevant to own practice |

| lead others effectively and efficiently within relevant professional, ethical and legal frameworks | • positively influence workplace culture and practice through critical reflection, problem solving and initiative  
• encourage, guide, lead and motivate others to operate effectively and efficiently, including through new ways of working  
• recognise and report risks within the workplace, proactively working towards a safe environment for clients and relevant others, including risks associated with cultural safety  
• facilitate and lead holistic, client-centred, culturally responsive and family-focused (where relevant) physiotherapy practice |
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning in the context of the Physiotherapy practice thresholds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best available evidence</td>
<td>An integration of research evidence, information from clients about their preferences and values, expert opinion and the physiotherapist’s experience. (based on Sackett et al, 1996)</td>
</tr>
<tr>
<td>Client</td>
<td>May be an individual, a group of individuals, family / whānau, a community or an organisation.</td>
</tr>
<tr>
<td>Competence</td>
<td>The ability of a physiotherapist to practise safely and effectively in a range of contexts and situations of varying levels of complexity. The level of an individual’s competence in any situation will be influenced by many factors. These factors include, but are not limited to, the physiotherapist’s qualifications, clinical experience, professional development and their ability to integrate knowledge, skills, attitudes, values and judgments.</td>
</tr>
<tr>
<td>Culture</td>
<td>Can include but is not limited to age, gender, sexual orientation, race, socioeconomic status (including occupation), religion, physical, mental or other impairments, ethnicity and organisational culture. (Physiotherapy Board of New Zealand/Te Poari Tiaki Tinana o Aotearoa 2011)</td>
</tr>
<tr>
<td>Cultural responsiveness</td>
<td>A core concept of client-centred practice that requires the physiotherapist to proactively respond to the healthcare issues of socially and culturally diverse clients and relevant others. (Adapted from State of Victoria, Department of Health 2009)</td>
</tr>
<tr>
<td>Enabling components</td>
<td>Describe the requirements to demonstrate threshold competence for the respective key competency.</td>
</tr>
<tr>
<td>Fundamental legal responsibilities</td>
<td>Obligations arising from legal and regulatory frameworks including but not limited to frameworks that apply to health records, work health and safety, privacy, and the physiotherapist’s registration.</td>
</tr>
<tr>
<td>Health</td>
<td>A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (World Health Organisation, 1946)</td>
</tr>
<tr>
<td>Health literacy</td>
<td>A client’s knowledge, motivation and competence to access, understand, appraise and apply health information to make effective decisions and take appropriate action for their health and health care. (Sørensen et al, 2012)</td>
</tr>
<tr>
<td>Health worker</td>
<td>Refers to all individuals engaged in actions with the primary intent being to enhance health. This includes those who promote and preserve health, those who diagnose and treat disease, health management and support workers, professionals with discrete/unique areas of competence, whether regulated or non-regulated, conventional or complementary. (World Health Organisation, 2006)</td>
</tr>
<tr>
<td>Informed consent</td>
<td>Requires ongoing engagement by the physiotherapist with the client and relevant others to make sure the client has received the information that a reasonable person in the same situation would require to make an informed decision about the relevant aspect of physiotherapy.</td>
</tr>
<tr>
<td>Interprofessional practice</td>
<td>Two or more professions working together as a team with a common purpose, commitment and mutual respect (Dunston et al, 2009).</td>
</tr>
<tr>
<td>Key competency</td>
<td>Practice that is necessary for a physiotherapist to safely and effectively perform the relevant physiotherapist role in a range of contexts and situations of varying levels of complexity. The language used in the key competencies reflects the complex integration of knowledge, skills, attitudes, values, and judgments.</td>
</tr>
<tr>
<td>Term</td>
<td>Meaning in the context of the Physiotherapy practice thresholds</td>
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</tr>
<tr>
<td>Mental health</td>
<td>A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organisation, 2005)</td>
</tr>
<tr>
<td>Physiotherapy assistant</td>
<td>A health care worker who works under the supervision of a registered physiotherapist and who has a range of skills which allow a physiotherapist to confidently delegate a higher level of tasks than other support workers. (Adapted from Australian Physiotherapy Association, 2008)</td>
</tr>
<tr>
<td>Professional support</td>
<td>Requires the physiotherapist to engage with other professionals, including physiotherapists, to assist the physiotherapist in their practice and may occur in a range of ways including but not limited to seeking advice by referring a client to a more experienced physiotherapist for assessment, mentoring and supervision.</td>
</tr>
<tr>
<td>Relevant others</td>
<td>As relevant to the context, this may be one or more of the following: a physiotherapist, other professional, a professional colleague, a member of the health care team, physiotherapy student, physiotherapy assistant, health worker, carer, family, whānau, community.</td>
</tr>
<tr>
<td>Scholarly physiotherapy practice</td>
<td>Requires the physiotherapist to seek to be well-informed of the literature and new research in their chosen field of practice, including by engaging in continuing professional development and interaction with peers, and using that knowledge to inform physiotherapy practice.</td>
</tr>
<tr>
<td>Simulation</td>
<td>A technique that uses a situation or environment created to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing or to gain understanding of systems or human actions. (Australian Society for Simulation in Healthcare 2012)</td>
</tr>
<tr>
<td>Threshold</td>
<td>Is the point on the continuum of competence at which an individual’s ability across the specified key competencies is sufficient to practise as a registered physiotherapist in Australia and Aotearoa New Zealand</td>
</tr>
<tr>
<td>Threshold competence</td>
<td>Is the level of competence across the specified key competencies required to practise as a registered physiotherapist in Australia and Aotearoa New Zealand.</td>
</tr>
<tr>
<td>Well-being</td>
<td>A state in which an individual has the physical capacity, mental health and social resources they need to successfully manage a particular psychological, social and/or physical challenge. (Dodge et al 2012)</td>
</tr>
<tr>
<td>Tele-health</td>
<td>Is an extension of face-to-face consultation that allows clients, physiotherapists and relevant others to interact using communication information technologies such as email, video or telephone conferencing, and remote transmission of images.</td>
</tr>
</tbody>
</table>
Reference list


Australian Commission on Safety and Quality in Health Care 2013, Consumers, the health system and health literacy: Taking action to improve safety and quality. Consultation Paper, Australian Commission on Safety and Quality in Health Care, Sydney.

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Indigenous Allied Health Australia 2013a, *Position Paper: Access to allied health services for Aboriginal and Torres Strait Islander people*, Indigenous Allied Health Australia, Canberra.


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Appendix 1: Development of the Physiotherapy practice thresholds

The project to develop the Physiotherapy practice thresholds comprises the following five stages. This public consultation is part of Stage 3.

The overall objective of this project is to determine and publish evidence-informed, stakeholder supported practice thresholds for the physiotherapy profession in Aotearoa New Zealand and Australia.

During Stage 1, a comprehensive literature review considered:

1. the most appropriate and contemporary format and nomenclature for the Physiotherapy practice thresholds
2. best practice approaches to develop the Physiotherapy practice thresholds
3. current and possible future health policy relevant globally and specifically to Australia and Aotearoa New Zealand, as it relates to entry level Physiotherapy practice thresholds.

The project team provided the Project Steering Committee with a report on findings of the literature review and recommendations about a good practice methodology to develop the first draft of the Physiotherapy practice thresholds. The Project Steering Committee refined and agreed on the methodology for Stage 2 of the project.

During Stage 2, the first draft of the Physiotherapy practice thresholds was progressively developed through engagement with more than 200 members of the physiotherapy profession in Australia and Aotearoa New Zealand. Triangulation of the following three methods of information gathering from the profession supported a stakeholder-informed, systematic and comprehensive approach to progressive development of the first draft of the Physiotherapy practice thresholds:

1. focus groups to explore the profession’s views about key characteristics of practice by new graduate physiotherapists – this information was used to draft a basic framework for the Physiotherapy practice thresholds
2. refinement workshops with members of the physiotherapy profession to progressively refine the basic framework for the Physiotherapy practice thresholds, and
3. an online survey to ascertain the views of users of the Physiotherapy Competencies for Physiotherapy Practice in New Zealand (2009) and the Australian Standards for Physiotherapy (2006) about those documents.

The consultation draft of the Physiotherapy practice thresholds was informed by the comprehensive literature review in Stage 1 of the project and by analysis of the themes, characteristics and contextual considerations arising from the focus groups, refinement workshops and responses to the online survey.

During Stage 3, the Physiotherapy Board of Australia and Physiotherapy Board of New Zealand are engaging in wide-ranging consultation about the proposed Physiotherapy practice thresholds. The consultation comprises two phases: a preliminary consultation with key trusted stakeholders and a period of public consultation. The first phase of the consultation ended in September. The project team analysed responses to the preliminary consultation phase and, in consultation with the Expert Reference Group, provided the Project Steering Committee with a report on the responses and
recommendations about amendments to the proposed Physiotherapy practice thresholds prior to public consultation. The Expert Reference Group provided the Project Manager with expert advice, opinion and expertise on the proposed Physiotherapy practice thresholds as well as on questions put to stakeholders as part of the public consultation.

This version of the proposed Physiotherapy practice thresholds was released for the period of public consultation that ends at close of business on 12 January 2015. The project team will analyse responses to the public consultation phase and, in consultation with the Expert Reference Group, will develop a report for the Project Steering Committee, on the responses and recommendations about amendments to the proposed Physiotherapy practice thresholds in response to feedback received during the public consultation phase. The report will also identify any unresolved issues and the Project Steering Committee will decide whether to consult further with stakeholders to resolve those issues.

During **Stage 4**, the project team will develop a final draft of the proposed Physiotherapy practice thresholds that reflects the Project Steering Committee decisions about amendments to the proposed Physiotherapy practice thresholds in response to feedback received during the public consultation phase. The Physiotherapy Board of Australia and Physiotherapy Board of New Zealand will consider and provide feedback on the final draft. The Boards may require the project team to conduct further consultation about the proposed Physiotherapy practice thresholds.

**Stage 5**

During **Stage 5**, the Physiotherapy Board of Australia and Physiotherapy Board of New Zealand will endorse the final Physiotherapy practice thresholds for implementation. It is anticipated this will be towards the end of March 2015.
Appendix 2: Regulation of physiotherapists in Australia and Aotearoa New Zealand

Physiotherapy is regulated within a statutory framework within both Australia and Aotearoa New Zealand and registration is a statutory requirement for legal practice as a physiotherapist in both countries. A person must be registered if they want to practise as a physiotherapist and/or refer to themselves as a “physiotherapist”.

Although this document sets out threshold competence for registered physiotherapists in both countries, different legislation applies in each country and a physiotherapist must be registered in the country in which they want to practice.

In both countries, statutory regulation creates ongoing requirements for physiotherapists to maintain their registration beyond the initial requirements for registration. These ongoing requirements include compliance with registration standards, maintenance of professional competence and engagement in continuing professional development.

In Australia, physiotherapists are regulated by the Health Practitioner Regulation National Law Act as in force in each state and territory (National Law). Physiotherapists must be registered with the Physiotherapy Board of Australia. More information about registration and regulation of physiotherapists in Australia is available at www.physiotherapyboard.gov.au/

In Aotearoa New Zealand, physiotherapists are regulated by the Health Practitioners Competence Assurance Act 2003 (HPCA Act). Physiotherapists must be registered with the Physiotherapy Board of New Zealand. More information about registration and regulation of physiotherapists in Aotearoa New Zealand is available at www.physioboard.org.nz/