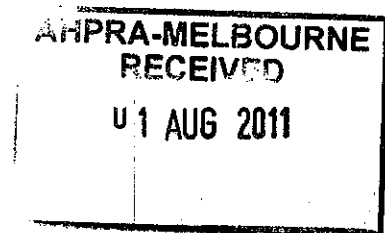




28 July 2011

The Executive Officer
Physiotherapy Board of Australia
GPO Box 9958
Melbourne
VIC 3001



By post and email

To the Board

Vivir Healthcare Comments to Draft Registration Standard and Guidelines on Limited Registration

Vivir Healthcare is a company that provides Allied Health Services to the Aged Care sector. The vast majority of our service is delivery of physiotherapy interventions to clients of residential aged care facilities (nursing homes).

Vivir Healthcare has a keen interest in the outcome of this policy consultation for the following reasons:

- We presently engage Limited Registrant Physiotherapists (LRPs)
- The Aged Care sector, as the Board will well understand, presents additional hurdles to attracting staff, in an already critically skills short market place. LRPs represent an additional pool of talent that we can draw on and they in many instances are attracted to our type of work. The narrower scope of clinical provision we can offer our clients, given their pre-existing medical history and physical capacity, means we can offer a controlled entry into the Australian healthcare environment which suits many LRPs

We offer the following comments or queries for response having cognisance to the Board's primary goals which are to provide; *access to* and *competent* physiotherapy services.

Vivir Healthcare understands that this is a fine balance but we do feel that, particularly in our subsector of the physiotherapy market place the issue of *access* is a key consideration. If the LRP supervisory model is significantly modified our ability to deliver services may be threatened thus limiting nursing home resident's access.



If the aged care sector is not able to reasonably engage LRP talent we will find ourselves either:

- unable to provide reliable access to services for some of the most vulnerable in the community, or
- participating in a wages blow out because we will be forced to hire general registrants meaning competition for their services will increase (effecting wages). This will have an unenviable flow on effect to the wider profession as we will draw from hospital and clinic environments

As with any supply constrained market the consequence will be inflationary which is damaging.

Vivir Healthcare wishes to comment specifically on the proposed revisions to the granting of Limited Registration in the Public Interest (LRiP).

The consultation document does not specifically outline what may be declared public interest but provides the example of where an "unexpected situation" has occurred. Having regard to the issue of access to physiotherapy services we contend that being able to readily find prospective employees to work in the residential aged care environment is a matter of significant public interest, especially as the population ages.

The residential aged care sector is an important and valuable sector to work in but regrettably is one of the least desirable for clinicians. We have tremendous problems engaging staff to work in the sector and find LRP applicants, especially those registered under public interest, are interested/willing to work in residential aged care facilities. This is compounded when the facilities are on the urban fringes and rural settings.

It is worthy of note that the Department of Immigration and Citizenship (DIAC) has different conditions and limitations on employment on the urban fringes and rural areas. In addition DIAC has physiotherapy on the Skilled Occupation List which is used to define professions which are in demand in Australia. This listing is regardless of location of work. We point these facts out to demonstrate how other regulatory bodies view physiotherapy and are able to control employment practices based on skills shortage needs.

Vivir Healthcare contends that the exclusion of residential aged care as an area of public interest is contrary to the issue of promoting access to physiotherapy services. We are proposing that limiting clinical practice to within the aged care sector only would be appropriate.

Other conditions imposed could be that the individual undertakes additional training at their expense, ie. through APA or universities, and must undertake and pass the APC theoretical exam (be granted their interim certificate) within 12 months. On award of the APC interim certificate they could reapply through the standard LRP process.



Vivir Healthcare understands that members of the Board may have concerns that granting therapists the right to practice without formal APC written or practical assessments however we contend:

- the additional training requirements are more onerous than that of normal limited registration under the current proposals
- in conjunction with the proposed changes to the supervision requirements the clinician will be more rigorously supervised and trained than under the current scheme
- the clinical setting and limited scope of intervention, given the nature of pre-existing medical conditions, within the residential aged care environment means there is a lower risk profile associated with the work being conducted. We point out that residential aged care facilities are capable of more rapid response and assistance than physiotherapy clinics and that these environments are governed by rigorous policies to which physiotherapists are required to comply, ie. no lifting, integrity of handovers, infection control etc.

The APC only conducts assessment for the Interim Certificates twice a year which is insufficient to allow balanced workforce management. Vivir Healthcare's proposal allows for more reasonable flow of therapists into the residential aged care sector at times of critical need.

The Board must consider the residential aged care sector as an area of gross skills shortage and that the resultant limitation to accessing services will have more definite impacts than the potential risks imposed under LRiP.

Vivir Healthcare supports that each application should be considered on its merits by the Board and the application process should be required to include justification of request to grant LRiP from the employer. We do however contend that with additional training requirements and limitations to areas of practice this will mitigate risk concerns the Board may hold.

In addition to the above Vivir Healthcare request confirmation that those therapists already awarded LRP in the Public Interest be given the opportunity to continue employment under current arrangements until their stipulated conclusion had the revisions not occurred.

Vivir Healthcare welcomes any additional questions the Board has in relation to this submission and requests that all such queries be directed to Hugh Cattermole, COO by email hugh@vivir.com.au or on 0432 829 362.

Yours sincerely


Hugh Cattermole
Chief Operating Officer