

Submission for Reappointment to Accreditation Function

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Australian Physiotherapy Council

Company background

The Australian Physiotherapy Council (ACN 108 663 896) is an independent national organisation and is constituted as a public company limited by guarantee and without a share capital.

The Australian Physiotherapy Council has been appointed by the Health Ministers of Australia as the accreditation authority for physiotherapy under the *Health Practitioner Regulation National Law Act 2009* for the period July 2010 – June 2013.

The Federal Minister for Immigration and Citizenship has specified and gazetted the Australian Physiotherapy Council as the assessing authority for the occupation of physiotherapy under the *Migration Regulations 1994*.

The Australian Physiotherapy Council [previously Australian Council of Physiotherapy Regulating Authorities] has been operating as the independent body for Accreditation and Assessment of Physiotherapy in Australia since 1994.

The Australian Physiotherapy Council engages locally and globally in oversight of the guidance, development and assurance of standards for health professional practice in the public interest. The Australian Physiotherapy Council is a member of the Forum of Australian Health Professions Councils and the Council on Licensure, Enforcement and Regulation. In past years the Australian Physiotherapy Council has been a member of the International Network of Physiotherapy Regulating Authorities; the Physiotherapy Board Australia is now the member. The Australian Physiotherapy Council values integrity, excellence, collaboration, reliability and accountability.

The Objectives of the Company are:

- To provide advice, recommendations and consulting services to the Physiotherapy Board of Australia and other relevant organisations.
- To grow expertise in health profession standards for accreditation and assessment purposes.
- To identify and develop health profession standards for accreditation and assessment purposes.
- To monitor and review health profession standards used for accreditation and assessment purposes.
- To identify and develop best practice systems for the design and conduct of accreditation and assessment services.
- To deliver best practice accreditation and assessment services for health professions.
- To identify and adopt best practice systems of governance and operations to ensure the ongoing development of the Australian Physiotherapy Council.

The current Members of the Australian Physiotherapy Council are the Australian Physiotherapy Association and the Council of Physiotherapy Deans Australia & New Zealand.

The Australian Physiotherapy Council governance structure is framed in its Constitution.

Reappointment to Accreditation Function

The Australian Physiotherapy Council is seeking reappointment to the Accreditation Function under the Health Practitioner Regulation National Law Act 2009 for a further period of 10 Years. The rationale for a submission of 10 years is to ensure continuity, reliability and efficiency of the Accreditation function for all stakeholders. The Australian Physiotherapy Council is in period of consolidation of its internal quality processes including stakeholder consultation, accreditation of entry-level physiotherapy programs and assessment of overseas practitioners. An appointment of 10 years will enable the full quality process to be completed with a full quality cycle for review purposes.

The Australian Physiotherapy Council accreditation of higher education programs runs on a 5 year quality review cycle. The Tertiary Education Quality Standards Agency regulates higher education organisations against the Higher Education Standards and the Australian Qualification Framework on a 7 year quality review cycle.

Domain 1: Governance

The accreditation authority implements effective governance and demonstrates competence and professionalism in the performance of its accreditation role.

Attributes:

- The accreditation authority is a legally constituted body and registered as a business entity.
- The accreditation authority's governance and management structures give priority to its accreditation function relative to other activities (or relative to its importance).
- The accreditation authority is able to demonstrate business stability, including financial viability.
- The accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.
- There is a transparent process for selection of the governing body.
- The accreditation authority's governance arrangements provide for input from stakeholders including input from the community, education providers and the profession/s.
- The accreditation authority's governance arrangements comply with the National Law and other applicable legislative requirements.

Attribute	Evidence	Attachment	Comment
The accreditation authority is a legally constituted body and registered as a business entity	<ul style="list-style-type: none"> • APC Constitution: Amended 31 May 2012 • ACN/ABN • ASIC Company Registration 	1. APC Constitution Public 2. ABN profile Public	The APC Constitution was amended [31 May 2012] to reflect the changes to the Membership clauses necessary due to the National Law and minor amendments to improve corporate governance and for clarification and consistency
The accreditation authority's governance and management structures give priority to its accreditation function relative to other activities (or relative to its importance).	<ul style="list-style-type: none"> • APC Organisation and Governance Chart • Board Charter [Draft] • Audit and Risk Committee Charter • Accreditation Standing Committee Charter Draft • Assessment Standing Committee Charter Draft • APC Corporate Plan [Draft] 2011-2013 	3. Board Charter [Draft] Confidential 4. Audit and Risk Committee Charter Public 5. Standing Committee Charter [Draft] Confidential 6. Standing Committee Charter [Draft] Confidential 7. Corporate Plan [Draft] Confidential	Diagram 1. The APC Board introduced a new sub committee [Jan 2012] – Audit & Risk Committee – to support Governance. The APC Constitution includes two Standing Committees of the Board: Accreditation and Assessment Standing Committees. Operationally the APC has a General Manager Accreditation Service and General Manager Assessment Service

Table 1. Governance evidence table

Attribute	Evidence	Attachment	Comment
The accreditation authority is able to demonstrate business stability, including financial viability.	<ul style="list-style-type: none"> • Audited financial accounts 2010/2011 • End of Year financial reports 2011/2012 • Draft Audit financial accounts 2011/2012 	<p>8. Audited financial accounts - Confidential</p> <p>8 A. Summary 2010/2011 Audited Accounts - Public</p>	The draft Audited 2011/12 financial accounts will be available by 30 Sept 2012
The accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.	Independent Auditor letter; Audited Accounts	<p>9. Auditor Letter Confidential</p> <p>8 A. Summary 2010/2011 Audited Accounts - Public</p>	The APC submits its financial accounts annually to ASIC as part of Company reporting requirements. The APC meets its financial reporting requirements under the Corporations Law
There is a transparent process for selection of the governing body.	APC Constitution	1. Public	The Constitution describes the selection process of the governing body i.e. its Board
The accreditation authority's governance arrangements provide for input from stakeholders including input from the community, education providers and the profession/s.	APC Constitution	1. Public	The APC holds an AGM in October/November each year. Members are represented at the AGM. Members include representatives from education providers and the profession. External community representatives may be invited as observers. The APC Board is constituted of five Directors elected by APC members and four Directors appointed by the Board to address governance skills. The APC introduced a mechanism for stakeholder input [in the form of surveys] in July 2012.
• The accreditation authority's governance arrangements comply with the National Law and other applicable legislative requirements.	• APC Constitution: Amended 31 May 2012	1. Public	The APC Constitution was amended [31 May 2012] to reflect the changes to the Membership clauses necessary due to the National Law and minor amendments to improve corporate governance and for clarification and consistency

Table 1. Governance evidence table cont

Supporting Statement

The Australian Physiotherapy Council Board has undertaken a number of activities to improve Governance. The Board has introduced an annual work plan. The work plan includes review dates for annual plan, policy review and development, AGM, Financial Management, Risk Management and Strategic planning.

Activities in the past 12 months include: the review and amendment of the Constitution, the implementation of an Audit & Risk Committee of the Board, including a Charter and annual work plan and development of Charters for the Standing Committees. A draft Charter for the Board has been developed. The Board is in the process of developing an enterprise risk management framework in order to further improve identification and management of risks.

The Australian Physiotherapy Council Board has reviewed the following Board policies: Conflict of Interest [approved], Travel [approved], and Work Health & Safety [WHS] [draft]. Processes for new Director induction, including training and position description have also been reviewed. In 2012/2013 it is intended that Directors will be offered an opportunity to apply for professional development in the form of Australian Institute of Company Directors – Company Director course.

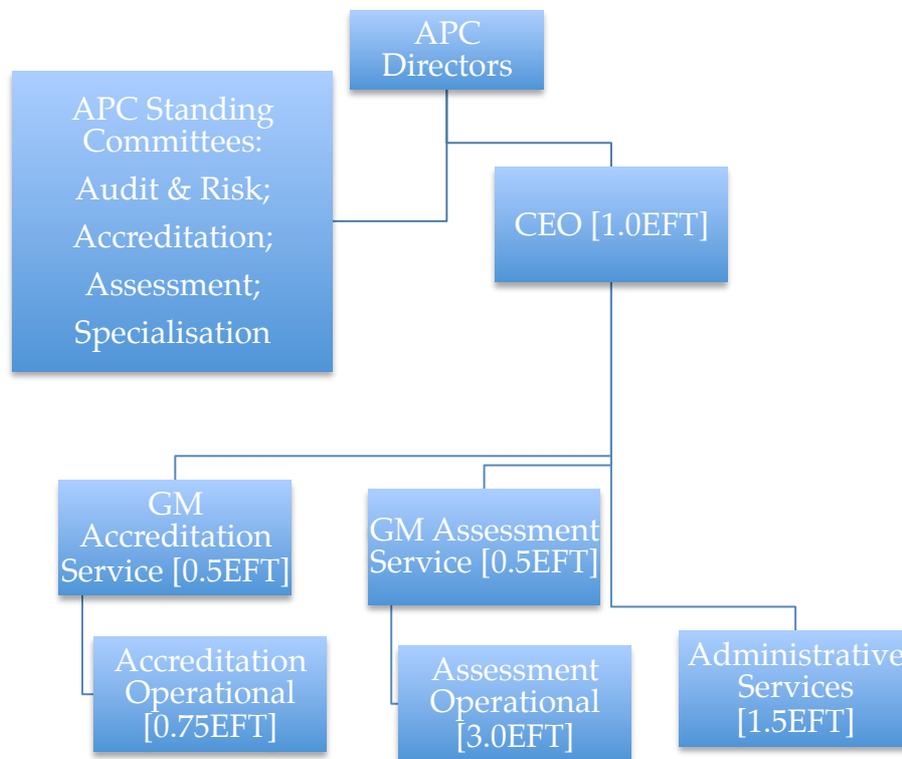


Diagram 1. Governance and Organisational Chart

The Australian Physiotherapy Council Board work plan for next 12 months includes:

- Corporate strategic plan review [16 August 2012]
 - The APC Directors held a Strategic-planning workshop on 16 August 2012.
 - It was agreed that the previous Corporate plan 2010 – 2013 should be renamed the APC Strategic Plan 2010 - 2013 as this title was a more accurate descriptor.
 - The key strategic objectives for the APC for the remainder of the period 2010 – 2013 are:

- Provide advice, recommendations and consulting to the Physiotherapy Board Australia;
 - Grow expertise in health professions' standards' for accreditation and assessment;
 - Identify and develop business growth opportunities;
 - Monitor and review accreditation standards for appropriateness;
 - Identify, develop and deliver best practice systems for design and conduct of accreditation and assessment services;
 - Identify and adopt best practice systems of governance and operations for the ongoing development of the APC;
 - Improving organisation reputation by communication and stakeholder engagement that embrace quality processes and feedback.
- Website development to include governance information
 - Major review of the Accreditation of higher education Physiotherapy programs processes and implementation of Accreditation Policies and processes to align with the National Law & Accreditation Quality Framework
 - Review of the Assessment processes for the assessment of overseas qualified practitioners
 - Financial
 - Reporting structures
 - Controls including delegations
 - Investment policy
 - Fraud related risk
 - Risk Management
 - Risk Policy and Appetite statement [16 August 2012]
 - Risk Reporting - Risks identification, reporting and treatment/controls
 - Insurance review including D&O
 - Business continuity plan
 - Annual Compliance Plan
 - Contract requirements - AHPRA Funding Agreement
 - Legal and regulatory requirements
 - Performance Management system
 - Organisational scorecard/KPIs
 - CEO - performance and remuneration
 - Board development and performance
 - Audit & Risk Committee development and performance
 - Standing Committee's development and performance
 - External Auditor appointment
 - Qualifications, independence, process
 - Review last external audit report
 - Stakeholder Engagement Communication Strategy
 - The APC has included Communication and Stakeholder Engagement as a key outcome in its Strategic Plan. This outcome will include a plan to include Community engagement. The APC has begun to engage with the APA in the plans APA has to include a Community Engagement forum in the APA conference 2013.

Current Directors' Qualifications & Experience

Professor Tony WRIGHT - Chair

Qualifications: Bachelor of Science (Honours) Physiotherapy, Graduate Certificate in Education, Master of Physiotherapy Studies (Manipulative Therapy), Doctor of Philosophy

Experience: Teaching, research, curriculum development, strategic planning, financial management, HR processes, project management, change management. Member Western Australia Board of the Physiotherapy Board Australia

Lorraine Amanda SHEPPARD – Deputy Chair

Qualifications: Bachelor of Applied Science [Physiotherapy]; Master of Business Administration; Doctor of Philosophy

Experience: Foundation Professor; Head of School; Dean Teaching and Learning; President (SA) Australian Physiotherapy Association; Member and Deputy Chair, South Australian Board of the Physiotherapy Board and Physiotherapy Board of SA; Director and Governor, St Andrews School

Guglielmo [Bill] VICENZINO

Qualifications: Bachelor Physiotherapy; Master of Science; Graduate Diploma Sports Physiotherapy; Doctor of Philosophy

Experience: Sports and Musculoskeletal Physiotherapy, Academic (Chair in Sports Physiotherapy), Head of Physiotherapy (UQ), Chair UQ Medical Research Ethics Committee, Previous Chair of Physiotherapy Board of Queensland (pre-AHPRA)

Claudia Jacqueline BELS

Qualifications: Bachelor of Economics; Bachelor of Laws (Honours); Graduate Certificate in Business Administration (Exec); GAICD.

Experience: Law, corporate governance, risk management, compliance, finance and negotiation.

Jane Boey Hwa LEOW

Qualifications: Dip Physiotherapy; Graduate Diploma Occupational Health and Safety; Master of Health Science

Experience: Risk Management; Governance; Business process improvement; Systems review and gap analysis; Strategy and systems development; Change management; Government relations; Workplace Health and Safety, Injury Management and Workers Compensation.

Patrick MAHER

Qualifications: Bachelor of Science (Honours), Bachelor of Physiotherapy, Master of Physiotherapy (Rural & Remote Health), Graduate Diploma of Public Sector Executive Management

Experience: Clinician in acute care, rehabilitation policy and management experience in acute care, community services, disability services and health workforce

Wendy Moya NICKSON

Qualifications: Diploma Physiotherapy; Graduate Diploma Physiotherapy; Master Sports Physiotherapy

Experience: Clinical practice, education, professional standards regulation, accreditation, project management, consultant health and education

CEO Qualifications and Experience

Susan Jeanne IRVINE – CEO and Company Secretary

Qualifications: Bachelor of Nursing; Graduate Certificate Business Management;
Graduate Diploma Business Management

Experience: Strategic planning, Governance, Business analysis and re-engineering, cultural change management, systems review, training analysis and design, negotiation, aged care and accreditation

Domain 2: Independence

The accreditation authority carries out its accreditation operations independently.

Attributes:

- Decision making processes are independent and there is no evidence that any area of the community, including government, higher education institutions, business, industry and professional associations - has undue influence.
- There are clear procedures for identifying and managing conflicts of interest.

Attribute	Evidence	Attachment	Comment
Decision making processes are independent and there is no evidence that any area of the community, including government, higher education institutions, business, industry and professional associations - has undue influence.	<ul style="list-style-type: none"> • Company Structure • APC Constitution: Amended 31 May 2012 	1. Public	
There are clear procedures for identifying and managing conflicts of interest.	<ul style="list-style-type: none"> • Conflict of Interest Policy • Agendas and Minutes of meetings include a conflict of interest declaration 	10. Conflict of Interest Policy Public	

Table 2. Independence evidence table

Supporting Statement

The Australian Physiotherapy Council is an independent national organisation and is constituted as a company limited by guarantee registered with the Australian Securities and Investments Commission.

The Australian Physiotherapy Council has a rigorous conflict of interest policy, process for managing potential conflicts and conflict of interest register. A standing agenda item for all meetings is a declaration of conflicts of interest. Any person with a conflict is required to leave the meeting for discussion of the relevant item.

Governance processes include management of potential conflicts of interest of all Directors. The Australian Physiotherapy Council Board appointed an independent Director (with legal, corporate governance and risk management qualifications) in January 2012 and recent amendments to the Constitution will enable the Board to appoint further independent Directors in late 2012. These appointments will enhance the independence of the Australian Physiotherapy Council.

The Board strategic planning meeting in August 2012, will specifically consider the skills and attributes necessary to fill gaps in expertise and independence for current and future Director and Standing Committee vacancies.

Operational management processes for managing conflicts of interest for the Accreditation Service includes a register of conflicts of all Directors, Standing Committees members, Panels of Reviewers and all employees. No Director, committee member or panel member is allowed to participate in any accreditation process for programs offered in any education facility in the State/Territory where they work or live.

Operational management processes for managing conflicts of interest for the Assessment Service includes a register of conflicts of all Standing Committee members and Assessors. Committee members and assessors are not allowed to assess candidates with whom they have had direct contact and candidates are not allowed to be assessed in a venue with which they have previously been involved or had association.

The Audit & Risk Committee liaises directly with the external auditor to ensure an independent process that monitors financial management controls and processes.

Domain 3: Operational management

The accreditation authority effectively manages its resources to support its accreditation function under the National Law.

Attributes:

- The accreditation authority manages the human and financial resources to achieve objectives in relation to its accreditation function.
- There are effective systems for monitoring and improving the authority's accreditation processes, and identification and management of risk.
- The authority can operate efficiently and effectively nationally.
- There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.
- In setting its fee structures, the accreditation authority balances the requirements of the principles of the National Law and efficient business processes.

Attribute	Evidence	Attachment	Comment
The accreditation authority manages the human and financial resources to achieve objectives in relation to its accreditation function.	<ul style="list-style-type: none"> • HR Management System • General Manager Assessment position created Jan 2012 • Strategic HR review May 2012 • New General Manager Accreditation position approved for 2012 • Quality Assurance position Sept 2012 • Annual Budget 	11. Position Description-Confidential 12. Position Description-Confidential 13. Position Description-Confidential 14. Summary budget-Confidential	Includes HR policies and procedures for recruitment, performance appraisal and management, industrial relations Diagram 1 Audit & Risk Committee -management reporting includes financial monitoring, risk management reports (including for WHS), trends data
There are effective systems for monitoring and improving the authority's accreditation processes, and identification and management of risk.	<ul style="list-style-type: none"> • Risk Management Policy Draft and Risk & Control Register being established • Quality Systems processes 	15. Risk & Control Register Confidential 16. Quality Improvement form-Public 17. Performance Improvement form-Public	Biannual workshop review of processes for each business unit. Biannual and as needed risk management assessment for each business unit. The APC has introduced a Quality Improvement process for all operational business processes. The APC has introduced a Performance Improvement process for all APC personnel.

Table 3. Operational Management evidence table

Attribute	Evidence	Attachment	Comment
The authority can operate efficiently and effectively nationally.	Accreditation of Physiotherapy programs in QLD, NSW, VIC, SA, ACT, WA Assessment processes of overseas candidates occurs at multiple international and multiple national venues	18. Time lines for Accreditation process-Public 19. Time lines for Assessment process-Public	www.physiocouncil.com.au/accreditation www.physiocouncil.com.au/assessment
There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.	Information management system including website Security document destruction Security document archiving Secure document filing processes Confidentiality Agreement Secure messaging	20. Secure document destruction agreement-Confidential 21. Secure document archiving agreement-Confidential 22. Confidentiality Agreement-Public 23. Secure message Agreement-Confidential	The APC has discrete log in for APC personnel and candidates for website specific and confidential information. The APC has digital secure back up processes for it Information Technology system. The APC has password management processes to reduce the risk of fraudulent activity.
In setting its fee structures, the accreditation authority balances the requirements of the principles of the National Law and efficient business processes.	www.physiocouncil.com.au/forms Budget worksheet – Accreditation fees	24. Budget Work Sheet-Confidential	Fees are set and reviewed annually and reflect the actual cost of service delivery to meet requirements of the National Law. Biannual workshop review of processes for each business unit. Biannual and as needed risk management assessment for each business unit

Table 3. Operational Management evidence table cont

Supporting Statement

The APC received a total of 731 applications for assessments in 2011/2012 with 630 applications for assessments on behalf of the accreditation function under the NRAS. At 30 June 2012 there are 21 Universities either offering accredited or undergoing the process for accreditation of entry-level Physiotherapy programs. There are 2 new Universities expected to commence accreditation of entry-level Physiotherapy programs in 2012/2013.

In the past 12 months management has undertaken the following Internal audits: superannuation compliance, taxation compliance, WHS Risk Management, Human Resource Strategic Management review, Insurance coverage review.

An external contractor was engaged in October 2011 to support the operational financial management of the business.

Financial operational policies have been developed and implemented; these include Credit Card usage policy, Wages claims policy, and General Expense Claim policy. Processes for accounts payable payment controls have been implemented. This involves the introduction of double authority for payment authorisation.

A quality system has been introduced across all business units to support transparency and quality improvements. A quality improvement process has been implemented for all operational business processes. The APC has introduced a Performance Improvement process for all APC personnel, which will support Human Resource performance management.

Improvements have been introduced to both the Accreditation Service and Assessment Service processes with the introduction of clear time lines for completion of milestones.

Management has reviewed assessment service processes with timelines introduced for candidates, improved information on website, and stream lining of processes that have lead to candidates ability to complete the processes faster.

A major review of the Accreditation Service has commenced. A full system review, including policies, quality process, human resources, reporting and decision-making has been identified.

Information management systems have been significantly improved with a review of the APC website:

- Clinical Assessment information consolidated into '3 Part Assessment Process'
- Stating close off dates for applications, better transparency
- Introduced 'News and Alerts' Tab
- Introduced 'Consultations Tab' for the proposed acupuncture accreditation standard
- Candidates Only Section, now divided into 'Cohorts' as processes develop for each new cohort, candidates are only able to view information for the cohort they belong to.
- Introduced 'Assessment of Equivalence' Tab – reflects Equivalent and Non Equivalent Universities, including the recent Certificate of Equivalence Application
- Introduced 'ECU 2011 Candidate' TAB
- Introduced 'Assessor TAB'

August 2012 – September 2012

- Permission groups for website review
- Assessor logins, (policies, procedures, handbooks, claim and application forms)
- Introducing 'About Tab' APC structure, background, directors

Domain 4: Accreditation standards

The accreditation authority develops robust accreditation standards, which have been set in advance for the assessment of programs of study and education providers.

Attributes:

- Standards meet relevant Australian and international benchmarks.
- Standards are based on the available research and evidence base.
- Stakeholders are involved in the development and review of standards and there is wide ranging consultation.
- The accreditation authority reviews the standards regularly.
- In reviewing and developing standards, the accreditation authority takes account of AHPRA's *Procedures for development of accreditation standards* and the National Law.

Attribute	Evidence	Attachment	Comment
Standards meet relevant Australian and international benchmarks.	<ul style="list-style-type: none"> • Australian Physiotherapy Standards • Australian Physiotherapy Accreditation Standards 	25. A Review of Processes Comparable to the APC Written Assessment for Overseas Qualified Physiotherapists – April 2010 Confidential	www.physiocouncil.com.au/standards Bibliography www.physiocouncil.com.au/accreditation - manual
Standards are based on the available research and evidence base.	<ul style="list-style-type: none"> • Pg 82 Australian Physiotherapy Standards 		www.physiocouncil.com.au/standards
Stakeholders are involved in the development and review of standards and there is wide ranging consultation.	Australian Physiotherapy Standards APC Constitution: Members – APA, CPDANZ	1. Public	www.physiocouncil.com.au/standards Acknowledgements www.physiocouncil.com.au/consultations
The accreditation authority reviews the standards regularly	The Standards are due for review 2012/13		
In reviewing and developing standards, the accreditation authority takes account of AHPRA's <i>Procedures for development of accreditation standards</i> and the National Law			The APC uses the AHPRA document <i>Procedures for development of accreditation standards</i> and the National Law when developing and reviewing standards. This was evidenced in the Acupuncture Accreditation Standard Project, in which the APC was the Project Manager.

Table 4. Accreditation Standards evidence table

Supporting Statement

To ensure the APC is current in international and national professional standards, in the past three years, the CEO has attended and or addressed national and international meetings, international and national conferences including:

2012

- The Council of Physiotherapy Deans Australia & New Zealand, July, 2012

2011

- Australian Professions Accreditation Workshop, December, 2011
- Australian Physiotherapy Association National Conference, Brisbane November, 2011 – An important opportunity to provide information about the NRAS to the broader physiotherapy profession.
- The Council of Physiotherapy Deans Australia & New Zealand, November 2011
- International Network of Physical Therapy Regulating Authorities (INPTRA) – Member of Executive Committee until 21 June 2011 – the APC was a key partner in the establishment of this international organisation.
- INPTRA Forum Amsterdam, Netherlands – 19 & 20/06/2011
- World Confederation of Physical Therapy (WCPT) – Regular interaction with Secretary-General on regulation and accreditation policies. Contribution acknowledged for WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists adopted by WCPT in 2011 – Attachment 32.
- WCPT Congress 2011 – Amsterdam 20-23/06/2011 – presenter and chair of sessions related to regulation, assessment and accreditation - including prize for poster presentation - Presentations requested in view of Australia's perceived progress in establishing the NRAS.
- Council of Licensure Enforcement and Regulation (CLEAR) - 16/2/2011 – Presented Webinar
- CLEAR International Congress on Professional and Occupational Regulation London, England – 7 & 8/07/2011 – presented congress paper – Attachment 33.
- Canadian Public Policy Forum – Australia-Canada Roundtable on Foreign Qualification Recognition – Melbourne – 12-15/4/2011 – Requested in view of the previous APC efforts to progress mutual recognition between Australian and Canada.
- Canadian Alliance of Physiotherapy Regulators – collaboration regarding qualifications recognition – commenced 2007 and continued to 2011 – Process initiated by the APC to begin steps towards possible mutual recognition.

2010

- World Health Professions Conference on Regulation (WHPCR) – Physiotherapy Representative on Conference Advisory Group for Conference in Geneva on 18&19 February 2010. Conference organised by WCPT and the World Health Professions' Alliance. Also presented a workshop on Language and Cultural Competence for International Graduates – Recognition of APC experience in assessment of internationally qualified physiotherapist seeking general registration.
- Physiotherapy Board of New Zealand Planning Day – Wellington, New Zealand – 09/09/2010 – two presentations
- Physiotherapy Board of New Zealand – collaboration regarding accreditation – commenced 2010 and continued in 2011 - Based on a well established collaborative relationship between PBNZ and APC.
- Third Latin American Meeting of Academics in Physiotherapy & Kinesiology – Santiago, Chile – 17 & 18/08/2010 – presentation & panel
- XIII Latin American Congress of Physical Therapy /Kinesiology – Santiago, Chile – 19-22/08/2010 – meetings about regulation & accreditation during congress – Participation requested in view of Australia's and APC's perceived leadership in physiotherapy regulation and accreditation.
- IFK meetings – Bochum, Germany – 01&02/03/2010 – meetings about regulation & education

2009

- CLEAR International Congress on Professional and Occupational Regulation Dublin, Ireland – 2 & 3/07/2009 – presented congress paper

Domain 5: Processes for accreditation of programs of study and education providers

The accreditation authority applies the approved accreditation standards and has rigorous, fair and consistent processes for accrediting programs of study and their education providers.

Attributes:

- The accreditation authority ensures documentation on the accreditation standards and the procedures for assessment is publicly available.
- The accreditation authority has policies on the selection, appointment, training and performance review of assessment team members. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess professional programs of study and their providers against the accreditation standards.
- There are procedures for identifying, managing and recording conflicts of interest in the work of accreditation assessment teams and working committees.
- The accreditation authority follows documented processes for decision-making and reporting that comply with the National Law and enable decisions to be made free from undue influence by any interested party.
- Accreditation processes facilitate continuing quality improvement in programs of study by the responsible education provider.
- There is a cyclical accreditation process with regular assessment of accredited education providers and their programs to ensure continuing compliance with standards.
- The accreditation authority has defined the changes to programs and to providers that may affect the accreditation status, how the education provider reports on these changes and how these changes are assessed.
- There are published complaints, review and appeals processes, which are rigorous, fair and responsive.

Attribute	Evidence	Attachment	Comment
The accreditation authority ensures documentation on the accreditation standards and the procedures for assessment is publicly available.	<ul style="list-style-type: none"> • Australian Physiotherapy Accreditation Standards • Australian Physiotherapy Accreditation Manual 		www.physiocouncil.com.au/Standards www.physiocouncil.com.au/accreditation Manual

Table 5. Accreditation Processes evidence table

Attribute	Evidence	Attachment	Comment
<p>The accreditation authority has policies on the selection, appointment, training and performance review of assessment team members. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess professional programs of study and their providers against the accreditation standards.</p>	<ul style="list-style-type: none"> • HR policies and procedures for recruitment, performance appraisal and management, industrial relations 	<p>5. Accreditation Standing Committee Charter – draft-Confidential</p> <p>26. Accreditation review process work plan-Confidential</p>	<p>A review of the Accreditation Service is being undertaken between July 2012 and December 2012. A review of selection criteria, training, and position descriptions will be undertaken during this review.</p>
<p>There are procedures for identifying, managing and recording conflicts of interest in the work of accreditation assessment teams and working committees.</p>	<ul style="list-style-type: none"> • Conflict of Interest Policy • Agendas and Minutes of meetings include a conflict of interest declaration 	<p>10. Public</p>	
<p>The accreditation authority follows documented processes for decision-making and reporting that comply with the National Law and enable decisions to be made free from undue influence by any interested party.</p>	<p>No Director, committee member or panel member is allowed to participate in any accreditation process for programs offered in any education facility in the State/Territory where they work or live.</p>		<p>The APC provides a biannual report of Accreditation current accreditation status of all entry-level programs.</p>
<p>Accreditation processes facilitate continuing quality improvement in programs of study by the responsible education provider.</p>	<p>Report templates offer affirmations, suggestions and recommendations to the education provider to facilitate continuing quality improvement.</p> <p>Accreditation review process work plan</p>	<p>27. Public</p> <p>26. Confidential</p>	

Table 5. Accreditation Processes evidence table cont.

Attribute	Evidence	Attachment	Comment
There is a cyclical accreditation process with regular assessment of accredited education providers and their programs to ensure continuing compliance with standards.	<ul style="list-style-type: none"> Australian Physiotherapy Accreditation Manual 	18. Time lines for Accreditation process-Public	www.physiocouncil.com.au/accreditation Manual
The accreditation authority has defined the changes to programs and to providers that may affect the accreditation status, how the education provider reports on these changes and how these changes are assessed.	<ul style="list-style-type: none"> Australian Physiotherapy Accreditation Manual 		www.physiocouncil.com.au/accreditation Manual APC is introducing a revised annual reporting process that will clearly identify program changes, changes to key personnel and continuous improvement plans this will be introduced from January 2013.
There are published complaints, review and appeals processes, which are rigorous, fair and responsive.	<ul style="list-style-type: none"> Australian Physiotherapy Accreditation Manual 		www.physiocouncil.com.au/accreditation Manual

Table 5. Accreditation Processes evidence table cont.

Supporting Statement

At 30 June 2012 there are 21 Universities either offering accredited or undergoing the process for accreditation of entry-level Physiotherapy programs. There are 2 new Universities expected to commence accreditation of Physiotherapy programs in 2012/2013. In response to the Physiotherapy Board Australia, the Australian Physiotherapy Council is currently undertaking a review of Accreditation processes with a view to transitioning to Accreditation with Conditions from commencement of a new program.

Currently higher education organisations offering entry-level Physiotherapy programs are required to inform the APC of any major changes to its programs that would affect the status of accreditation. The APC has introduced an annual report template [from January 2013] that will require higher education organisations to report against clear criteria to better capture changes to programs that may affect accreditation status.

The APC has commenced a major review of the Accreditation Service policies and processes. A new part time General Manager Accreditation Services was introduced in April 2012.

The APC has held two one-day workshops [January and July 2012] with the Accreditation Standing Committee. These workshops identified a requirement for a quality review of all Accreditation Service policies and processes. A skills analysis was also undertaken with the identification of a need for additional human resources and a necessity to migrate from a voluntary professional workforce to a paid professional workforce. The APC also participated in the Australian Health Professions Councils Forum Accreditation workshop, which identified that the APC was facing similar issues as other Accreditation Authorities. This workshop identified that an opportunity existed for all health professions to work towards standardised practice; this aligns with the National Harmonising higher education and professional quality assurance process project.

The Accreditation Service has developed a work plan to address the accreditation review process [refer to Attachment 29].

It was also identified at the Accreditation Standing Committee meeting of 11 July 2012, that a number of key parts of the process would require review and development and a table outlining the revised process for accreditation of a new program was developed.

It was also established that the changes would need to include:

- Transition arrangements for some programs currently in the accreditation process,
- Communication with stakeholders regarding changes,
- A review of the indicators to facilitate reporting at each stage of the process and for transparency of decision making at each level of the accreditation process (and associated accreditation manual review)
- Development of new guidelines to support the accreditation process for new and established programs and the implementation of the annual report
- Development of a panel member handbook.
- Development of education and performance review tools for the accreditation panels
- Employment of a panel manager/auditor to oversee and ensure consistency in panel activity and to assist with application and reporting templates
- Robust policy development around accreditation processes and lines of reporting as well as accountability

To date:

- A project management strategy has been developed to guide the above activities over the next 12 months.
- Method for communication of the development of revised documentation established with the Accreditation Standing Committee and Committee Chair.
- The accreditation process for new programs has been outlined for further development (e.g. templates for universities)
- A methodologically sound process for the review of the indicators has been established
- A consequent review of the current panel reporting process to include decision making strategies undertaken by the panel members to facilitate the development of final reports and executive summaries
- Attendance at the Harmonization Project forum on August 3, 2012 has been instructive in development and review of indicators related to the AQF and TEQSA (Requirement 1) and good networks established to facilitate this part of the process

Domain 6 – Assessing authorities in other countries – N/A

Left blank

Domain 7: Assessment of internationally qualified practitioners

Where the accreditation authority exercises this function, the authority has processes to assess and/or oversee the assessment of the knowledge, clinical skills and professional attributes of internationally qualified practitioners who are seeking registration in the profession under the National Law and whose qualifications are not approved qualifications under the National Law for the profession.

Attributes:

- The assessment standards define the required knowledge, clinical skills and professional attributes necessary to practise the profession in Australia.
- The key assessment criteria, including assessment objectives and standards, are documented.
- The accreditation authority uses a recognised standard setting process and monitors the overall performance of the assessment.
- The procedures for applying for assessment are defined and published.
- The accreditation authority publishes information that describes the structure of the examination and components of the assessments.
- The accreditation authority has policies on the selection, appointment, training and performance review of assessors. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess internationally qualified practitioners.
- There are published complaints, review and appeals processes, which are rigorous, fair and responsive.

Attribute	Evidence	Attachment	Comment
The assessment standards define the required knowledge, clinical skills and professional attributes necessary to practise the profession in Australia.	<ul style="list-style-type: none"> • Australian Physiotherapy Standards • Australian Physiotherapy Accreditation Standards 		www.physiocouncil.com.au/assessment/Standards www.physiocouncil.com.au/accreditationManual
The key assessment criteria, including assessment objectives and standards, are documented.	www.physiocouncil.com.au/assessment/candidates only	28. Clinical Assessment Criteria Public	

Table 6. Assessment of international qualified practitioners evidence table

Attribute	Evidence	Attachment	Comment
The accreditation authority uses a recognised standard setting process and monitors the overall performance of the assessment.	A Review of Processes Comparable to the APC Written Assessment for Overseas Qualified Physiotherapists – April 2010 2009 Workshop with UNSW EAA to review written examination agenda	25. Confidential 29. Confidential	
The procedures for applying for assessment are defined and published.	www.physiocouncil.com.au/assessment		
The accreditation authority publishes information that describes the structure of the examination and components of the assessments.	www.physiocouncil.com.au/assessment Candidates only	30. Candidate Assessment information documents-Public	
The accreditation authority has policies on the selection, appointment, training and performance review of assessors. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess internationally qualified practitioners.	<ul style="list-style-type: none"> • HR policies and procedures for recruitment, performance appraisal and management, industrial relations 	6. Assessment Standing Committee Charter draft- Confidential 31. Assessment review process workplan- Confidential	A review of the Assessment Service is being undertaken between July 2012 and December 2012. A review of selection criteria, training, and position descriptions will be undertaken during this review.
There are published complaints, review and appeals processes, which are rigorous, fair and responsive.	Refer to supporting statement		

Table 6. Assessment of international qualified practitioners evidence table cont

Supporting Statement

Complaints and Internal Review Processes in the Assessment Services

The Assessment Services of the Australian Physiotherapy Council provides candidates with mechanisms for complaint or review at each part of the assessment process. A complaint may be lodged immediately following a part of the assessment (eg written examination or case assessment) and before the release of results. Complaints are generally concerned with variations in conditions for the assessment. Complaints are investigated by a member of staff to confirm a variation in assessment conditions and how these may have affected the performance and /or outcome of the candidate in the assessment. Where variation is confirmed, the matter is referred to the Chair of the Assessment Committee. The Chair makes the final decision regarding the response to the complaint.

A candidate can seek a review of decision following completion of their assessment. Where the outcome of the assessment is unsatisfactory, the candidate may seek a review of decision. The review of decision determines if circumstances have prevented a candidate from a fair and reasonable assessment. Where there is sufficient evidence that a candidate has been unable to demonstrate their standards in a fair and reasonable context, they are able to continue their candidacy until such time as the assessment has been completed in a fair and reasonable manner. The Chair of the Assessment Committee or a person delegated by the Chair conducts the review of decision.

In the three-part assessment, the rate of complaint or review following the initial assessment and written examination is very low (less than 1% of applications). The rate of complaint and review at the clinical assessment part is approximately 15%. In the assessment of substantial equivalence, the rate of review is 45%, which is mainly related to the application requiring further evidence to meet the requirements of the assessment.

How are candidates informed of these processes?

Candidates are able to access information about the conditions for the assessment process from the APC website. Information about the mechanisms for complaint and review are also located on the website. Details about the review process are also included with correspondence sent to the candidate about the outcome of their assessment.

Commonly issues and responses for complaints and reviews

Common reasons for complaint	Outcomes if successful
<p>Initial Assessment/Assessment of Equivalence</p> <ul style="list-style-type: none"> • Lack of clarity of requirements 	<ul style="list-style-type: none"> • Detailed explanation provided to applicant • Review of information on the website and application forms by assessment staff
<p>Written Examination</p> <ul style="list-style-type: none"> • Timing of the examination • Noise in the venue • Poor understanding of the procedures • Content not consistent with guidelines • Late arrival due to travel conditions • Personal matters on the day (eg family or personal illness/bereavement) 	<ul style="list-style-type: none"> • The candidate is provided an additional sitting of the written examination. • Content of the paper reviewed to ensure appropriateness. • The procedures for the written examination are reviewed with the relevant personnel (Clearing House, APC office staff, APC Assessment

	Committee).
Clinical Assessment <ul style="list-style-type: none"> • Patient selection • Availability of equipment • Timing of the examination • Assessor/ administrator behaviour • Correct application of risk management procedures 	<ul style="list-style-type: none"> • Candidate is provided a second sitting without penalty • Performance review of staff conducted and action taken • Issues of inadequacy in policy and/or procedures referred to the Assessment Committee, APC staff as indicated

Common reasons for Review of Decision	
Initial Assessment/Assessment of Equivalence <ul style="list-style-type: none"> • Lack of explanatory documentation 	<ul style="list-style-type: none"> • Candidates are afforded an opportunity to provide additional information
Written Examination <ul style="list-style-type: none"> • Lack of opportunity to sit the written examination within the permitted timeframe 	<ul style="list-style-type: none"> • Candidate is granted an extended period of time to undertake a sitting of the written examination
Clinical Assessment <ul style="list-style-type: none"> • Lack of time to undertake case assessments and/or second sittings • Personal matters impacting on preparation • Poor understanding of the standard of performance required in the assessments • Irregularities in the conduct of the assessment (that may or may not have been identified at the complaint stage) 	<ul style="list-style-type: none"> • Additional sitting of the clinical assessment granted • Review of information related to the requirements for the clinical assessment • Performance review of the relevant staff and appropriate action taken • Review of procedures for the clinical assessment

How does the APC ensure the assessment tools are accurate?

The assessment tools that are reviewed each time they are used are the written examination and the clinical assessment. The APC has a built in process of review for these tools to ensure they are accurate and reliable.

The University of NSW (UNSW) scores the written examination. The statistical analysis report produced by the UNSW shows the results for each candidate as well as a detailed item analysis. The item analysis indicates the reliability of the whole paper and each item. The APC Assessment Committee interprets the item analysis and a detailed report is prepared by a member of the committee to identify any item which may not be performing as intended. The APC Assessment Committee meet by teleconference to review each item identified in the APC Assessment Committee report. Where an item is found to be ambiguous or there is more than one correct answer, the item is rescored to reflect the most correct outcome. The whole paper is then rescored by UNSW and the final results are published upon receipt of the amended report.

In the clinical assessment, three assessors assess each case. The assessment form, completed by each assessor, is tabulated by administrative staff to establish the overall consistency (reliability) of the scores. Where an irregular result is identified, the assessment forms are sent to a reviewer. The reviewer must determine where the irregularity in the scores has occurred (intra or inter reliability) and interview the relevant assessor/(s). The assessor is required to justify the scores on the assessment form or amend the scores to accurately reflect the observed performance. A member of staff compiles amended scores and the candidate receives a report showing the final scores.

The APC provides feedback to assessors on a regular basis regarding irregular results. Various strategies are employed to improve the accuracy of recording including regular workshops and teleconferences. Where an assessor is continuously demonstrating non-compliance with the scoring guidelines and assessment procedures, they are not reappointed to the APC services.

Assessments

As at 30 June 2012 the APC had undertaken the following Assessment of internationally qualified practitioners in 2011/2012:

Initial Assessment

# New Applications	# Eligible	# Ineligible	Returned - incomplete
198	195	0	3

Written Exam

Type	# Applied	# Sat	# Pass	# Fail	# Approved to Re-sit	Withdrawn/Did not attend
Sept 11	63	62	31	16	15	1
March 12	103	99	66	12	21	4

Clinical Assessment

# Eligible to apply	# Applied	# Did not apply/Withdrawn	#Pass	#Fail	Still in Progress
93	81	12	25	18	38

Limited Registration in the Public Interest

Applied	Successful	Unsuccessful	Returned - incomplete
132	96	19	17

Assessment of Equivalence

Applied	Successful	Unsuccessful
36	15	21

Certificate of Assessment of Equivalence

Applied	Successful	Unsuccessful
5	5	0

Domain 8: Stakeholder collaboration

The accreditation authority works to build stakeholder support, and collaborates with other national and international accreditation authorities including other health profession accreditation authorities.

Attributes:

- There are processes for engaging with stakeholders, including governments, education institutions, health professional organisations, health providers, national boards and consumers/community.
- There is a communications strategy, including a website providing information about the accreditation authority's roles, functions and procedures.
- The accreditation authority collaborates with other national and international accreditation organisations.
- The accreditation authority collaborates with accreditation authorities for the other registered health professions appointed under the National Law.
- The accreditation authority works within overarching national and international structures of quality assurance/accreditation.

Attribute	Evidence	Attachment	Comment
There are processes for engaging with stakeholders, including governments, education institutions, health professional organisations, health providers, national boards and consumers/community.	www.physiocouncil.com.au/consultations <ul style="list-style-type: none"> • Major consultation processes are advertised on the APC website inviting submissions. • The APC is a member of the Australian Health Professions Councils forum. • The APC attends meetings and Forums held by Professions Australia. • The APC is a member of the international organisation Council on Licensure, Enforcement and Regulation. 		
There is a communications strategy, including a website providing information about the accreditation authority's roles, functions and procedures.	www.physiocouncil.com.au/home		

Table 7. Stakeholder collaboration evidence table

Attribute	Evidence	Attachment	Comment
The accreditation authority collaborates with other national and international accreditation organisations.	<ul style="list-style-type: none"> • The APC is a member of the Australian Health Professions Councils forum. • The APC attends meetings and Forums held by Professions Australia. • The APC is a member of the international organisation Council on Licensure, Enforcement and Regulation. • Contribution acknowledged for WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists adopted by WCPT in 2011 	32. Public 33. Confidential	CLEAR International Congress on Professional and Occupational Regulation London, England – 7 & 8/07/2011 – presented congress paper
The accreditation authority collaborates with accreditation authorities for the other registered health professions appointed under the National Law.	<ul style="list-style-type: none"> • The APC is a member of the Australian Health Professions Councils forum. • The APC CEO and Chair attend Australian Health Professions Councils forum meetings. • The CEO has represented the Australian Health Professions Councils forum on other organisations projects e.g. Harmonising higher education and QA process project. 		
The accreditation authority works within overarching national and international structures of quality assurance/accreditation.	<ul style="list-style-type: none"> • The APC has established its quality assurance and accreditation function processes on national and internationally recognised QA standards. • The APC refers to ISO accreditation standards and uses SAI GLOBAL as a source. 		

Table 7. Stakeholder collaboration evidence table cont

Supporting Statement

The APC has included Communication and Stakeholder Engagement as a key outcome in its Strategic Plan review on 16 August 2012. This outcome will include a plan to include Community engagement. The APC has begun to engage with the APA in the plans APA has to include a Community Engagement forum in the APA conference 2013.

In July 2011, the APC entered into an agreement with the Australian Health Practitioner Regulation Authority (AHPRA) to undertake a project to develop an accreditation standard that can be used to assess programs of study relevant to acupuncture. The National Boards for chiropractors, dentists, medical practitioners, osteopaths, physiotherapists and podiatrists in Australia jointly funded the project. The project was informed by representation from the Chinese Medicine Board of Australia (CMBA) and the Forum of Australian Health Professions Councils (FAHPC) on the project committee. As Project Manager the project required significant collaboration with all stakeholders, many of whom, held polarised views on the definition of acupuncture.

The CEO and Char have engaged, consulted and sought feedback from APC stakeholders on a regular basis. The CEO and Chair have attended meetings with the Australian Physiotherapy Association [November 2011, February 2012, 31 May 2012] the Council of Physiotherapy Deans Australia and New Zealand [November 2011, 31 May 2012, 23 July 2012] the Physiotherapy Board Australia and AHPRA [6 December 2011, 20 February 2012, 4 May 2012, 6 June 2012, 29 June 2012]. In addition the CEO and Chair have attended the APA National Conferences [2009, 2011] APA/CPDANZ/PBA Think Tank [24 May 2012], and NRAS combined Board and Councils meeting [June 2011, 6 June 2012]. All of these meetings provided opportunities for collaboration, consultation and feedback.

The CEO attended/presented at, the following forums/meetings

2011

- International Network of Physical Therapy Regulating Authorities (INPTRA) – Member of Executive Committee until 21 June 2011 the APC was a key partner in the establishment of this international organisation.
- INPTRA Forum Amsterdam, Netherlands – 19 & 20/06/2011
- World Confederation of Physical Therapy (WCPT) – Regular interaction with Secretary-General on regulation and accreditation policies. Contribution acknowledged for WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists adopted by WCPT in 2011 – Attachment 32.
- WCPT Congress 2011 – Amsterdam 20-23/06/2011 – presenter and chair of sessions related to regulation, assessment and accreditation - including prize for poster presentation - Presentations requested in view of Australia's perceived progress in establishing the NRAS.
- Council of Licensure Enforcement and Regulation (CLEAR) - 16/2/2011 – Presented Webinar
- CLEAR International Congress on Professional and Occupational Regulation London, England – 7 & 8/07/2011 – presented congress paper – Attachment 33.
- Canadian Public Policy Forum – Australia-Canada Roundtable on Foreign Qualification Recognition – Melbourne – 12-15/4/2011 Requested in view of the previous APC efforts to progress mutual recognition between Australian and Canada.
- Canadian Alliance of Physiotherapy Regulators – collaboration regarding qualifications recognition – commenced 2007 and continued to 2011. Process initiated by the APC to begin steps towards possible mutual recognition.

2010

- World Health Professions Conference on Regulation (WHPCR) – Physiotherapy Representative on Conference Advisory Group for Conference in Geneva on 18&19 February 2010. Conference organised by WCPT and the World Health Professions' Alliance. Also presented a workshop on Language and Cultural Competence for International Graduates – Recognition of APC experience in assessment of internationally qualified physiotherapist seeking general registration.
- Physiotherapy Board of New Zealand Planning Day – Wellington, New Zealand – 09/09/2010 – two presentations
- Physiotherapy Board of New Zealand – collaboration regarding accreditation – commenced 2010 and continued in 2011 - Based on a well established collaborative relationship between PBNZ and APC.

- Third Latin American Meeting of Academics in Physiotherapy & Kinesiology – Santiago, Chile – 17 & 18/08/2010 – presentation & panel
- XIII Latin American Congress of Physical Therapy /Kinesiology – Santiago, Chile – 19-22/08/2010 – meetings about regulation & accreditation during congress - Participation requested in view of Australia's and APC's perceived leadership in physiotherapy regulation and accreditation.
- IFK meetings – Bochum, Germany – 01&02/03/2010 – meetings about regulation & education

2009

- CLEAR International Congress on Professional and Occupational Regulation Dublin, Ireland – 2 & 3/07/2009 – presented congress paper

In addition the APC has engaged with Assessing Authorities meetings biannually, most recently 27 & 28 October 2011 and 2 May 2012. The CEO has held teleconference meetings with HPC, London [12 January 2012] and the College of Physiotherapists Ontario [teleconference meetings – Mutual Recognition Project] that provided collaboration opportunities with these international regulatory authorities. The APC has also participated in Health Workforce Australia workshops and projects [e.g. Rural & Remote Health Workforce innovations Strategy forum 8 September 2011], which was a forum of collaboration around workforce shortage in rural and remote Australia.

The CEO has held meetings [December 2011 and February 2012] with the Department of Education & Workplace Relations in regards to overseas migration and workforce issues. This provided opportunity to collaborate on the mobility issues for internationally qualified physiotherapists seeking to undertake the APC Assessment process.

APC attends conferences and workshops with Language testing organisations (IELTS and OET). The APC provided extensive collaboration and input to the development of test material for OET between 2010-2011.

The APC has Informal contacts with health providers and educational institutions regarding contemporary practice, standards of practice and role of the profession – Assessment Service GM visits acute care health providers as reference points for preparation of case studies for written examination questions



CONSTITUTION of
AUSTRALIAN PHYSIOTHERAPY COUNCIL (ACN: 108 663 896)

Adopted 4 June 2010 and amended 8 March 2012

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1.0 Definitions & Interpretation

Unless the context otherwise indicates or requires, the following words in bold type will have the following meanings:

“Board” means the Board of Directors of the Australian Physiotherapy Council.

“Business Day” means Monday to Friday inclusive. It does not include Statutory Public Holidays in any State or Territory of Australia.

“Chief Executive Officer” means the person holding office as the Chief Executive Officer of the Australian Physiotherapy Council or, where no such person holds the office, the public officer of the Company and the Chief Executive Officer shall be the secretary of the Company.

“Clause” means a provision of this Constitution.

“Company” means the Australian Physiotherapy Council ACN 108 663 896.

“Constitution” means this Constitution of the Australian Physiotherapy Council, as amended from time to time.

“Director” means a Director of the Company.

“General Meeting” means a meeting of Members which may be either:-

the annual General Meeting; or

an extraordinary General Meeting which is a General Meeting held at any time other than the annual General Meeting.

“Member” means a reference to a person for the time being entered as a Member of the Company in the Register kept by the Company according to the *Corporations Act*.

“Ministerial Council” has the meaning given by Section 5 of the *Health Practitioner Regulation National Law Act 2009 (Qld)*.

“National Law” means the *Health Practitioner Regulation National Law Act 2009 (Qld)* as adopted in each state and territory of Australia.

“Nominating Body” means the body which nominates a Director.

“Objectives” means the objectives of the Company set out in Clause 4.

“Officer” has the meaning given by Section 9 of the *Corporations Act 2001 (Cth)*.

“Person” includes a natural person, a corporation or body politic.

“Register” means the Register of Members.

“Representative” means a representative appointed by a Member under Section 250D of the *Corporations Act 2001 (Cth)*.

“Resolution” means a resolution other than a Special Resolution.

“Seal” has the meaning given in Section 123 of the *Corporations Act 2001 (Cth)*.

“Simple majority” means 50% plus one.

“Special Resolution” means a resolution:-

- (i) of which notice has been given to the Members setting out the intention to propose a Special Resolution and stating the resolution; and
- (ii) has been passed by at least 75% of the votes cast by Members entitled to vote on the resolution.

The following explanations are also to be used in interpreting this Constitution:

Collective Terms: A reference to a thing (including an amount) is a reference to all or any part of it and a reference to a group of things or persons is a reference to any one or more of them.

Document: Unless the contrary intention is expressed in this Constitution, a reference to a document has the same meaning as defined in the dictionary of the *Evidence Act (Cth)* 1995.

Gender: A reference to a particular gender includes the other gender.

Headings: are used only for convenience and are to be ignored in construing this document.

Inclusive terms: Words of inclusion are not to be construed as words of limitation. E.g.: “includes” or “including” must be construed as meaning “includes without limitation” or “including without limitation” respectively.

Numbers: A word in the singular form includes the plural, and vice versa.

Replaceable rules: in the *Corporations Act 2001* (Cth) do not apply to the Company.

Requests for payment or actions on a Business Day: If a person is required to pay money or do an act or thing on a day that is not a Business Day, then the person may pay the money or do the act or thing on the next Business Day.

Writing: A reference to writing includes any mode of representing or reproducing words in tangible and permanently visible form, and includes email or facsimile transmission.

2.0 Nature of Company

The Australian Physiotherapy Council (ACN 108 663 896) is a public company limited by guarantee and without a share capital.

3.0 Company Office

The office of the company shall be situated at any place as determined by the Board.

4.0 Company Objectives

The Objectives of the Company are:

- 4.1 To provide advice, recommendations and consulting services to the Physiotherapy Board of Australia and other relevant organisations.
- 4.2 To grow expertise in health profession standards for accreditation and assessment purposes.
- 4.3 To identify and develop health profession standards for accreditation and

assessment purposes.

- 4.4 To monitor and review health profession standards used for accreditation and assessment purposes.
- 4.5 To identify and develop best practice systems for the design and conduct of accreditation and assessment services.
- 4.6 To deliver best practice accreditation and assessment services for health professions.
- 4.7 To identify and adopt best practice systems of governance and operations to ensure the ongoing development of the Australian Physiotherapy Council.

5.0 Company Membership

5.1 Eligibility

- 5.1.1 An application for Membership is open to any incorporated entity that can demonstrate support for, or furthering of, the company objectives outlined within this Constitution.
- 5.1.2 An application for Membership under Clause 5.1.1 is subject to approval of an application for Membership by the Board.
- 5.1.3 An application for Membership is open to any unincorporated (legal) entity that can demonstrate support for, or furthering of, the company objectives outlined within this Constitution.
- 5.1.4 An application for Membership under Clause 5.1.3 is subject to approval by a Special Resolution by Members of the Company at a General Meeting.
- 5.1.5 Membership is subject to agreement by an approved applicant to be bound by this Constitution.
- 5.1.6 Approval of any new Member is subject to the condition that the majority of Member entities at any time must be incorporated in Australia.
- 5.1.6 A variation to the eligibility for Membership can only be made by a Special Resolution by Members of the Company at a General Meeting.

5.2 Register of Members

- 5.2.1 A Register of Members shall be kept at the Company Office.
- 5.2.2 The Register shall also show in respect of each Member of the Company:
 - (i) The full name of the entity;
 - (ii) The contact person and address for notices;
 - (iii) The category of Membership;
 - (iv) The date of admission to Membership;
 - (v) The date of cessation of Membership; and
 - (vi) Such other information as the Board may from time to time determine.

5.3 Availability of Register

The Register of Members shall be available for inspection by Members at the registered

office of the Company during normal business hours.

5.4 Rights of Members

The following rights are to be accorded to all Members:

- (i) The right to receive notice of any General Meeting of the Company;
- (ii) The right to vote at any General Meeting of the Company where each Member shall have one vote;
- (iii) The right to receive annual reports of the Company including financial reports of the Company to be audited in each Financial Year and to raise all enquiries in respect of these reports by notice in writing to the Board, which shall answer in reasonable detail within 21 days.

5.5 Membership Fees

All Members must pay an annual fee determined by the Board.

5.6 Other Rights, Privileges and Obligations of Members

All other rights, privileges and obligations of Members are in accordance with the *Corporations Act* or as contained in this Constitution.

5.7 Liability of Members on Winding Up

The liability of Members is limited to the extent that every Member is bound to contribute up to ten dollars (\$10) towards:

- (i) The debts and liabilities of the Company contracted before the time at which that person ceases to be a Member;
- (ii) The costs, charges and expenses of the winding up; and
- (iii) The adjustment of the rights of the Members among themselves if the Company is wound up while still a Member or within 12 months after ceasing to be a Member.

5.8 Resignation of a Member

A Member may, at any time by giving notice in writing to the Chief Executive Officer, resign Membership of the Company but shall continue to be liable for all monies due by the Member to the Company and in addition for any sum not exceeding \$10.00 for which the Member is liable under Clause 5.7.

5.9 Termination of Members

5.9.1 Any Member who is required to pay a fee to the Company under a Clause of this Constitution and who does not pay the fee within one hundred and twenty (120) days following receipt of a tax invoice or as otherwise determined by the Board, ceases to be a Member on resolution by the Board and the Board may remove the Member's name from the register of Members.

5.9.2 In addition to termination of Membership under Clause 5.9.1, the Membership of any Member may be terminated by a Special Resolution of the Company provided that:-

- (i) the notice of the meeting of Members to terminate the Membership must state

- the reason for the termination; and
- (ii) the Member whose Membership is to be terminated must be notified that the Member may respond or provide an explanation orally to the meeting or in writing to be distributed to the Members attending the meeting; and
 - (iii) the Member whose Membership is to be terminated must elect whether to reply in writing or orally by notice to the Chief Executive Officer delivered not less than 24 hours prior to the meeting. The reply must not, except with the consent of the Chairperson, exceed five pages in length (if written) or 15 minutes (if oral).

6.0 General Meetings

6.1 Calling of Meetings of Members

- 6.1.1 The Board may call a Meeting of Members at any time.
- 6.1.2 The Board must call and arrange to hold a General Meeting of Members on the request of Members holding at least 5% of the votes that may be cast at the General Meeting.
- 6.1.3 A request under Clause 6.1.2 must:
- (i) be in writing; and
 - (ii) state any resolution to be proposed at the meeting; and
 - (iii) be signed by the Members making the request; and
 - (iv) be delivered to the registered office of the Company.
- 6.1.4 Separate copies of a document setting out the request under Clause 6.1.2 may be used for signing by Members if the wording of the request is identical in each copy.
- 6.1.5 The percentage of votes that Members have is to be worked out as at the midnight before the request under Clause 6.1.2 is delivered to the registered office of the Company.
- 6.1.6 The Board must call the meeting within 21 days after the request under Clause 6.1.2 is delivered to the registered office of the Company.
- 6.1.7 The meeting is to be held not later than 2 months after the request under Clause 6.1.2 is delivered to the registered office of the Company.

6.2 Notice of General Meetings

- 6.2.1 Notice of a General Meeting must be given in the manner authorised to:
- (i) every Member;
 - (ii) every Director; and
 - (iii) the auditor of the Company.
- 6.2.2 No other person than those listed in Clause 6.2.1 is entitled to receive notice of General Meeting.
- 6.2.3 Notice of a General Meeting shall specify the place, day and the hour of meeting and except as provided by Clause 6.2.4, shall state the general nature of the business to be

transacted at the meeting.

- 6.2.4 It is not necessary for notice of an annual General Meeting to state that the business to be transacted at the meeting includes the consideration of accounts and the reports of the Directors and Auditors, the election of Directors in the place of those retiring or the appointment and fixing of the remuneration of the auditors.
- 6.2.5 Except as prescribed in Clause 16.2.1 or where a shorter period is prescribed in the *Corporations Act*, 21 days notice must be given to all persons entitled to receive notice of a General Meeting.

7.0 Proceedings at General Meetings

7.1 Quorum

- 7.1.1 A simple majority of Members constitutes a quorum at a General Meeting.
- 7.1.2 In determining whether a quorum is present:
- (i) Any individual attending the Meeting can be counted once;
 - (ii) An individual attending as a proxy for a Member can be counted; but
 - (iii) A maximum of one individual attending as a proxy can be counted for any one Member.
- 7.1.3 Business may not be transacted at any General Meeting unless a quorum of Members is present at the time the meeting proceeds to business.
- 7.1.4 If a quorum is not present within 30 minutes from the notified starting time for the meeting:
- (i) Where the meeting was called on the request of Members under Clause 6.1.2, the meeting shall be cancelled; and
 - (ii) In all other cases, the meeting is to be postponed to the same place on the same day and at the same time the following week, or to any other time and place agreed by the majority of Members present. The meeting will be cancelled if a quorum is not present within half an hour after the starting time of the postponed meeting.

7.2 Notice of Motion

- 7.2.1 A Member may requisition the Chairperson to put a resolution by way of notice of motion before a General Meeting upon serving the Chief Executive Officer with notice of the motion at least 21 days before the date of the General Meeting.
- 7.2.2 With the exception of Clause 16.2.1, the above Clause applies to notices for the motion of both Special and Ordinary Resolutions of the Company.

7.3 Chairperson

- 7.3.1 The Director elected as Chairperson of the Board under Clause 11.1(i), shall preside as Chairperson at every General Meeting of Members.
- 7.3.2 Where a General Meeting is held and either:
- (i) No person has been elected as a Chairperson of the Board; or

- (ii) The Chairperson is not present within 15 minutes after the time appointed for the holding of the meeting, or is otherwise unwilling to act;
- (iii) the Members present must elect, by majority vote, one of their number to act as the Chairperson of the meeting.

7.4 Voting

- 7.4.1 At any General Meeting a resolution put to the vote of the meeting is decided on a show of hands by majority, unless a poll is demanded, either before or on the declaration of the result of the show of hands, according to Clause 7.11.
- 7.4.2 In the case of a General Meeting where the Members are not all physically present in the same place at the same time through the use of technology, the vote is decided according to the provisions of Clause 15.1, unless a poll is demanded, either before or on the declaration of the result, according to Clause 7.11.
- 7.4.3 Unless a poll is demanded, a declaration by the Chairperson that a resolution has been carried, carried unanimously, carried without dissent or carried, or lost, by a particular majority, must be made in the minutes of the meeting.
- 7.4.4 An entry in the book containing the minutes of the proceedings of the Company recording the Chairperson's declaration of voting is conclusive evidence of the fact without proof of the number or proportion of the votes recorded in favour of or against the resolution.
- 7.4.5 If the votes are equal, whether on a show of hands, a verbal or other indication if using technology, or on a poll of the Members, the Chairperson of the meeting at which the vote takes place or at which the poll is demanded is not entitled to a second or casting vote.

7.5 Disqualification of Voters

- 7.5.1 An objection may be raised at a meeting or adjourned meeting as to the qualification of a voter to vote in that meeting;
- 7.5.2 Any such objection shall be referred to the Chairperson of the meeting, whose decision regarding the disqualification of the voter is final.

7.6 Proxy holders and representatives voting rights

- 7.6.1 At any General Meeting each Member who is entitled to vote may either vote individually or by proxy.
- 7.6.2 Every person who is a Member or a representative of a Member has one vote for the purposes of voting on motions or in a poll.

7.7 Instruments of Appointment of a Proxy

- 7.7.1 An instrument appointing a proxy must be in writing signed by the appointor or an attorney duly authorised in writing or, if the appointer is a body corporate, signed by a duly authorised officer or attorney or in accordance with the Corporations Act.
- 7.7.2 Instruments appointing a proxy may specify the manner in which the proxy is to vote in respect of a particular resolution and in that event the proxy is not entitled to vote on the resolution except as specified in the instrument. Unless otherwise instructed the proxy may vote as he or she thinks fit.

- 7.7.3 An instrument appointing a proxy is deemed to confer authority to demand or join in demanding a poll. An instrument appointing a proxy may be in the following form, or any other form acceptable to the Company:

AUSTRALIAN PHYSIOTHERAPY COUNCIL

..... of being a Member of the Company, appoint of as my proxy to vote on my behalf at the *annual general/*General Meeting of the Company to be held on the day of and at any adjournment.

**This form is to be used *in favour of/*against the resolution.

Signed this day of

* Strike out whichever is not desired.

**To be inserted if desired.

7.8 Lodgement of Proxy

- 7.8.1 A document appointing a proxy (and any power of attorney under which it is signed, or a certified copy of that power) must be received by the Chief Executive Officer at least 48 hours before the time of the meeting. If the document is not received on time, the proxy cannot vote at the meeting.
- 7.8.2 The requirement to lodge a proxy within 48 hours of the meeting in Clause 7.8.1 may be waived with the consent of at least 50% the Members at a meeting.
- 7.8.3 A document appointing a proxy is deemed to be received when it is received at any of the following:
- (i) the Company's registered office; or
 - (ii) a fax number at the Company's registered office; or
 - (iii) a place, fax number or electronic address specified for the purpose in the notice of meeting.

7.9 Validity of Proxy Vote

- 7.9.1 A vote given in accordance with the terms of an instrument of proxy or of a Power of Attorney is valid despite the incapacity of the appointor, the revocation of the instrument, or the authority under which the instrument was executed or of the power for which the instrument of power is given;
- 7.9.2 If no intimation in writing of the incapacity or revocation has been received by the Company at the registered office before the commencement of the meeting or adjourned meeting at which the instrument is to be used or the power is to be exercised.

7.10 Adjournment

- 7.10.1 The Chairperson may at any time adjourn a meeting with the consent of a majority of the Members.
- 7.10.2 The Chairperson must adjourn a meeting if the meeting votes by majority to adjourn it.
- 7.10.3 The only business that can be transacted at an adjourned meeting is the unfinished business from the original meeting.
- 7.10.4 Where a meeting is adjourned for 30 days or more, notice of the adjourned meeting must be given as in the case of an original meeting in Clause 6.2.
- 7.10.5 Except as is provided by Clause 6.2.3, it is not necessary to give any notice of the business to be transacted at an adjourned meeting.

7.11 Poll

- 7.11.1 A poll may be demanded by the Chairperson or by at least 3 Members present either in person, by proxy or attorney.
- 7.11.2 A poll demanded on the election of a Chairperson or on a question of adjournment must be taken immediately.
- 7.11.3 A poll demanded on any other subject is taken in such a manner or place and either at once or after an interval or adjournment or otherwise as the Chairperson determines and directs.
- 7.11.4 The result of a poll is a resolution of the meeting at which the poll was demanded.
- 7.11.5 A demand for a poll may be withdrawn.

7.12 Written Resolutions of Members

- 7.12.1 Regardless of any Clause in this Constitution to the contrary, a written resolution signed by the requisite number of Members is valid and effectual as if it had been passed as a resolution at a meeting of Members and whether the resolution is an Ordinary or Special Resolution.
- 7.12.2 The written resolution may consist of a series of identical documents each signed by one or more Members.
- 7.12.3 An electronically transmitted document received by the Company and apparently signed by one or more Members is taken to be a document signed by such Member or Members.

8.0 Governance

8.1 Board of Directors

- 8.1.1 The governing committee of the Company shall be the Board.
- 8.1.2 The Board is to comprise no less than seven and no more than nine Directors.
- 8.1.3 The Board of up to nine Directors shall comprise up to five Directors elected in accordance with Clause 8.2 and up to four Directors identified and appointed by the Board to address the governance skills of the Board possibly within the areas of regulation, law, finance, marketing, consumer (non-physiotherapist) or other as

determined from time to time by the existing Board.

8.1.4 The elected Directors shall be:

- i) One Director being a person elected by and from the education sector of the current Members of the Company incorporated in Australia;
- ii) ¹
- iii) One Director being a person elected by and from the professional sector of the current Members of the Company incorporated in Australia; and
- iv) Three Directors being any three persons elected by and from the current Members of the Company.

8.1.5 A Director may be any person, however a majority of the Directors must hold general registration as a physiotherapist in Australia without conditions.

8.1.6 The Company may increase the maximum number of Directors only by a Special Resolution of the Company passed at a General Meeting.

8.1.7 Except as described in the *Corporations Act*, a Director is eligible for appointment or reappointment following election in accordance with Clause 8.2.

8.2 Election

8.2.1 A call for nominations for election to the Board must occur forty two (42) days before the Company Annual General Meeting.

8.2.2 Any two persons who are authorised by the governing body of a Member, may nominate another person (the "candidate") to serve as a Director in one of the categories in Clause 8.1.4(i) – (iv); provided the nominators have not been nominated by the candidate;

8.2.3 the nomination must be –

- (i) in writing;
- (ii) in the form approved by the Board; and
- (iii) delivered to the registered office of the Company 28 days before the Annual General Meeting.

8.2.4 A list of the candidates' names in alphabetical order for each category in Clause 8.1.4(i)-(iv), with the names of the persons who nominated each candidate, must be provided to each Member in the respective category at the conclusion of period for nomination. The lists will be provided at least 21 days before the Annual General Meeting;

8.2.5 In the event of a more than one nominee for any category in Clause 8.1.4(i)-(iv), a postal ballot will be conducted by the Chief Executive Officer. Ballot papers will be sent at least 21 days prior to the relevant Annual General Meeting. Voting to close at "close of business" seven days prior to the Annual General Meeting. Results must be declared at the Annual General Meeting;

8.2.6 In the event of equality of one nomination for any category in Clause 8.1.4(i)-(iv), the nominee will be declared elected at the Annual General Meeting;

¹ Deleted by amendments approved on [] 2012

- 8.2.7 Each Member present and entitled to vote for a particular category in Clause 8.1.4(i)-(iv) at the meeting may vote for the same number of candidates as there are vacancies for the corresponding category in Clause 8.1.4(i)-(iv).
- 8.2.8 If, at the start of the Annual General Meeting, there are no nominees for a particular category in Clause 8.1.4(i)-(iv):
- (i) nominations in accordance with Clause 8.2.2 will be accepted from the floor; and
 - (ii) if there are no nominations from the floor, the position will be declared vacant and may be filled in accordance with clause 8.7.

8.3 Notification of appointments

All appointments of Directors elected in accordance with clause 8.2 will be confirmed in writing by the Company to the Director within 28 days of the Annual General Meeting.

8.4 Defects in appointments

- 8.4.1 All acts done by any person acting as a Director, or by any meeting of the Board or Committee of the Board, are deemed to be valid as if all persons had been duly appointed and were qualified to be a Director or a member of the Committee respectively.
- 8.4.2 Clause 8.4.1 applies even if it is afterwards discovered there was some defect in the appointment of a person to be a Director or a member of the Committee, or to act as a Director, or that person so appointed was ineligible to hold a position of a Director.

8.5 Term of Office

- 8.5.1 Each Director shall serve a term of office of three years.
- 8.5.2 The term of office of a Director will commence on a date determined by the Board with the consent of the Director.

8.6 Reappointment

A Director may be re-appointed for up to three consecutive three year terms of office. There is no limit to the number of non-consecutive terms of office which a Director may serve.

8.7 Casual Vacancies

- 8.7.1 The Board may at any time appoint any person to be a Director in order to fill a casual vacancy, with the following restrictions:
- (i) the total number of Directors must not at any time exceed the number as prescribed in Clause 8.1.2; and
 - (ii) a Director appointed to fill a casual vacancy must be from the sector in Clause 8.1.4(i)-(iv) or possess the governance skills pursuant to clause 8.1.3 to which the casual vacancy relates.
- 8.7.2 A person appointed to fill a casual vacancy or as a substitute Director by the Board holds office for the balance of the term, or during the absence, of the Director whose vacancy has been filled.

8.8 Removal of Directors

- 8.8.1 The Company may by ordinary resolution remove any Director before the expiration of his/her term of office, and the vacancy will be filled in accordance with Clause 8.7.
- 8.8.2 The notice of the meeting at which the ordinary resolution is considered must specify the grounds for removal of the Director and the Director must be given the opportunity of responding to the grounds for removal orally or in writing to the Members.
- 8.8.3 The Director must elect whether to respond in writing or orally by notice to the Chief Executive Officer delivered at least 24 hours before the meeting. The reply must not, except for the consent of the Chairperson, exceed five pages in length (if written) or 15 minutes (if oral).

8.9 Termination of Office

- 8.9.1 In addition to the circumstances described under the *Corporations Act*, a Director ceases to hold office immediately any of the following occurs:
- (i) The Director becomes bankrupt;
 - (ii) The Director becomes unfit to hold office, or the Director or his or her affairs are made subject to any law relating to mental health or incompetence;
 - (iii) The Director resigns by giving the Company written notice;
 - (iv) The Director becomes disqualified by law from being a Director;
 - (v) Without the consent of the other Directors, the Director is absent from three (3) consecutive Board meetings;
 - (vi) Without the consent of the Company in a General Meeting the Director holds any other office of profit under the Company, except for temporary appointment as Chief Executive Officer for a period not exceeding six (6) months;
 - (vii) The Director is directly or indirectly interested in any contract or proposed contract with the Company and fails to declare the nature of his/her interest as required by the *Corporations Act* and Clause 10.10; or
 - (viii) The Director ceases to be eligible under Clause 8.1.

9.0 Powers and Duties of the Board

9.1 General Power of Management

- 9.1.1 Subject to the Corporations Act and other Clauses of this Constitution, the operations and business of the Company is managed by the Board.
- 9.1.2 The general power of management is to be exercised in accordance with the Objectives of the Company. This includes, but is not limited to the following:
- (i) Do all things incidental, reasonably necessary or expedient to achieve the Objectives of the Company;
 - (ii) Recruit, evaluate and monitor the performance of the Chief Executive Officer;
 - (iii) Make standing rules consistent with the Objectives of the Company and to

- amend or vary those rules;
- (iv) Determine the appropriate level of fees and charges to be applied for services of the Company;
- (v) Delegate in writing its powers to the Chief Executive Officer or a relevant Committee, subject to the continuing control of the Board and a restriction on any further delegation to any other person or body;
- (vi) Make grants for persons, organisations, associations or bodies for research consistent with the Objectives of the Company or for any other purpose which achieves the Objectives;
- (vii) Authorise the publication of reports, information or advice consistent with the Objectives of the Company;
- (viii) Determine any matter in relation to which this Constitution is silent;
- (ix) Appoint or engage persons or organisations considered necessary to advise the Company, including professional advisers and consultants;
- (x) Authorise the borrowing, raising or securing the payment of money for purposes consistent with the Objectives of the Company;
- (xi) Invest money in any way determined by the Company to be consistent with its Objectives;
- (xii) Pay all expenses incurred in promoting the Company; and
- (xiii) Exercise such powers of the Company as are, by the Corporations Act or by this Constitution, required to be exercised by the Company in a General Meeting.

9.1.3 The Board shall, from time to time, as it thinks fit, consult with the Members concerning the operations and business of the Company.

9.2 Powers of Attorney

9.2.1 The Board may grant a Power of Attorney to another person to act on behalf of the Company.

9.2.2 The Power of Attorney must be in writing and state each of the following:

- i) the powers and discretions that the attorney may exercise;
- ii) the duration of the power; and
- iii) any conditions on its exercise.

9.2.3 The document may also contain any provisions to protect people dealing with the Attorney that the Board considers appropriate.

9.2.4 The powers conferred on an attorney cannot exceed the powers of the Company.

9.2.5 The attorney may be authorised to delegate any of the powers conferred on him/her.

9.3 Duties of Directors

9.3.1 Each Director must comply with Sections 180 to 184 of the Corporations Act.

9.3.2 The fact that a Director holds an office or place of profit or employment in the Company, is a member or creditor of another company or partnership, or enters into

an agreement with the Company, does not disqualify a Director or contravene Clause 9.3.1.

10.0 Meetings of the Directors

10.1 Directors to Regulate Meetings

10.1.1 The Directors may meet together as a Board for the dispatch of business and adjourn and otherwise regulate their meetings as they think fit.

10.1.2 The Directors may act even if there are vacancies on the Board.

10.2.3 If the number of remaining Directors is not sufficient to constitute a quorum at a Board meeting, the Directors may act only for the purpose of:

- (i) appointing a Director; or
- (ii) convening a General Meeting.

10.2 Quorum

10.2.1 A simple majority of Directors constitutes a quorum.

10.2.2 Business may not be transacted at a Board meeting unless a quorum is present at the time when the meeting proceeds to business.

10.3 Convening of Meetings

10.3.1 A Director may at any time, and the Chief Executive Officer must on the requisition of a Director, convene a Board meeting.

10.3.2 At least two Board meetings shall be convened every year.

10.4 Notice of Meetings

10.4.1 A Board meeting must be convened by not less than 48 hours written notice to each Director, unless the majority of Directors agree to a shorter period of notice.

10.4.2 When giving notice, it is not necessary to give notice of a meeting to a Director who the Chief Executive Officer reasonably believes to be outside Australia.

10.5 Written Resolutions

10.5.1 The Board may pass a resolution in writing without holding a meeting under the following conditions:

- (i) That the resolution indicates in a document or documents that the Directors are in favour of the matter; and
- (ii) That each Director who is entitled and able to vote on the resolution signs or otherwise indicates in written form (including, but not limited to, facsimile or email) his/her approval of the matter or matters contained in the document or documents.

10.5.2 The resolution will be treated as having been passed at a Board meeting held on the day and at the time that the last Director signs or otherwise indicates in writing his/her approval.

10.6 Telephone and Other Meetings

A Board meeting or a meeting of a Committee of the Board may be held where one or more of the Directors is not physically present at the meeting, in accordance with Clause 15.1.

10.7 Determinations of the Board

10.7.1 Questions arising at any Board meeting shall be determined by a majority of votes.

10.7.2 A determination of a majority of Directors is for all purposes deemed to be a determination of the Board.

10.7.3 If the votes are equal, the Chairperson of the meeting shall not have a second or casting vote in addition to his or her deliberative vote and the resolution is taken to be rejected.

10.8 Minutes of Board Meetings

10.8.1 The Directors must ensure that the minutes of the meeting record each of the following:

- (i) the names of all Directors who are present;
- (ii) the Chairperson of the meeting;
- (iii) details of the proceedings at the meeting;
- (iv) resolutions passed at the meeting;
- (v) any appointment of any Officer; and
- (vi) interests declared by any Director in accordance with this Constitution.

10.8.2 The minutes of a Board meeting must be signed by the Chairperson of that meeting, either at that meeting or at the subsequent meeting.

10.9 Substitute Chairperson

10.9.1 Where a Board meeting is held and:

- (i) a Chairperson has not been elected in accordance with Clause 11.3; or
- (ii) the Chairperson is not present within 10 minutes after the time appointed for the holding of the meeting, or is unwilling to act,

the Deputy Chairperson will act as the Chairperson of the meeting.

10.9.2 Where a Board meeting is held and:

- (i) a Deputy Chairperson has not been elected in accordance with Clause 11.3; or
- (ii) the Deputy Chairperson is not present within 10 minutes after the time appointed for the holding of the meeting, or is unwilling to act, and
- (iii) any of the circumstances in Clause 10.9.1 apply,

the Directors present may elect one of their number to act as the Chairperson of the meeting.

10.10 Declaration of Interests

10.10.1 Directors must comply with the *Corporations Act* in respect of personal interests.

- 10.10.2 If a Director has a personal interest in a proposed contract or arrangement which the Company may enter into, he or she must declare that interest:
- (i) at the Board meeting at which the proposed contract or arrangement is first discussed; or
 - (ii) if the interest arises later, at the first Board meeting after he or she becomes aware of the interest.
- 10.10.3 The Chief Executive Officer must record all declarations in the minutes of the relevant Board meeting.
- 10.10.4 If a Director has a material personal interest in a proposed contract or arrangement which the Board is considering he or she may only be present and vote on the matter if the Board has passed a resolution that:
- (i) specifies the Director, the interest and the matter; and
 - (ii) states that the Directors voting for the resolution are satisfied that the interest should not disqualify the Director from considering or voting on the matter.
- 10.10.5 If a Director gains a personal interest in a contract or arrangement which the Company has already entered into, he or she must declare that interest at the first Board meeting after he or she becomes aware of that interest.
- 10.10.6 Where a Director is a member of a partnership, or a Director or shareholder of another company, or is in a position to control another entity, he or she will be personally interested in any of the Company's contracts or arrangements with that partnership, company or entity, he or she may also give the other Directors a written notice declaring his or her relationship to that partnership, company or entity and his or her consequent interest in all contracts or arrangements with it.
- 10.10.7 Notice in the form described in Clause 10.10.6 is a sufficient declaration of interest in relation to any future contracts or arrangements with that partnership, company or entity.
- 10.10.8 The Company may proceed with a contract or arrangement where a Director has failed to disclose or give notice of a direct or indirect interest in the contract or agreement.
- 10.10.9 If all other Directors are aware that a Director has an interest in another company or partnership, or is in a position to control another entity, that fact has the same effect as if the Director had given the other Directors written notice at the time all of them as a group first became aware of it.

11.0 Board Office Bearers

11.1 Office Bearers

The Board must elect the following office bearers from its number:

- (i) A Chairperson of its meetings; and
- (ii) A Deputy Chairperson of its meetings.

11.2 Terms of Office

- 11.2.1 Each office bearer shall be elected by the Board for a two-year term.
- 11.2.2 Each term of office commences at the conclusion of the meeting at which the results of the election are declared.
- 11.2.3 Each office bearer is eligible for re-election.
- 11.2.4 Where a person ceases to be a Director of the Company that person automatically ceases to be an office bearer.

11.3 Election Process

- 11.3.1 A call for nominations for election to vacant positions is sent to each Director who has been appointed as a Director in the following calendar year by the Chief Executive Officer within seven days of the Annual General Meeting.
- 11.3.2 Any person who has been appointed as a Director in the following calendar year may nominate to serve as an office bearer.
- 11.3.3 All nominations must be:
 - (i) In writing, including a statement by the candidate of up to 200 words in support of his/her nomination; and
 - (ii) Signed by the candidate.
- 11.3.4 All nominations must be received by the Chief Executive Officer within 28 days of the Annual General Meeting.
- 11.3.5 A list of the candidates' names in alphabetical order must be sent to each person who has been appointed as a Director in the following calendar year by the Chief Executive Officer. This list will be sent at least 21 days before the Board meeting at which the results of the election are declared.
- 11.3.6 In the event of a greater number of nominations than vacancies exist for a particular position:
 - (i) A ballot will be conducted by the Chief Executive Officer;
 - (ii) Voting papers will be sent to each person who has been appointed as a Director in the following calendar year at least 21 days prior to the Board meeting at which the results of the election are declared; and
 - (iii) Voting will close at the "close of business" seven days prior to the Board meeting at which the results of the election are declared.
- 11.3.7 In the event of equality of nominations and vacancies for a particular position the nominees will be declared elected unopposed at the meeting at which the results of the election are declared.
- 11.3.8 If, at the start of the meeting at which the results of the election are declared, there are not enough candidates nominated for each vacant positions:
 - (i) Nominations may be taken from the floor at the meeting;
 - (ii) The Board may require the Chief Executive Officer to prepare ballot papers containing the names of the candidates in alphabetical order; and
 - (iii) Each Director present and entitled to vote at the meeting may vote for one

candidate for each vacant position.

11.4 Vacancies

When an office vacancy occurs or when an office-bearer is or will be absent for more than three (3) consecutive meetings, the Board may elect a substitute through the process described in Clause 11.3.

12.0 Board Committees

12.1 Delegated Powers of the Board

12.1.1 The Board may delegate any of its powers to a Committee of the Board as prescribed in Clause 9.1.2(v), with the exception of the borrowing powers.

12.1.2 Any such Committee must exercise the powers delegated according to any directions of the Board and any power so exercised is deemed to have been exercised by the Board.

12.2 Membership and Meetings of a Committee

12.2.A Membership of a Committee will comprise such number of persons as identified and appointed by the Board to provide expertise relevant to the responsibilities of the Committee, a majority of whom must be Directors.

12.2.1 Meetings of any Committee will be governed by the provisions of this Constitution relating to Board meetings in so far as they are applicable and are not inconsistent with any other directions of the Board.

12.2.2 The Board shall appoint a member of a Committee as Chairperson of that Committee.

12.2.3 A Committee may meet and adjourn as it thinks fit and in a manner consistent with Clause 10.

12.2.4 A question arising at a meeting of a Committee must be determined by a majority of votes of the Committee members present and eligible to vote.

12.2.5 If the votes are equal, the Chairperson of a Committee shall not have a second casting vote in addition to his or her deliberative vote and the resolution is taken to be rejected.

12.2.6 The Board may at any time appoint any person to fill a casual vacancy on a Committee and that person holds office for the balance of the term, or during the absence, of the Committee member whose vacancy has been filled.

13.0 Standing Committees

13.1 Appointment by the Board

The Board shall appoint the following Standing Committees of the Company:

- (i) The Assessment Committee; and
- (ii) The Accreditation Committee;

and may appoint any other Standing Committee or sub-committee of a Standing Committee as the Board considers necessary to fulfil responsibilities and undertake activities as expressly delegated or directed by the Board. References to “Standing Committee” in this Constitution will be interpreted to mean any such Standing Committee or sub-committee of a Standing Committee.

13.2 Purpose

The purpose of the Standing Committees is to be consistent with the Objectives of the Company.

13.3 Assessment Committee

The Board delegates to the Assessment Committee responsibility to:

- (i) Develop, monitor, and report on, the implementation of a consistent national assessment process for overseas qualified physiotherapists seeking registration under the National Law and who do not hold a qualification approved by the Physiotherapy Board of Australia; and
- (ii) Develop, monitor, and report on, the implementation of a consistent national assessment process to identify migrants with suitable qualifications and skills for migration to Australia as a Physiotherapist through the General Skilled Migration Program; and
- (iii) Undertake other activities as directed by the Board from time to time.

13.4 Accreditation Committee

The Board delegates to the Accreditation Committee responsibility to:

- (i) Develop, monitor and report on, the implementation of processes that will enable the Company to perform the functions of an accreditation authority under Part 6 Division 3 of the National Law; and
- (ii) Undertake other activities as directed by the Board from time to time.

13.5 Membership

13.5.1 The members of the Standing Committees do not need to be Directors.

13.5.2 Members will be appointed to the Standing Committees by the Board following a call for nominations from the Members and, where necessary, by a vote of the Board.

13.5.3 Membership of each of the Standing Committees will comprise, as a minimum number, six persons and a representative of the Board.

13.5.4 At least two members of each of the Standing Committees shall each be nominated by and from the education and professional categories of the Members of the Company. Nomination does not mean a person will be appointed to a Standing Committee.

13.5.5 At least four members of each of the Standing Committees will be identified and appointed by the Board to provide expertise relevant to the responsibilities of the Standing Committee.

13.5.6 The Board may at any time appoint any person to fill a casual vacancy on a Standing Committee and that person holds office for the balance of the term, or during the

absence, of the Standing Committee member whose vacancy has been filled.

13.6 Term of Office

- 13.6.1 A member of a Standing Committee shall each serve a term of three years, with eligibility for re-nomination.
- 13.6.2 The term of office of a member of a Standing Committee will commence on a date determined by the Board with the consent of the member.
- 13.6.3 A member of a Standing Committee may hold office for no more than three consecutive three year terms.
- 13.6.4 There is no limit on the number of non-consecutive terms of appointment that a member of a Standing Committee may serve.

13.7 Chairperson of Standing Committee

- 13.7.1 The Board will appoint a member of each Standing Committee as Chairperson of that Committee for a term of office of two years.
- 13.7.2 The term of office of Chairperson will commence on a date determined by the Board with the consent of the Chairperson.

13.8 Meetings

- 13.8.1 Meetings of any Standing Committee will be governed by the provisions of this Constitution relating to Board meetings in so far as they are applicable and are not inconsistent with any other directions of the Board.
- 13.8.2 A Standing Committee may meet and adjourn as it thinks fit and in a manner consistent with Clause 10.
- 13.8.3 A question arising at a meeting of a Standing Committee must be determined by a majority of votes of the Standing Committee members present and eligible to vote.
- 13.8.4 If the votes are equal, the Chairperson of a Standing Committee shall not have a second casting vote in addition to his or her deliberative vote and the resolution is taken to be rejected.

14.0 Chief Executive Officer

14.1 Appointment

The Board may appoint a Chief Executive Officer on any terms, including period of appointment, that it considers appropriate.

14.2 Remuneration

- 14.2.1 The Chief Executive Officer may receive such remuneration as the Board determines.
- 14.2.2 Subject to the terms of any agreement, the remuneration provided to the Chief Executive Officer may be reviewed and adjusted at any time at the discretion of the Board.

14.3 Termination

The appointment of a Chief Executive Officer terminates immediately either of the following occurs:

- (i) The Board indicate by written notice the termination of the appointment, subject to any term in an agreement relating to the ending of the appointment; or
- (ii) The period of the appointment ends.

14.4 Powers

14.4.1 The Board may delegate to the Chief Executive Officer any of the powers it can exercise in accordance with Clause 9.1.2, other than the following:

- (i) The power to borrow, and
- (ii) The power to enter into joint ventures or other similar business associations.

14.4.2 The Board may also alter the delegated powers, impose any limitations on the exercise of the powers or withdraw the powers as and when they determine.

14.4.3 Any powers conferred by the Board on the Chief Executive Officer may be concurrent with or to the exclusion of the powers of the Directors.

14.5 Accountability

The Chief Executive Officer is accountable to the Board through the Chairperson of the Board.

14.6 Attendance at meetings

Unless otherwise directed by the Board, the Chief Executive Officer shall attend all meetings of the Board and its Committees, and all General Meetings of the Company.

14.7 Preparation, circulation and approval of minutes

14.7.1 Unless directed otherwise by the Board, the Chief Executive Officer shall keep a record of the proceedings of all meetings attended in the form of minutes.

14.7.2 The Chief Executive Officer shall promptly circulate draft minutes of all such meetings for information and approval.

14.7.3 Subject to any objections received, the Chairperson of the meeting shall sign the minutes to certify that they are a true and accurate record of the proceedings of the meeting after their acceptance at the next such meeting.

14.8 Responsibilities

14.8.1 Subject to the direction of the Board and any agreement between the Chief Executive Officer and the Company, the Chief Executive Officer shall have specific responsibilities to the Company as outlined in Clauses 14.8.2, 14.8.3 and 14.8.4.

14.8.2 Maintenance of the accounts of the Company, including:

- (i) Receiving all monies paid to the Company and issue the necessary receipts on behalf of the Company;
- (ii) Depositing all monies received to the credit of the Company in a bank account approved by the Company;
- (iii) Keeping detailed accounts of all receipts and expenditure and prepare an annual statement of account of the Company; and

- (iv) Arranging for the payment of all amounts properly payable from the funds of the Company in such manner, and in conformity with such procedures, as this Constitution provides and as the Board may from time to time prescribe.

14.8.3 Conduct the day to day business of the Company, including:

- (i) Dealing with all correspondence of the Company, the Board and its Committees;
- (ii) Arranging meetings of the Company, the Board and its Committees in accordance with this Constitution;
- (iii) Signing any documents when requested to do so by the Board; and
- (iv) All matters pertaining to the recruitment and termination of company employees, as well as the direction, supervision and organisation of the work of the employees in accordance with directions of the Board.

14.8.4 Institute legal proceedings on behalf of the Company in accordance with the directions of the Board.

15.0 Miscellaneous

15.1 Meetings Using Technology

15.1.1 Any meeting, including meetings of Members, the Board, or its Committees, may be conducted with participants not physically present in the same venue at the same time using any relevant technology (including, but not limited to telephone, video or internet conferencing facilities) that gives the relevant Members, Directors or Officers as a whole a reasonable opportunity to communicate and participate equally.

15.1.2 A meeting using technology as described in 15.1.1 above must ensure that:

- (i) All persons participating in the meeting are able to communicate with each other instantaneously;
- (ii) Notice of the meeting is given to all participants entitled to receive notice and such notice does not specify that the participants are required to be present in person; and
- (iii) If a failure in communications leads to a circumstance where the number of participants falls below that required for a quorum, that the meeting is suspended until a quorum is re-established. If this requirement is not satisfied within 15 minutes from the time the meeting was interrupted, the meeting is deemed to have terminated.

15.1.3 Any meeting held where the participants are not physically present in the same venue at the same time is treated as held at the place specified in the notice of meeting as if the participants were present there. If the location is not specified, the meeting is treated as held at the place where the Chairperson of the meeting is located.

15.1.4 An indication of agreement to a vote or motion by a verbal indication of any or all of the participants in a meeting using the above technology shall be taken to have the same effect as a show of hands where the participants are physically present at the same place at the same time.

- 15.1.5 An indication of agreement to a vote or motion by other electronic means (including, but not limited to, facsimile or email) of any or all of the participants shall have the same effect as a show of hands where the participants are physically present at the same venue at the same time.

15.2 Negotiable Instruments

All cheques, promissory notes, bankers drafts, bills of exchange and other negotiable instruments, shall be signed, drawn, accepted, endorsed or otherwise executed, as the case may be, by any two (2) Directors or in such other manner as the Board determines.

15.3 Company Seal

15.3.1 The Board may elect to adopt a Seal.

15.3.2 If the Board do not adopt a Seal, documents must be executed in the name of the Company in the manner provided by the *Corporations Act*.

15.4 Records

15.4.1 The Board must determine whether and on what conditions the accounting records and other documents of the Company or any of them are open to the inspection of Members other than Directors.

15.4.2 A Member other than a Director does not have the right to inspect any document of the Company, except as provided by the *Corporations Act* or as authorised by the Board or by the Company at a General Meeting.

15.5 Accounts and audit

15.5.1 The Board must ensure that proper accounting and other records are kept, and that balance sheets are distributed in accordance with the requirements of the *Corporations Act*.

15.5.2 Subject to the requirements of the *Corporations Act*, the Board shall from time to time determine at what times and places, under what conditions or regulations the accounting records of the Company shall be open to the inspection of the Members.

15.5.3 The Members and its appointed auditors have the right to inspect and audit the accounts of the Company provided reasonable notice is first given to the Company.

15.5.4 An appropriately qualified Auditor or Auditors shall be appointed by the Board and his, her or their duties regulated in accordance with the *Corporations Act*.

15.6 Notices

15.6.1 A notice may be given by the Company to any Member either by serving it on the Member personally or by sending it by an appropriate method to the Member at an address indicated in the Register of Members.

15.6.2 An address may include any facsimile number or email address supplied by the Member to the Company for the purposes of giving notice to the Member.

15.6.3 Receipt of notices will be deemed according to the following criteria:

- (i) Notices sent by post by properly addressing, prepaying, and posting a letter containing the notice, are deemed to be received in the case of a notice of a

meeting, on the day after the date of its posting and, in any other case, at the time at which the letter would be delivered in the ordinary course of post;

- (ii) Notices sent by facsimile transmission to the nominated facsimile number shall be effective on the date and time of an error free fax transmission report from the sender's facsimile machine; and
- (iii) Notices sent by email transmission to the nominated email address shall be effective on the date and time of an error free transmission from the sender's computer.

15.7 No benefit to Members or Directors

15.7.1 The income and property of the Company must be applied solely towards the not for profit purposes of the Company.

15.7.2 No funds are to be distributed to Members or paid in the form of Directors' fees.

15.7.3 All other payments the Company makes to Directors must be approved by the Board.

15.7.4 Directors may be reimbursed by the Company for the reasonable expenses incurred as part of the fulfilment of their duties.

15.8 Indemnity

15.8.1 The Company must continually indemnify each Director, Officer and Employee against all liability (including liability for costs and expenses) for an act or omission made whilst performing the functions and in the capacity of Director, Officer or Employee of the Company.

15.8.2 However, this does not apply in respect of any of the following:

- (i) liability to the Company or a related body corporate;
- (ii) liability to some other person that arises out of conduct involving a lack of good faith;
- (iii) liability for costs and expenses incurred by the Officer in defending civil or criminal proceedings in which judgment is given against the Officer or in which the Officer is not acquitted; or
- (iv) liability for costs and expenses incurred by the Officer in connection with an unsuccessful application for relief under the *Corporations Act*, in connection with the proceedings referred to in the preceding paragraph.

15.9 Insurance

15.9.1 The Board shall maintain adequate insurance (including public liability insurance) to maintain and preserve the assets of the Company on such terms and for such amounts as it considers desirable;

15.9.2 The Company may pay the premium on a policy of insurance in respect of a person who is or has been an Officer or Auditor of the Company to the full extent permitted by the Corporations Act.

15.10 Reserve funds and investments

- 15.10.1 The Board may set aside out of the funds of the Company such sums as it considers proper as reserves to be provided at its discretion for any purpose for which the funds of the Company may be properly applied.
- 15.10.2 Pending any application of funds, the reserves may be invested at the discretion of the Board.

15.11 Financial year

Unless the Board otherwise resolves, the financial year of the Company shall end on 30 June each year.

16.0 Dissolution

16.1 Special Resolution Required

The Company may only be dissolved by the passing of a Special Resolution of the Company at a General Meeting.

16.2 Notice

- 16.2.1 At least three months notice of the proposed Special Resolution to dissolve the Company is to be given to each Director and Member before the General Meeting at which the proposed Special Resolution is to be moved.
- 16.2.2 Non-receipt of the notice by a Director or Member under this Clause will not invalidate the meeting, nor any Special Resolution passed at that meeting.
- 16.2.3 With the exception of the above two clauses, all other provisions in Clause 6.2 for notice of General Meeting are to apply.

16.3 Surplus Assets

In the event of the Company being dissolved, the assets which remain after such dissolution and satisfaction of all debts and liabilities shall be transferred to an organisation which has similar objects and which is exempt from income tax as determined by the Board.

17.0 Transition

17.1 Members

Any incorporated entity that is a Member of the Company immediately before the commencement of this Constitution, is eligible and approved for Membership.

17.2 Board of Directors

- 17.2.1 Despite Clause 8.1, person who is a Director of the Company immediately before the commencement of this Constitution, is taken to be a Director under this Constitution.
- 17.2.2 A Director continues in office until he or she vacates or the position is terminated under Clause 8.9 or until the date specified below.

Name of Director	End of Term of Office
Anthony Wright	30 June 2011
Bill Vicenzino	31 December 2011
Debra Shirley	30 June 2011
Karen Murphy	30 June 2011
Mark Hindson	30 June 2011
Paul Shinkfield	31 December 2012
Patrick Maher	31 December 2012
Lorraine Sheppard	30 June 2011
Heather Malcolm	31 December 2012
Jane Leow	31 December 2012

17.3 Standing Committees

- 17.3.1 A person who is a Member of a Standing Committee immediately before the commencement of this Constitution, is taken to be a Member of a Standing Committee under this Constitution.
- 17.2.2 A person who becomes a Member of the Accreditation Committee under Clause 17.3.1 will continue to hold office until the end of the person's term of office immediately before the commencement of this Constitution as indicated below, or, if the person otherwise vacates his or her position under this Constitution, an earlier day.

Name of Committee Member	End of Term of Office
Susanne Jones	31 December 2011
Norm Morris	31 December 2011
Megan Davidson	31 December 2011
Ian Cooper	31 December 2011
Julia Greaves	31 December 2012
Shane Patman	31 December 2012
Gillian Webb	31 December 2012
Liisa Laakso	31 December 2012
Pauline Chiarelli	31 December 2012
Paul Shinkfield	31 December 2012

- 17.3.3 A person who becomes a Member of the Assessment Committee under Clause 17.3.1 will continue to hold office until the end of the person's term of office immediately before the commencement of this Constitution as indicated below, or, if the person otherwise vacates his or her position under this Constitution, an earlier day.

Name of Committee Member	End of Term of Office
Louise Wellington	30 June 2011
Gillian Webb	30 June 2011
David Smith	31 December 2010
Gillian Henderson	30 June 2011
Madelyn Nicole	30 June 2011
Rick Ladyshewsky	30 June 2011
Tina Souvlis	30 June 2011
Mark Hindson	31 December 2012

17.4 Chief Executive Officer

- 17.4.1 A person who is the Chief Executive Officer of the Company immediately before the commencement of this Constitution, is taken to be the Chief Executive Officer under this Constitution and to be subject to all applicable clauses of this Constitution.
- 17.4.2 A person who becomes the Chief Executive Officer under Clause 17.4.1 will continue in the position under the terms of the contract in place immediately before the commencement of this Constitution.

Conflict of Interest Policy

Preamble

The Independent Commission Against Corruption (ICAC) guidelines on Conflict of Interest state clearly 'there is nothing unusual or necessarily wrong in having a conflict of interest. How it is dealt with is the important thing'.

Definition

Conflicts of interest may be inherent in the appointment and conditions of some categories of staff/officer (such as conjoint staff), where the relationship of the staff/officer to APC as well as to their employer(s) may lead to a situation of differing interests which may, at times, be in conflict. Where this type of appointment arrangement is apparent and publicly disclosed through a title such as 'conjoint', then such inherent conflicts of interest do not have to be declared by the individual member of staff/officer, unless they are likely or may be perceived to materially adversely affect the interests of the APC. Conflicts arising as a direct result of the appointment at APC are not personal conflicts.

While conflicts of interest are not wrong in themselves, and indeed cannot always be avoided or prohibited, the potential for conflict of interest exists in all aspects of APC operations, including research, accreditation, assessment, staffing, administration, and commercial activity. With increasing links between the APC and other organisations, companies, and institutions, it is important that there is no perception that a member of staff/officer has benefited by using their association with the APC inappropriately, or acting in any way contrary to the public interest.

Because the complexity and diversity of relationships and perspectives at the APC is extensive, the most effective means to address unavoidable conflicts of interest is to establish a system under which members of staff disclose and obtain evaluation of potential conflict. This system assumes that avoiding the conflict of interest is the best first strategy in dealing with conflicts of interest in the workplace.

The purpose of this policy is to outline just such a system - the APC's principles and procedures for the identification and management of actual, potential, or perceived conflicts of interest - and to assist staff/officer in addressing conflict of interest issues.

Material Conflict of Interest

A conflict of interest is considered to be 'material' if a reasonable disinterested person would take it into account in exercising judgment or making a decision. Only material conflicts of interest (those conflicts of interest of sufficient dimension and significance) are within the scope of this policy.

Factors such as the following can increase the risk that a situation will have inherent potential for conflict of interest and that the conflict of interest will be material:

Increasing magnitude of the personal benefit expected

Increasing level of leadership or authority

Outside work and/or commercial activity

A conflict, which arises in relation to the allocation of time, intellectual energy and primary professional commitment between APC responsibilities and external activities, can constitute a conflict of interest.

Conflict of interest can arise where a member of staff/officer has multiple official roles (such as being an officer of the APC and serving as a Director/Officer/Committee member/Staff of another Physiotherapy/Health/Higher Education

Company/Organisation). Such conflicts may be difficult to identify, as personal interest may not be involved. *In these situations, a person may use information obtained in exercising one role to the advantage or disadvantage of another organisation in an improper way.*

Conflict of interest may be particularly difficult to identify and manage in work environments characterized by complex commercial relationships, such as where there is a mix of APC, University, Association or Regulatory controlled entities.

Board Directors must be acutely aware of the obligation on Directors in relation to disclosure of, and voting on, matters involving material personal interests under Division 2 of Part 2D.1 of the Corporations Act.

Management of Conflicts of Interest

The following procedures are designed to manage situations that present conflicts of interest. The procedure to be applied will depend on assessment of the degree of risk in the situation, based on the key test for conflict of interest - whether a reasonable disinterested person would think these relationships and interests could conceivably conflict or appear to conflict with the person's public role.

The procedures for management fall into categories based on increasing levels of risk. These procedures are not all-inclusive and may require variation in particular circumstances.

(a) An actual, perceived, or potential conflict of interest must always be disclosed. Information about the procedure for the disclosure of actual, perceived, or potential conflict of interest is set out below. The form of the disclosure must be sufficient to allow a decision to be made about its management. In most situations, compliance with the disclosure procedure will be the only management required.

(b) In the case of multiple relationships by a member of staff/officer with the same company or other external organisation, it may be necessary for the APC to review the totality of the relationship between the staff member/officer and the company or organisation.

(c) Management procedures will escalate commensurate with the risk presented. This may include public disclosure of conflict of interest.

Disclosure Procedure

Members of staff/officers are required to complete a confidential Disclosure Statement as soon as they become aware that they may have an actual or potential conflict of interest. All meetings should have 'Conflict of Interest' declarations as a standing agenda item.

A copy of the Disclosure Statement can be forwarded on request. The Statement should be completed and then either emailed or personally delivered to the Chair, CEO or relevant manager for evaluation.

If a management procedure beyond disclosure is deemed to be required by the supervisor, this will be reported to the member of staff/officer and, if appropriate, to other relevant officers of the APC. An appropriate procedure to manage or eliminate the conflict of interest will be agreed and documented.

Any unresolved situation or disagreement would be referred to the Audit & Risk Committee (ARC) for a final decision.

A perceived, potential, or actual conflict of interest affecting a Director should be disclosed to the Chair. Conflicts of interest affecting members of the Standing Committees, including the Chair, should be disclosed to the Chair of the Audit & Risk Committee of Council.

Quality Improvement Feedback Form

Name:

Date:

Complete this form to raise issues or provide comments and feedback

Issues:

Comments:

Suggested improvement or actions:

Office Use:

Action:

DATE:

NAME:

Follow Up:

DATE:

NAME:

COMPLETE: YES/NO

Performance Feedback Form

Name:

Date:

Complete this form to raise issues or provide comments and feedback

Issues:

Comments:

Suggested improvement or actions:

Office Use:

Action:

DATE:

NAME:

Follow Up:

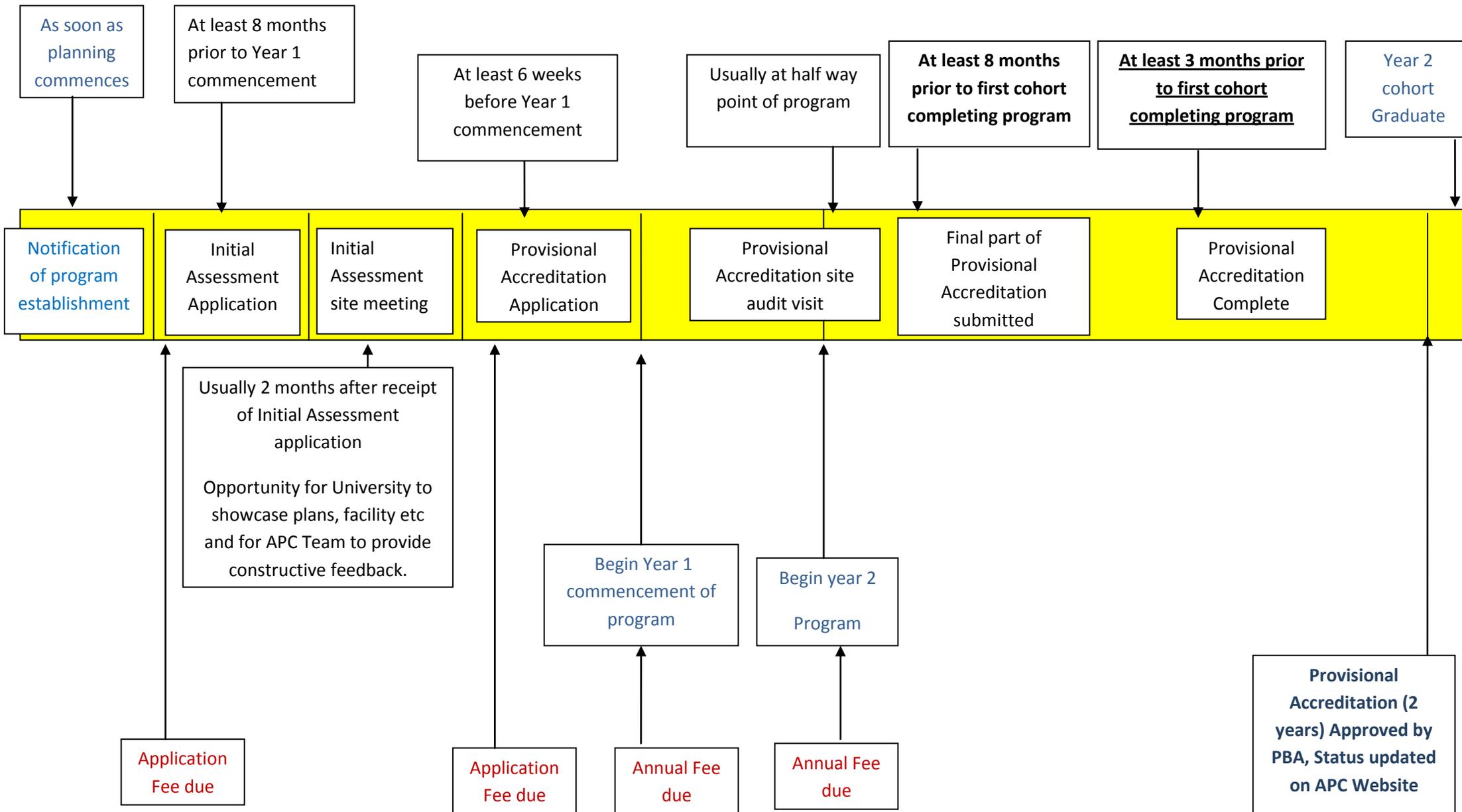
DATE:

NAME:

COMPLETE: YES/NO

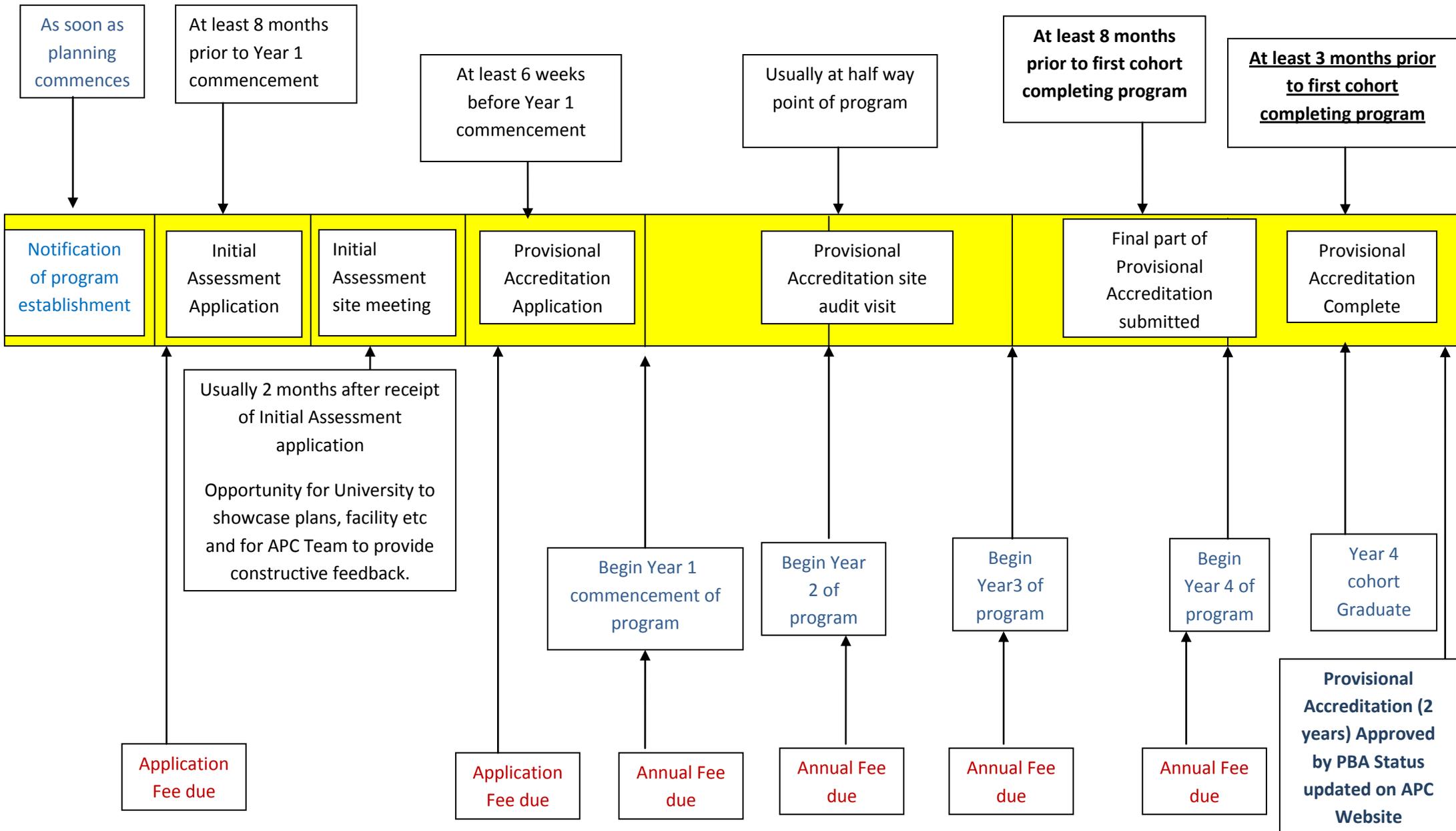
APC Accreditation Application Timeline

Commencing 2 year program



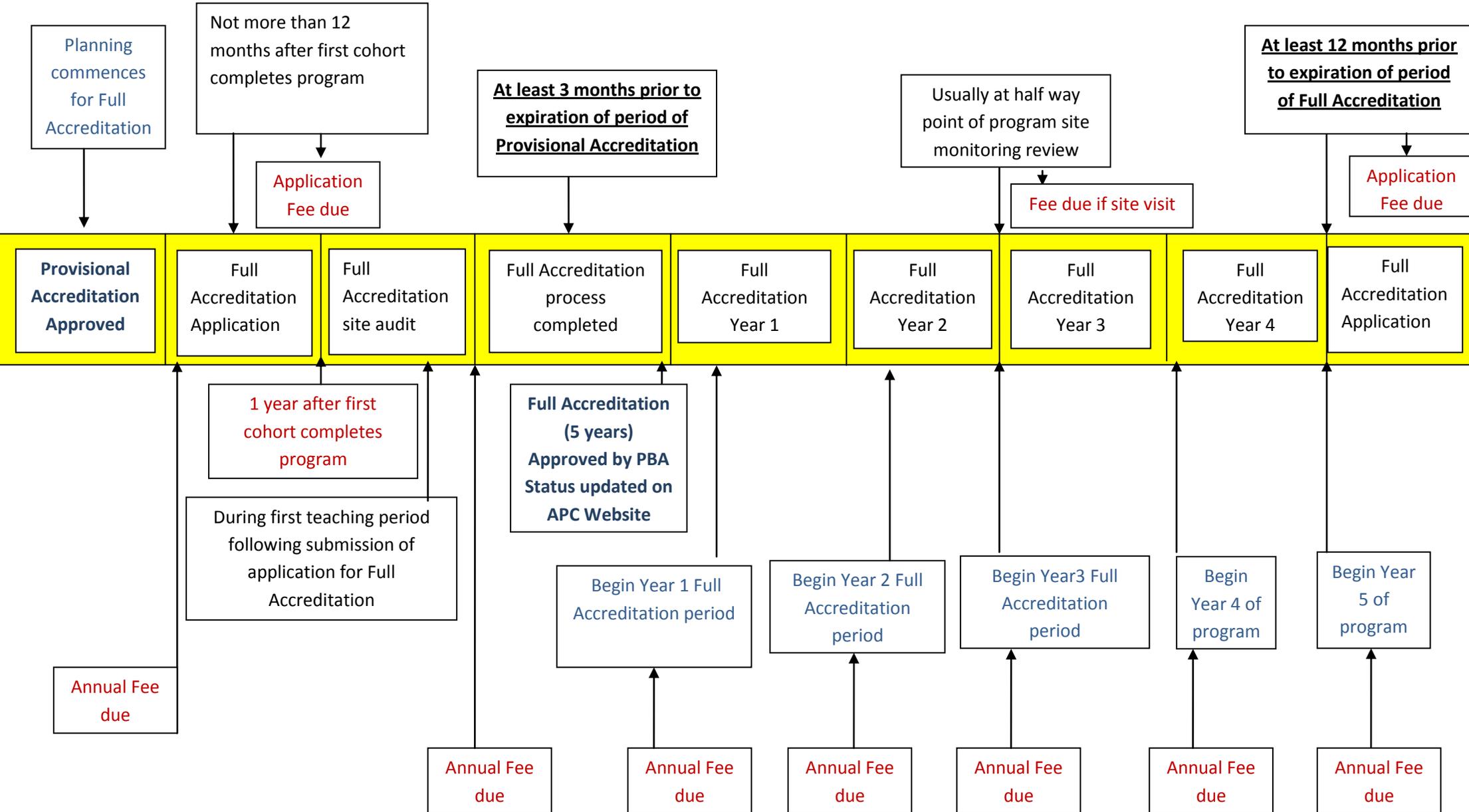
APC Accreditation Application Timeline

Commencing 4 year program



APC Accreditation Application Timeline

Full Accreditation timeline





Current details for ABN: 28 108 663 896

ABN details

Entity name:	AUSTRALIAN PHYSIOTHERAPY COUNCIL
ABN status:	Active from 01 Jul 2004
Entity type:	Australian Public Company
Goods & Services Tax (GST):	Registered from 01 Aug 2004
Main business location:	ACT 2612

ASIC registration - ACN or ARBN

108 663 896 [View record on the ASIC website](#)

Charity tax concession status

AUSTRALIAN PHYSIOTHERAPY COUNCIL is a [Charitable Institution](#) endorsed to access the following tax concessions:

Tax concession	From
GST Concession	01 Jul 2005
FBT Rebate	01 Jul 2005
Income Tax Exemption	01 Aug 2004

Deductible gift recipient status

Not entitled to receive tax deductible gifts

Disclaimer

This extract is based on information supplied by businesses to the Registrar of the Australian Business Register. Neither the Registrar nor the Australian Government guarantee this information is accurate, up to date or complete. You should consider verifying this information from other sources.

ABN last updated: 19 May 2006

Record extracted: 08 Aug 2012



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ABN 28 108 663 896

CONFIDENTIALITY AGREEMENT

I, _____, agree that I will not disclose, distribute or discuss any confidential information accessed or received in the course of my activities in my role with the Australian Physiotherapy Council with any other person, party or body without the express written approval of the Chief Executive Officer of the Australian Physiotherapy Council, unless required by law.

I understand that “confidential information” includes all written documentation which is confidential in nature and not publicly available supplied by an officer of the Australian Physiotherapy Council, University, Hospital or any other entity directly related to my role with the Australian Physiotherapy Council. This agreement also relates to any verbal or electronic discussions related to my role with the Australian Physiotherapy Council and relates to any material that is protected under copyright law or that may be considered to be “intellectual property”.

I agree to return to the Australian Physiotherapy Council or to destroy or delete all documents and other materials received in the course of my activities in my role with the Australian Physiotherapy Council within 14 days of a written request by, or on behalf of, the Chief Executive Officer of the Australian Physiotherapy Council.

Dated this _____ day of _____ 20____

Signed by: _____)
_____)

Print name : _____

In the presence of: _____)
_____)

Print name : _____



ACCREDITATION PANEL REPORT
ACCREDITATION OF [INSERT UNIVERSITY NAME] PROGRAM

Report to be submitted by:

Date:

Report Type:

Report review

Site Visit

NAME OF UNIVERSITY

NAME OF PROGRAM (S)

NAME OF DEGREE(S)

NAME OF ACCREDITATION PANEL MEMBER

1. UNIVERSITY SELF-ASSESSMENT

EXPLANATORY NOTE: The University is required to provide a self-analysis that identifies the strengths and weaknesses of the program and explain why the University considers these to be strengths and weaknesses. Where weaknesses are identified, the University is required to provide suggestions of strategies that it could implement to overcome or rectify issues that have been identified as well as details of any plans or actions that have been considered for improvement of the program. You would only make an affirmation if you agreed with the University's plan or action and want the University to report on its implementation.

STRENGTHS OF THE PROGRAM(S)

Has the University identified and the strengths of the program(s) and provided an explanation?

Yes

No

LIST OF EVIDENCE REVIEWED TO SUPPORT THIS CRITERION

INTERPRETATION OF EVIDENCE

DECISION STATEMENT

COMMENDATIONS

RECOMMENDATIONS FOR THE UNIVERSITY

MATTERS TO BE ADDRESSED AT THE SITE VISIT

COMMENTS FOR THE PANEL CHAIR ONLY

WEAKNESSES OF THE PROGRAM(S)

Has the University identified the weaknesses of the program(s) and provided an explanation?

Yes

No

LIST OF EVIDENCE REVIEWED TO SUPPORT THIS CRITERION

INTERPRETATION OF EVIDENCE

DECISION STATEMENT

COMMENDATIONS

RECOMMENDATIONS FOR THE UNIVERSITY

MATTERS TO BE ADDRESSED AT THE SITE VISIT

COMMENTS FOR THE PANEL CHAIR ONLY

SUGGESTIONS OF STRATEGIES TO ADDRESS WEAKNESSES

Has the University identified strategies to address weaknesses of the program(s)?

Yes

No

LIST OF EVIDENCE REVIEWED TO SUPPORT THIS CRITERION

INTERPRETATION OF EVIDENCE

DECISION STATEMENT

COMMENDATIONS

RECOMMENDATIONS FOR THE UNIVERSITY

MATTERS TO BE ADDRESSED AT THE SITE VISIT

COMMENTS FOR THE PANEL CHAIR ONLY

ACTIONS CONSIDERED TO IMPROVE THE PROGRAM(S)

Has the University identified ways to improve the program(s)?

Yes

No

LIST OF EVIDENCE REVIEWED TO SUPPORT THIS CRITERION

INTERPRETATION OF EVIDENCE

DECISION STATEMENT

COMMENDATIONS

RECOMMENDATIONS FOR THE UNIVERSITY

MATTERS TO BE ADDRESSED AT THE SITE VISIT

COMMENTS FOR THE PANEL CHAIR ONLY

2. ACCREDITATION REQUIREMENTS

REQUIREMENT 1: PROGRAM ATTRIBUTES.

Element 1.1: Program and Degree Nomenclature

Criterion

The university must provide evidence that the title of the program and the title of the degree emphasise the profession of physiotherapy.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--	--------------------------	-----	--------------------------	----

Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- The program title includes the word 'Physiotherapy'
- The program leads to a degree title that includes the word 'Physiotherapy'
- The only discipline name appearing in the degree title is 'Physiotherapy'
- There is no reference to a specialisation in physiotherapy in the degree title

LIST OF EVIDENCE REVIEWED TO SUPPORT THIS CRITERION

INTERPRETATION OF EVIDENCE

DECISION STATEMENT

COMMENDATIONS

RECOMMENDATIONS FOR THE UNIVERSITY

MATTERS TO BE ADDRESSED AT THE SITE VISIT

COMMENTS FOR THE PANEL CHAIR ONLY

Element 1.2: Duration of Programs

Criterion

The university must provide evidence that the program is of sufficient duration to provide adequate opportunity for the personal and professional development required for entry the professional practice of physiotherapy as defined by the Australian Standards for Physiotherapy.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--	--------------------------	-----	--------------------------	----

Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- An entry level physiotherapy program leading to a degree at bachelor level is the equivalent of no less than four academic years of full-time study, based on entry following a satisfactory level of achievement at Year 12 level or equivalent.
- An entry level physiotherapy program leading to a coursework degree at masters level is the equivalent of no less than two academic years of full-time study based on entry following a satisfactory level of achievement in a three or four year university-based baccalaureate degree and the successful completion of defined prerequisite areas prior to a student commencing the physiotherapy program.
- An entry level physiotherapy program leading to a degree at doctoral level is the equivalent of no less than three academic years of full-time study following a satisfactory level of achievement in a three or four year university-based baccalaureate degree and the successful completion of defined prerequisite areas prior to a student commencing the physiotherapy program.
- The physiotherapy component of a double degree program is the equivalent of no less than two academic years of full time study following successful completion of defined prerequisite areas.

LIST OF EVIDENCE REVIEWED TO SUPPORT THIS CRITERION

INTERPRETATION OF EVIDENCE

DECISION STATEMENT

COMMENDATIONS

RECOMMENDATIONS FOR THE UNIVERSITY

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Element 1.3: Entry-level Doctoral Programs

Criterion and Indicators

A university offering an entry level physiotherapy education program leading to a doctoral degree must provide evidence that:

- The academic level of the program has been approved by the university appointed body and the decision has been ratified by the University Council or Senate.
- Learning outcomes are related to education in the professional practice of physiotherapy and in physiotherapy research.
- Course requirements include development of a research proposal to a stage that could be submitted for ethics approval. The university may require a research project to be completed following ethics approval.
- Where there is a research proposal/project, it must
 - have relevance to the practice of physiotherapy;
 - be original to the extent normally required at doctoral level;
 - be structured so that students develop under supervision all of the steps involved in the research proposal/project including the formulation of the research question(s), the design of the study including the selection of appropriate methodology; and
 - be supervised either solely or jointly, but in all cases at least one supervisor must be an academic member of staff from the Physiotherapy Academic Unit offering the program, and at least one supervisor should hold a professional or research doctoral qualification in an area of physiotherapy.
- Course requirements include demonstration of profession specific clinical knowledge and skills at a higher level than graduates of a baccalaureate level physiotherapy degree.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- The academic level of the program has been approved by the university appointed body and the decision has been ratified by the University Council or Senate.
- Learning outcomes are related to education in the professional practice of physiotherapy and in physiotherapy research.
- Course requirements include development of a research proposal to a stage that could be submitted for ethics approval.
- Course requirements include demonstration of profession specific clinical knowledge and skills at a higher level than graduates of a baccalaureate level physiotherapy degree.

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REQUIREMENT 2: QUALITY SYSTEMS

Element 2.1: Program Outcomes

Criterion

The philosophy and learning outcomes of the program are clearly stated and are consistent with the professional practice of physiotherapy and the Australian Standards for Physiotherapy.

Has the university met this criterion? <input type="checkbox"/> Yes <input type="checkbox"/> No

Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- The university undertakes regular progressive monitoring of program outcomes using a range of appropriate and valid methods.
- The university analyses and evaluates the findings of the evaluation of program outcomes to monitor the quality of the education process.
- The university takes action in response to the findings of the evaluation of program outcomes to improve the quality of the education process.
- The university has appropriate mechanisms to monitor and report the results of responses to the findings of the evaluation of program outcomes to relevant stakeholders.

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Element 2.2: Graduate Outcomes

Criterion

The university must provide evidence through the collection and evaluation of longitudinal assessment data that graduates of the program demonstrate the specific attributes defined in the Australian Standards for Physiotherapy in conjunction with the graduate attributes defined by the university.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- The university undertakes evaluative procedures to assess students at each stage within the program in terms of the specific attributes defined in the Australian Standards for Physiotherapy and the graduate attributes defined by the university.
- The university undertakes evaluative procedures, including standard surveys and mechanisms selected by the individual university, to assess graduates and their employers in terms of the specific attributes defined in the Australian Standards for Physiotherapy and the graduate attributes defined by the university.
- The university takes action in response to the findings of the evaluation of student and graduate outcomes to improve the standard of graduates.
- The university implements strategies to ensure the sample of graduates and employers and response rate are sufficient to reach valid conclusions regarding the standard of graduates.

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Element 2.3: Benchmarking

Criterion

The university must provide evidence of comparative analysis of the program including systematic benchmarking with comparable physiotherapy programs and an evaluative commentary.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- The university uses the outcomes of the Australian Graduate Survey and other mechanisms to rank the university's physiotherapy program with like physiotherapy programs.
- The university undertakes benchmarked comparisons of the recognised subscales within the Australian Graduate Survey with the national means for like physiotherapy programs where such comparisons provide information that can be used within a quality process.
- The university undertakes or plans to undertake other national or international comparisons where such comparisons provide information that can be used within a quality process.

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Element 2.4: Research Environment and Outcomes

Criterion

The university must provide evidence that the program is conducted in an academic unit that fosters and explicitly undertakes and supports research and scholarship in physiotherapy.

Has the university met this criterion? <input type="checkbox"/> Yes <input type="checkbox"/> No

Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- There is adequate provision of resources for physiotherapy research including research leadership, initial funding, space and equipment.
- There is adequate provision of support for staff to access grants and professional development related to research and scholarship.
- Staff and students are actively involved in and are planning for research and scholarship related to physiotherapy.
- The program schedule includes adequate time for academic staff to devote to research and teaching and learning preparation and review.

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REQUIREMENT 3: ACADEMIC PROGRAM

Element 3.1: Pedagogy

Criterion

The university must provide evidence that the program is based on philosophical pedagogy that facilitates attainment of graduate attributes through the progressive development and integration of knowledge, clinical skills and independent thinking, ethical and value analysis, communication skills, clinical reasoning and decision-making.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- The program is structured to ensure that all the key areas of physiotherapy practice are core components of the program.
- The teaching plan for each unit of instruction includes a range of teaching, learning and assessment methods appropriate to the achievement of the specific learning outcomes for the unit and accommodates the learning styles of the students.
- The program schedule includes adequate time for consolidation of student learning.

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Element.3.2: Curriculum

Criterion

The university must provide evidence that the curriculum addresses the Australian Standards of Physiotherapy and that there are appropriate processes in place to develop and improve the curriculum.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

The curriculum is designed such that the program is aligned to the Australian Standards for Physiotherapy.

The curriculum is structured to include lectures, tutorials, practical classes and clinical education experiences that are sequenced and integrated to ensure effective learning and include:

- The sciences fundamental to physiotherapy including the biomedical sciences of cell biology, anatomy, physiology (including comprehensive exercise physiology), pathology, the physical sciences including biomechanics, and behavioural sciences including psychology, sociology and public health;
- The practice of physiotherapy including but not limited to assessment, diagnosis, interpretation, planning, interventions, measurement of outcomes and reflection on practice; and
- Aspects of broader professional practice including but not limited to professional ethics and legal responsibilities, leadership, administration, education, consultation and collaborative health care provision.
- The content of the curriculum and the organisation of the learning experiences foster a commitment to continuing professional growth including learning through self-directed, independent study.
- The content of the curriculum addresses contemporary clinical practice and professional issues.
- Students undertake formal practical classes as part of their coursework in professional physiotherapy skill development.
- The curriculum is developed and regularly reviewed at a university level by the appropriate university board/committee and by academic staff of the program with input from the program advisory group, representatives of the profession, the student body and other interested groups.

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Element 3.3: Assessment

Criterion

The university must provide evidence that the academic and clinical staff utilise a range of appropriate assessment methods to report whether students know and understand theoretical material and are competent and safe to function in the clinical setting according to the Australian Standards for Physiotherapy.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- The breadth and depth of knowledge of the core areas in physiotherapy is adequately assessed.
- The program utilises a range of assessment methods appropriate to the learning outcomes for both formative and summative purposes.
- There is a formal process of regular review of student assessment load.
- Students receive useful and timely feedback on their academic and clinical assessments.
- Students must pass all units in order to complete the program.
- A comprehensive evaluation of students' clinical competence based on the elements of the Australian Standards for Physiotherapy is included.
- There are regular reviews of assessment methods that consider the emphasis, balance and appropriateness of methods and relevance to the Australian Standards for Physiotherapy.

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Element 3.4: Research/Evidence-based Practice

Criterion

The university must provide evidence that graduates of the program can apply an evidence-based approach to their own practice.

Has the university met this criterion? Yes No

Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- Students are given adequate grounding in relevant research methods and research ethics.
- Students have skills to conduct all contemporary forms of searches for research based evidence for physiotherapy practice.
- Students can critically analyse and evaluate the usefulness of research papers and presentations.
- The content of all units in the program is supported by relevant and up-to-date reference material which includes references to journal articles.

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Element 3.5: Clinical Education Model

Criterion

The university must provide evidence that the program includes a clinical education model that has sufficient breadth, depth and comprehensive coverage to ensure that the learning outcomes of the program and the Australian Standards for Physiotherapy are met.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- Students are given sufficient grounding in professional ethics prior to undertaking supervised clinical practice.
- There is adequate coverage of professional knowledge and skills within the program for all students prior to beginning their first clinical education placement.
- Clinical education is sequential and integrated within the program.
- The clinical education model includes progressive exposure to a variety of clients with problems of increasing complexity.
- Periods of supervised clinical practice are scheduled following relevant theoretical and practical education.
- The supervised clinical practice experience provides opportunities for students to:
 - integrate theoretical and practical concepts into clinical practice
 - perform professional responsibilities under appropriate levels of supervision
 - observe professional role models
 - receive timely and constructive feedback regarding their professional skills and clinical reasoning
 - reflect on practice
 - progressively build and develop clinical and professional expertise

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Element 3.6: Clinical Education Placements

Criterion

The university must provide evidence that the clinical education program includes clinical education placements that provide opportunities to develop the ability to apply knowledge and clinical skills in the key areas of physiotherapy, exposure to a range of settings (acute, rehabilitation and community) and to clients of all ages. In the early stages of planning for a new program in physiotherapy, universities must ensure that adequate clinical education placement experience is available for the all students who will enter the proposed program.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- All students have access to clinical education placements in all core areas of practice and across the lifespan. (based on evidence of planned and actual clinical education placements)
- The university ensures appropriate policies and mechanisms are in place for student safety, reporting, accommodation, travel and insurance during clinical education placements.
- Students have online access to the university resources, professional and research databases whilst on clinical education placements.
- There are specific procedures established for communication between the clinical educators and the students for both issues of client care and for teaching and learning whilst on clinical education placements.
- There is written evidence of an ongoing and reasonable expectation that clinical facilities will provide supervised clinical practice experiences for the students who will enter the program in the period of accreditation.
- It is reasonable to expect that a comprehensive clinical education placement experience will be provided to all students who will enter the program in the period of accreditation.

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REQUIREMENT 4: RESOURCES AND INFRASTRUCTURE ELEMENTS

Element 4.1: Academic and Research Leadership

Criterion

The university must provide evidence that it has the necessary and appropriate level of academic and research leadership to provide an entry level physiotherapy program in an environment that fosters research and scholarship. Universities that are in the planning stages must provide evidence that they are in a position to appoint academic and research leaders and that a full professorial appointment in physiotherapy will be advertised within the first year of offering the program.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- The staffing profile includes at least one full-time Level D or E appointment in Physiotherapy and at least two other appointments at Levels C or D who have a physiotherapy qualification.
- The university is committed to appointing, at level E, a physiotherapy program leader who is a physiotherapist and who has completed a PhD or equivalent.
- The academic staff appointed at Level D and E have well developed track records in research leadership at national and international level.

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Element.4.2: Academic Staffing

Criterion

The university must provide evidence that it has appointed academic staff at a level that enables provision of an entry level physiotherapy program that satisfies all of the accreditation requirements. Universities that are in the planning stages must provide evidence that they are in a position to appoint academic staff with appropriate postgraduate qualifications and experience in each of the key areas of physiotherapy practice to assist in the development and delivery of the program.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- The areas of expertise of the physiotherapy academic staff are sufficient to cover the key areas of physiotherapy practice in Australia, any elective units and research.
- The full-time equivalent physiotherapy academic staffing level can support the current and planned teaching and research requirements of the Physiotherapy Academic Unit .
- Students have sufficient and timely access to academic staff to support their learning.
- The majority of academic staff have established or promising research records with demonstrated research activity in the forms of grants, conference presentations, and publications in refereed journals.
- There is systematic monitoring of teaching quality such as participation in regular formal university teaching/unit evaluation and a university performance management scheme.
- There is an ongoing program of professional development for all staff that is linked to evaluation of performance.
- Each academic staff member is undertaking or has a commitment to undertake an appropriate qualification in teaching and learning.
- The university provides staff with adequate support and training in teaching and learning.
- Each academic staff member has documented expertise in the area of teaching responsibility.
- Each academic staff member has demonstrated effectiveness in teaching and evaluation of students.
- Each academic staff member has a record of involvement in scholarly research and professional activities consistent with the philosophy of the program.

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Element 4.3: Clinical Educators

Criterion

The university must provide evidence that students within, and those who will enter, the program have access sufficient and experienced clinical educators to provide a comprehensive clinical education experience.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- Clinical educators are experienced and trained in the key areas of physiotherapy, in a range of settings (acute, rehabilitation and community) and in physiotherapy management of clients of all ages.
- The university provides educational programs for all clinical educators to continue to develop the knowledge and skills relevant to their educational roles.
- The university provides suitable programs to support clinical educators in their roles.
- Students are supervised on all clinical education placements by a person or persons with qualifications and experience appropriate to the particular environment.
- An evaluation program is in place that allows students to provide feedback on the performance of clinical educators, and of their clinical experience.
- A formal process of continuous quality improvement is in place to enable this information to be shared with clinical educators.
- There are specific procedures established for communication on professional, curriculum and administrative matters between the clinical educators and the academic staff.

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Element 4.4: General Staffing

Criterion

The university must provide evidence that the level of general staff and services is adequate to meet the needs of the students and the academic staff including adequate access to secretarial, administrative, technical, laboratory and computing support.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- There are sufficient general staff to meet the needs of the students and academic staff.
- There are sufficient support services to meet the needs of the students and academic staff.
- Students and academic staff have sufficient and timely access to secretarial, administrative, technical, laboratory and computing support.

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Element 4.5: Physical Resources

Criterion

The university must provide evidence that the physical resources reflect contemporary teaching and learning in physiotherapy both on campus and at off-campus clinical education sites.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- The students have assured access to services including student counselling, educational support including language instruction, health facilities, financial aid and, where appropriate, residential facilities.
- Appropriate computing and audiovisual equipment is available.
- Staff and students have assured access to adequate and dedicated computer laboratory space.
- The Physiotherapy Academic Unit has assured access to dedicated facilities that meet the needs of the research programs of the academic staff and of the students completing physiotherapy units with research components.
- The quantity and quality of lecture theatres, practical rooms, laboratories, clinical facilities, offices and space for students, academic and general staff meet all teaching and research requirements.
- Students have access to high quality human anatomical specimens, preferably in wet laboratories.
- The equipment, particularly physiotherapeutic and electronic equipment relevant to physiotherapy technology, and consumables enables the provision of effective learning and research experiences.
- The university library provides assured access to a comprehensive and up-to-date range of physiotherapy texts, monographs and journals in hardcopy and electronic formats.
- The university library provides substantial and widespread access to appropriate biomedical, behavioural and physiotherapy sciences databases as well as commonly used online resources.
- The university library provides regular training to staff and students in the use of library resources relevant to physiotherapy and the foundation sciences.
- The students have assured access to computers and appropriate electronic databases on campus and at all clinical sites.
- Staff and students have ready access to a range of software packages to support research and teaching needs.
- Staff and students have assured access to a computer network which has full electronic mail facilities and is linked to the Internet and on-line databases.

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Element 4.6: Funding

Criterion

The university must provide evidence of a program funding model that enables provision of an entry level physiotherapy program that satisfies all of the accreditation requirements.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- There is a sound business plan reflecting current commitments, proposed developments and sustainability of the Physiotherapy Academic Unit.
- The Physiotherapy Academic Unit has the ability to deliver current commitments and projected developments.
- There is an appropriate funding formula or equivalent for funding to and within the Physiotherapy Academic Unit.
- The leader of the Physiotherapy Academic Unit has discretion with respect to the allocation of Physiotherapy Academic Unit funds within university budget guidelines.
- Physiotherapy academic staff are involved in the development of ongoing program budgets and the allocation of financial resources within Physiotherapy Academic Unit budget guidelines.
- Funding for senior academic staff levels is adequate for the number of current and future students.
- Funding of physiotherapy academic staff is adequate to provide time and access for students seeking consultations with staff outside of teaching contact times.
- Funding of biomedical, behavioural, physiotherapy and clinical sciences is adequate.
- Funding is allocated to update and maintain physical resources as required to support research and teaching needs.

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Element 4.7: Organisational Structure

Criterion

The university must provide evidence that the structure of the university is appropriate for the delivery of an entry level program in physiotherapy.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- The university is recognised by the Australian Government and Universities Australia.
- There are cognate clinical sciences enabling collaboration with physiotherapy academic or clinical staff.
- The university is supportive of physiotherapy both as an academic and professional discipline.
- There is a Physiotherapy Academic Unit that features the term 'Physiotherapy' in its title (e.g., School of Physiotherapy).
- The Head of the Physiotherapy Academic Unit is a senior (level D or E), experienced and recognised academic with postgraduate qualifications in physiotherapy and a strong academic track record.
- The Head of the Physiotherapy Academic Unit has resource responsibility for the Physiotherapy Academic Unit.
- The Head of the Physiotherapy Academic Unit has responsibility for the academic programs offered by the Physiotherapy Academic Unit.
- The Physiotherapy Academic Unit has the capacity to simultaneously offer an entry level physiotherapy program and higher degree in physiotherapy by research programs.
- The Physiotherapy Academic Unit has academic and administrative responsibility for the delivery of the program.
- The Physiotherapy Academic Unit has established mechanisms of accountability to the university and to the physiotherapy profession.
- The organisational structure provides a career path for all staff.

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Element 4.8: Policies

Criterion

The university must provide evidence that it has in place appropriate policies for program development, approval, delivery, assessment, evaluation and review to ensure that standards of education are maintained.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- There are clear and comprehensive policies on program development.
- There are clear and comprehensive policies for periodic review of program goals, content, relevance and quality.
- There are policies and processes that enhance the nexus between research and teaching.
- There are policies that ensure entry into the program is offered on principles of equity of access with respect to race, religion, colour, national or ethnic origin, sex, age, disability, and socio-economic and marital status.
- The selection criteria for entry to the program are clearly stated and are compatible with the requirements of the program including appropriate prerequisite knowledge.
- There are occupational health and safety policies relating to a safe working environment, freedom from harassment and reasonable adjustment for disability.
- The university has policies to ensure adequate workload determination for staff.
- The university has policies to ensure adequate staff study leave.

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Element 4.9: Procedures

Criterion

The university must provide evidence that it has in place appropriate procedures for program development, approval, delivery, assessment, evaluation and review to ensure that standards of education are maintained.

Has the university met this criterion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indicators

The evaluation of the evidence indicates:

Please tick the indicators that you have identified in the evidence:

- Appropriate procedures are in place to deal with cases of plagiarism or other instances of unethical conduct.
- Students have assured access to current policies, procedures and program information particularly related to the learning outcomes, assessment, progression and requirements for graduation, appeals processes, costs and academic review processes.
- Prospective students are clearly informed of the locations of study and any potential lack of equity of access at some locations.
- Procedures are in place to ensure students on placement conduct themselves in an ethical and professional manner.
- Appropriate procedures are in place to deal with student appeals.

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FULL DESCRIPTION OF CLINICAL ASSESSMENT CRITERIA

The Candidate Assessment Form has been designed to reflect the Australian Standards for Physiotherapy and to allow Assessors to report a candidate performance efficiently. There are seven marking criteria (numbered 1A, 1B, 2-6) which describe the aspects of the candidate's performance that must be assessed by the Assessor during the clinical assessment. Each marking criterion is assessed via specific indicators of performance (numbered 1.1, 1.2 etc....)

This document has been prepared to assist Assessors to interpret each marking criterion and its specific performance indicators on the Candidate Assessment Form. The document contains relevant extracts from the Australian Standards for Physiotherapy – these Standards are the benchmark for entry level physiotherapy practice in Australia and must be demonstrated by Australian graduates and overseas qualified physiotherapists. Key words for each marking criterion have been included in this document to focus the Assessor's attention on the essential aspects of each marking criterion. For a full description of the Standards, please refer to the Australian Standards for Physiotherapy. Each Assessor is provided with an electronic copy of the Australian Standards for Physiotherapy.

Details of how the Assessor must complete the Candidate Assessment Form are found in the document "Guidelines to Completing the Candidate Assessment Form".

CLINICAL ASSESSMENT CRITERIA

Criterion 1 Assess the Patient

This assessment criterion corresponds to Standard 4 of the Australian Standards for Physiotherapy. Standard 4 has four elements and for the purposes of the Clinical Examination these have been consolidated into two assessment criteria. The Assessor must assess if the candidate performance demonstrates the ability to

- 1A collect patient information and form a preliminary hypothesis (Elements 1 and 2)
- 1B design and conduct a safe assessment (Elements 3 and 4)

1A. Collect Patient Information and Form a Preliminary Hypothesis

This marking criterion has two performance indicators that the Assessor must assess in the APC Clinical Examination.

Key words: consent, patient information, supplementary information, preliminary hypothesis, assessment priorities

1A.1 Collect patient information

- Obtain consent from the patient to conduct the assessment
- Collect patient information and history
- Explore presenting signs and symptoms
- Obtain relevant measurable data (including supplementary information, for example radiological or pathological reports or reports from other service providers)
- Identify goals, values and expectations of the patient

1A.2 Form a preliminary hypothesis

- Analyse the information collected
- Identify potential influencing presentations and hypothesise differential diagnoses
- Identify assessment needs including priority
- Where indicated, the patient's needs are checked against the physiotherapist's scope of expertise

1B. Design and Conduct a Safe Assessment

This marking criterion has three performance indicators that the Assessor must assess in the APC Clinical Examination.

Key words: risk assessment, safety, priority, sensitivity, specificity, observational skills, analytical testing skills, manual skills

1B.1 Design an assessment

- Assessment is prioritised, ordered and includes tests to measure impairment and activity limitation
- potential problems and contraindications to assessment are identified
- tests and assessment instruments are selected appropriate to the patient's presentation, and according to the reliability, validity, accuracy and availability of the tests

1B.2 Conduct an assessment

- Physical examinations of appropriate depth and breadth (eg. relevant observational, manual and analytical testing, appropriate sequence for procedures, modifications according to patient response, completed in a timely manner)
- Assessment is modified in recognition of factors such as patient's age, occupation, pain, co-morbidities, communication ability and the assessment environment
- Tests and assessment instruments are used correctly
- Progressive interpretation of findings to guide the nature and extent of the assessment
- Assessment findings are compared against the preliminary hypothesis

1B.3 Safely assess

- Risks are identified and assessed
- Modifications are made to address risks for the patient and the physiotherapist

Criterion 2 Interpret and Analyse the Assessment Findings

This marking criterion corresponds to Standard 5 of the Australian Standards for Physiotherapy. Standard 5 has five elements. This marking criterion has five performance indicators that the Assessor must assess in the APC Clinical Assessment.

Key Words: normal, typical signs and symptoms, differential diagnoses, priority, scope of practice

2.1 Compare findings with 'normal' status of the patient

- Normal status of the patient is identified and the assessment findings are compared against these
- Extent of pathology/disorder is determined and discussed with the patient to develop a course of action

2.2 Compare findings with what is expected for the condition, and include or exclude alternative diagnoses

- Clinical expectations of presenting condition are defined (including aetiology, signs, symptoms, clinical course; relationship of signs and symptoms to stage of disorder)
- Symptoms are related to pathology/disorder
- Other features of the patient (including patient environment, psychosocial and psychological elements) are considered when comparing presenting symptoms and expected clinical findings
- Actual and expected findings are compared and differential diagnoses are considered

2.3 Prioritise patient needs

- Problems and priorities are identified in collaboration with the patient
- Presenting symptoms and interrelationships are identified
- Possible sources/mechanisms of presenting symptoms are considered and compared with preliminary diagnosis

2.4 Re-evaluate as required to develop a justifiable and sustainable hypothesis

- Differential diagnoses are outlined in order of probability
- Appropriate tests are performed to refine diagnoses
- Clinic diagnostic hypotheses are negated or reinforced
- Physiotherapy assessment findings are correlated with additional information to reach justifiable conclusions
- Current scientific argument and clinical reasoning are incorporated into the decision making process

2.5 Identify areas that are outside their own skills and expertise and discuss appropriate referral

- Identify conditions that are not amendable to physiotherapy or are beyond the skills and knowledge of the candidate
- Appropriate referrals are made to other practitioners including physiotherapists, depending on knowledge of presenting condition and management options

Criterion 3 Develop a Physiotherapy Intervention Plan

This marking criterion corresponds to Standard 6 of the Australian Standards for Physiotherapy.

Standard 6 has six elements. This marking criterion has six performance indicators that the assessor must assess in the APC Clinical Assessment.

Keywords: Rationale for intervention, limitations, contraindications, appropriate and effective intervention, priority, outcome measurement

3.1 Develop a logical rationale for physiotherapy intervention based on the assessment findings

- significant features of the assessment findings are identified and implications for the intervention and patient are determined
- potential impact of patient lifestyle, culture, values and attitudes plus environment on a plan of intervention are identified
- rationale is developed for intervention

3.2 Set realistic short and long term goals with the patient

- appropriate education of the patient is provided concerning the assessment findings
- patient expectations are determined
- goals of referring practitioner are acknowledged

- where appropriate, lack of intervention is discussed
- realistic goals are established in consultation with the patient
- strategies for modifying the implementation of the goals are developed with the patient.

3.3 Select appropriate and effective interventions to address the patient problems that are identified.

Intervention selected by the candidate reflects consideration of:

- patient needs
- indications, contraindications and risks associated
- assessment findings from other providers
- up to date, best evidence and follows best practice

3.4 Plan for possible contingencies that may affect the intervention plan

- identify factors about the patient that may affect their motivation or ability to participate in the intervention
- appropriate precautionary actions are taken
- contingency plan is developed
- appropriate warnings are given to patient
- the environment is evaluated to determine impediments to intervention

3.5 Prioritise the intervention plan in collaboration with the patient

- Priorities are established
- Realistic timeframes are set

3.6 Determine plan of evaluation that uses valid and reliable outcome measures

- Specify relevant evaluation procedures
- Suitable functional outcomes are selected

Criterion 4 Implement Safe and Effective Physiotherapy Intervention(s)

This criterion corresponds to Standard 7 of the Australian Standards for Physiotherapy. Standard 7 has six elements. This marking criterion has six performance indicators that the assessor must assess in the APC Clinical Assessment.

Keywords: informed consent, preparation, safety, effectiveness, risk management, patient self management, health promotion

4.1 Obtain informed consent for the intervention

- identify appropriate consent giver
- ensure consent giver has sufficient understanding of the interventions including risks and benefits, realistic expectations
- obtain consent

4.2 Prepare equipment and the treatment area

- appropriate equipment is selected and checked that it is safe and ready for operation
- treatment area is prepared to maximise effectiveness, efficiency, safety and privacy of the patient

4.3 Implement safe and effective physiotherapy interventions:

For the patient:

- interventions are safe and effective
- risks to the patient are identified and managed
- appropriate precautions are applied
- appropriate mechanical equipment is used to assist in patient transfer and handling
- infection control is implemented

- implementation is sensitive to minimise distress to the patient; including understanding the effect of pain relief or other medications relevant to patient care during and after intervention, aspects of intervention that may impact on co morbidities
- intervention is consistent with agreed program
- strategies are used to motivate the patient to participate: including communication throughout the intervention, giving accurate instructions and feedback related to performance
- patient is monitored throughout the intervention and appropriate modifications are made for patient comfort and the patient's condition

For the physiotherapist:

- risks to the therapist are identified and managed
- therapist is positioned for safety and comfort
- therapist exhibits effective psychomotor skills

4.4 Where indicated, manage adverse events

- potential adverse events are identified, relevant precautions are taken
- strategies for managing therapist's personal safety are considered
- adverse event is recognised, managed and reported appropriately

4.5 Provide strategies for patient self management

- clear instructions and where necessary, demonstration is given to the patient to ensure they understand the intervention
- regular feedback on performance and progress is given in terms of defined goals
- a realistic self management program is developed
- active participation by the patient is encouraged, using effective motivation strategies

4.6 When indicated, implement health promotion activities

- self management of health and well being is advocated (includes early identification of disease, risk avoidance, principles of health care, health promotion and ergonomics)
- where appropriate, the patient is made aware of links to community networks.

Criterion 5 Evaluate the Effectiveness and Efficiency of Physiotherapy Intervention(s)

This criterion corresponds to Standard 8 of the Australian Standards for Physiotherapy. Standard 8 has three elements. This marking criterion has three performance indicators that the Assessor must assess in the APC Clinical Assessment.

Keywords: monitor, evaluate, modify

5.1 Monitor the outcomes of intervention

- changes are measured safely, accurately and appropriately (specific and relevant)

5.2 Evaluate the outcomes of the intervention

- determine effectiveness and efficiency of intervention
- determine relative contribution of change to function, health status etc
- identify factors limiting or confounding effectiveness

5.3 Determine modifications to the intervention which

- are based on outcomes of intervention
- reflect changes in patient status
- are made in consultation with the patient.
- Referral is made to other professionals as indicated by outcomes

Criterion 6 Communicate Effectively

This criterion corresponds to Standard 2 of the Australian Standards for Physiotherapy. Standard 2 has five elements. This marking criterion has two performance indicators that the Assessor must assess in the APC Clinical Assessment.

Key words: rapport, verbal communication, non-verbal communication, sensitivity, English language skills

6.1 Communicate effectively with the patient:

- by establishing a rapport with the patient
- by adapting verbal and non verbal communication to the needs and profile of the patient
- in a manner and environment that ensures confidentiality, privacy and sensitivity
- by discussing and agreeing the goals, nature, purpose and expected outcomes of the physiotherapy intervention
- by employing appropriate strategies to address communication difficulties, e.g. use of written communication, other technology or other persons

6.2 Demonstrate effective English language ability

The APC requires a candidate to demonstrate an ability to use the English language effectively when communicating with the patient (and any person acting as a consent giver or interpreter) and the assessors.

1A. Collect Patient Information and form a hypothesis

1A.1 Collect patient information

Obtained consent from the patient to conduct assessment

- Collected patient information and history
- Explored presenting signs and symptoms
- Obtained relevant measurable data (including supplementary information, for example radiological or pathological reports or reports from other service providers)
- Identified goals, values and expectations of the patient

1A.2 Form a preliminary hypothesis

- Analysed the information collected
- Identified potential influencing presentations and hypothesised differential diagnoses
- Identified assessment needs including priority
- Checked the patient's needs against his/her scope of expertise

1B. Design and Conduct a Safe Assessment

1B.1 Design an assessment

- Prioritised and ordered assessment and included tests to measure impairment and activity limitation
- Identified potential problems and contraindications to assessment
- Selected tests and assessment instruments appropriate to the patient's presentation, and according to the reliability, validity, accuracy and availability of the tests

1B.2 Conduct an assessment

- Physical examination of appropriate depth and breadth (eg. relevant observational, manual and analytical testing, appropriate sequence for procedures, modifications according to patient response, completed in a timely manner)
- Modified assessment in recognition of factors such as patient's age, occupation, pain, co-morbidities, communication ability and the assessment environment
- Used tests and assessment instruments correctly
- Progressively interpreted findings as guide the nature and extent of the assessment
- Compared assessment findings against the preliminary hypothesis

1B.3 Safely assess

- Identified and assessed risks
- Made modifications to address risks for the patient and self

2. Interpret and Analyse the Assessment Findings

2.1 Compare findings with 'normal' status of the patient

- Identified normal status of the patient and compared the assessment findings against these
- Determined extent of pathology/disorder and discussed with the patient to develop a course of action

2.2 Compare findings with what is expected for the condition, and include or exclude alternative diagnoses

- Defined clinical expectations of presenting condition including aetiology, signs, symptoms, clinical course; relationship of signs and symptoms to stage of disorder.
- Related symptoms to pathology/disorder
- Considered other features of the patient including patient environment, psychosocial and psychological elements when comparing presenting symptoms and expected clinical findings
- Compared actual and expected findings and considered differential diagnoses

2.3 Prioritise patient needs

- Identified problems and priorities in collaboration with the patient
- Identified presenting symptoms and interrelationships
- Considered possible sources/mechanisms of presenting symptoms and compared with preliminary diagnosis

2.4 Re-evaluate as required to develop a justifiable and sustainable hypothesis

- Outlined in order of probability the differential diagnoses
- Refined diagnoses on appropriate tests performed
- Reinforced and negated clinic diagnostic hypotheses
- Reached justifiable conclusions and correlated with additional information to reach justifiable conclusions on Physiotherapy assessment findings
- Incorporated current scientific argument and clinical reasoning into the decision making process

2.5 Identify areas that are outside their own skills and expertise and discuss appropriate referral

- Identified conditions not amendable to physiotherapy or are beyond own skills and knowledge
- Made appropriate referrals to other practitioners including physiotherapists, based on knowledge of presenting condition and management options

3. Develop a Physiotherapy Intervention Plan

3.1 Develop a logical rationale for physiotherapy intervention based on the assessment findings

- Identified significant features of the assessment findings and determined implications for the intervention
- Identified potential impact of patient lifestyle, culture, values and attitudes plus environment on a plan of intervention

- Developed rationale for intervention

3.2 Set realistic short and long term goals with the patient

- Provided appropriate education of the patient concerning the assessment findings
- Determined patient expectations
- Acknowledged the goals of referring practitioner
- Where appropriate, discussed the lack of intervention
- Established realistic goals in consultation with the patient
- Implemented strategies for modifying the goals developed with the patient

3.3 Select appropriate and effective interventions to address the patient problems that are identified

Selected intervention that reflected consideration of:

- Patient needs
- Indications, contraindications and risks associated
- Assessment findings from other providers
- Up to date, best evidence and followed best practice

3.4 Plan for possible contingencies that may affect the intervention plan

- Identified factors about the patient that may affect their motivation or ability to participate in the intervention
- Took appropriate precautionary action
- Developed a contingency plan
- Gave appropriate warnings to the patient
- Evaluated the environment to determine impediments to intervention

3.5 Prioritise the intervention plan in collaboration with the patient

- Established priorities
- Set realistic timeframes

3.6 Determine plan of evaluation that uses valid and reliable outcome measures

- Specified relevant evaluation procedures
- Selected suitable functional outcomes

<p>4 Implement Safe and Effective Physiotherapy Intervention(s)</p> <p>4.1 <u>Obtain informed consent for the intervention</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Identified appropriate consent giver <input type="checkbox"/> Ensured consent giver had sufficient understanding of the interventions including risks and benefits, realistic expectations <input type="checkbox"/> Obtained consent <p>4.2 <u>Prepare equipment and the treatment area</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Checked that appropriate equipment was selected and that it was safe and ready for operation <input type="checkbox"/> Prepared the treatment area to maximise effectiveness, efficiency, safety and privacy of the patient <p>4.3 <u>Implement safe and effective physiotherapy interventions:</u></p> <p>For the patient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Interventions were safe and effective <input type="checkbox"/> Identified and managed risks to the patient <input type="checkbox"/> Applied appropriate precautions <input type="checkbox"/> Used appropriate mechanical equipment to assist in patient transfer and handling <input type="checkbox"/> Implemented infection control <input type="checkbox"/> Minimised distress to the patient; including understanding the effect of pain relief or other medications relevant to patient care during and after intervention, aspects of intervention that may impact on co morbidities <input type="checkbox"/> Intervention was consistent with agreed program <input type="checkbox"/> Used strategies to motivate the patient to participate: including communication throughout the intervention, gave accurate instructions and feedback related to performance <input type="checkbox"/> Monitored the patient throughout the intervention and appropriate modifications were made for patient comfort and the patient's condition <p>For the physiotherapist:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identified and managed risks to self <input type="checkbox"/> Positioned self for safety and comfort <input type="checkbox"/> Exhibited effective psychomotor skills 	<p>4.4 <u>Where indicated, manage adverse events</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Identified potential adverse events, relevant precautions were taken <input type="checkbox"/> Considered strategies for managing the therapist's personal safety <input type="checkbox"/> Appropriately recognised, managed and reported adverse event <p>4.5 <u>Provide strategies for patient self management</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Gave the patient clear instructions and where necessary, demonstrated to the patient to ensure they understood the intervention <input type="checkbox"/> In terms of defined goals, gave regular feedback on performance and progress <input type="checkbox"/> Developed a realistic self management program <input type="checkbox"/> Used effective motivation strategies to encourage active participation by the patient <p>4.6 <u>When indicated, implement health promotion activities</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Advocated self management of health and well being (includes early identification of disease, risk avoidance, principles of health care, health promotion and ergonomics) <input type="checkbox"/> Where appropriate, made the patient aware of links to community networks 	<p>5 Evaluate the Effectiveness and Efficiency of Physiotherapy Intervention(s)</p> <p>5.1 <u>Monitor the outcomes of intervention</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Measured changes safely, accurately and appropriately (used specific and relevant outcomes) <p>5.2 <u>Evaluate the outcomes of the intervention</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Determined the effectiveness and efficiency of intervention <input type="checkbox"/> Determined relative contribution of change to function, health status etc <input type="checkbox"/> Identified factors limiting or confounding effectiveness <p>5.3 <u>Determined modifications to the intervention</u></p> <p>Modifications to the intervention:</p> <ul style="list-style-type: none"> <input type="checkbox"/> were based on outcomes of intervention <input type="checkbox"/> reflected changes in patient status, and <input type="checkbox"/> were made in consultation with the patient <ul style="list-style-type: none"> <input type="checkbox"/> Referral was made to other professionals as indicated by outcomes <p>6 Communicate Effectively</p> <p>6.1 <u>Communicate effectively with the patient:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Established a rapport with the patient <input type="checkbox"/> Adapted verbal and non verbal communication to the needs and profile of the patient <input type="checkbox"/> Communicated In a manner and environment that ensured confidentiality, privacy and sensitivity <input type="checkbox"/> Discussed and agreed the goals, nature, purpose and expected outcomes of the physiotherapy intervention <input type="checkbox"/> Employed appropriate strategies to address communication difficulties, eg. use of written communication, other technology or other persons <p>6.2 <u>Demonstrate effective English language ability</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Demonstrated the ability to use the English language effectively when communicating with the patient (and any person acting as a consent giver or interpreter) and the assessors.
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Risk Management: Clinical Assessment Procedure

OBJECTIVE

To ensure that the assessors and physiotherapist/candidate involved in the Three Part Assessment Process understand the reasons for appropriate risk management during the Clinical Assessment and undertake all strategies to minimise that risk.

In addition, assessors must be proactive in ensuring that patients and candidates are not placed in an unacceptable risk situation.

TEXT

Introduction

There are always risks associated with patient assessment and treatment. It is the responsibility of the physiotherapist/candidate attending the patient to identify, assess and manage risk. In the Clinical Assessment, the candidate is primarily responsible for managing risk to the patient since that is considered entry level practice.

The candidate is responsible for:

- collection of patient information from medical charts.
- patient observation and review of medication charts.
- discussion with attending clinical staff as appropriate, to ensure that awareness of any risk identification requirements e.g. previous medical or surgical history, chronic or acute changes to vital signs of Temperature, Blood Pressure, Heart Rate, Oxygenation/Oxygen saturation, consciousness, Blood Sugar Level etc.
- awareness of the implications and provision of medications including analgesia which could have a bearing on the patient's presentation or response to physiotherapy intervention.
- communication. Safe communication includes, in the first place, obtaining consent from the patient ahead of any intervention. This will also include careful explanation of the planned intervention including any elements which would involve the co-operation or active movement by the patient eg. transferring a patient post abdominal surgery from their bed into a chair or mobilising.

Assessment process

Subjective assessment includes the collection of relevant information on the topics listed above, as well as the history of their presenting condition, pain status (including any chest pain), recent and current respiratory, mobility, functional, social and exercise tolerance status.

Objective assessment may involve:

- bed side checks e.g. general presentation of patient, vital signs, medications, drips, drains and other attachments.
- patient handling and repositioning.
- appropriateness and accuracy of assessment techniques.
- infection control implications.

Treatment planning

Treatment planning must be appropriate and realistic to the capabilities and predictable response of the patient according to their assessed condition and progress.

An example of this:

A stroke patient who has sensory loss in the affected lower limb will have difficulty standing up. The physiotherapist needs to assess the patient in sitting ahead of standing to determine the effect of the sensory loss on standing and balance. To perform the assessment of the patient in standing, the physiotherapist must take adequate precautions to prevent a fall. It would be inappropriate for a physiotherapist to omit an assessment in standing to avoid the risks involved as the physiotherapist would be unable to fully determine the patient's problems or develop suitable strategies to manage the problem. This would be considered ineffective.

Responsibilities

The assessors share some responsibility for the care of the patient during a Clinical Assessment. Where a candidate has failed to identify, assess or manage risk, the assessors are obliged to assume that responsibility. When an assessor becomes fully responsible for the safety of a patient, the candidate has not met the entry level standards of practice and therefore fails the Clinical Assessment.

Failure to manage risk can occur at various stages in the Clinical Assessment, for example:

- inadequate preparation by the candidate of themselves, the environment, the patient, equipment (including Intravenous lines, drains etc.,) or any person assisting a patient transfer or intervention.
- omission of mandatory pre screening tests by the candidate such as tests of sensation prior to application of electrotherapy modalities.
- failure to identify / monitor changes in the patient's symptoms or signs which require an immediate response; for example, change in skin colour indicating the patient is likely to faint or is suffering excessive pain or physical stress.
- intention to conduct a test or treatment technique which is contraindicated; for example, active movement examination through full range following a recent shoulder surgical repair where active movement is permitted only in a limited range or specified direction.

Various actions can be taken by the assessors to manage risk:

- asking the candidate about their intentions i.e. giving a prompt before the candidate exposes the patient to further risk.
- positioning themselves to ensure the safety of the patient during a transfer or an intervention.
- preparing the environment.
- providing specific instructions to either the candidate and/or the patient to ensure safe practice.

A retrospective review of Clinical Assessments has revealed that most candidates are able to respond appropriately to a prompt with the rest of the Clinical Assessment being conducted safely. In rare cases, the candidate may not respond appropriately to a prompt which will then require the assessor to take steps to reduce patient risk. In these cases, the patients may be exposed to a variety of risks that have to be managed by the assessors to prevent actual harm.

DECISION TO DISCONTINUE A CLINICAL ASSESSMENT

The purpose of the Clinical Assessment is to determine if a candidate is suitable for independent practice in Australia. The candidate must be safe in all aspects of practice to be suitable to practice. Once a candidate is deemed to be unsafe, the clinical assessment should be discontinued. **The decision of only one of the assessors is required to discontinue the Clinical Assessment.**

All APC candidates must have an opportunity to be assessed for their ability to practice safely and effectively. Safe practice during the Clinical Assessment requires the candidate to demonstrate the ability to independently identify risks and to take adequate precautions or make appropriate modifications to address risks. There will be omissions or behaviours that are not highly consistent with safe practice; however, each assessor is required to make a judgement about the level of actual risk a patient is exposed to by the actions or inactions of the candidate, consistent with the expected performance of an entry level Australian graduate.

Actions of the assessors

Where the level of risk is low, and the candidate appears to have sufficient knowledge or skill to manage a situation, it is reasonable for the assessor to note the issue but not to intervene in the candidate's performance.

In a situation where an assessor has identified a risk which they consider poses an actual, or high risk to the patient, the assessor should firstly speak with the candidate about their intentions. A candidate who responds appropriately to the prompt should be allowed to continue without further intervention from the assessor. Where a candidate does not make an appropriate response, the assessor must then assume responsibility for the safety of the patient.

The assessor can ensure the safety of the patient by intervening in any of the following ways:

- positioning themselves to ensure the safety of the patient during a transfer or an intervention.
- preparing the environment.
- providing specific instructions to either the candidate and/or the patient to ensure safe practice.

'Time Out'

Once the risk to the patient is addressed and the patient is safe, the assessor who has intervened may request a 'time out'. During a 'time out', the assessors remove themselves from the candidate and discuss the candidate's apparent failure to address the risk. The intention of the 'time out' is to clarify the situation with the other assessors and to decide on the course of action.

Discontinuation of Clinical Assessment

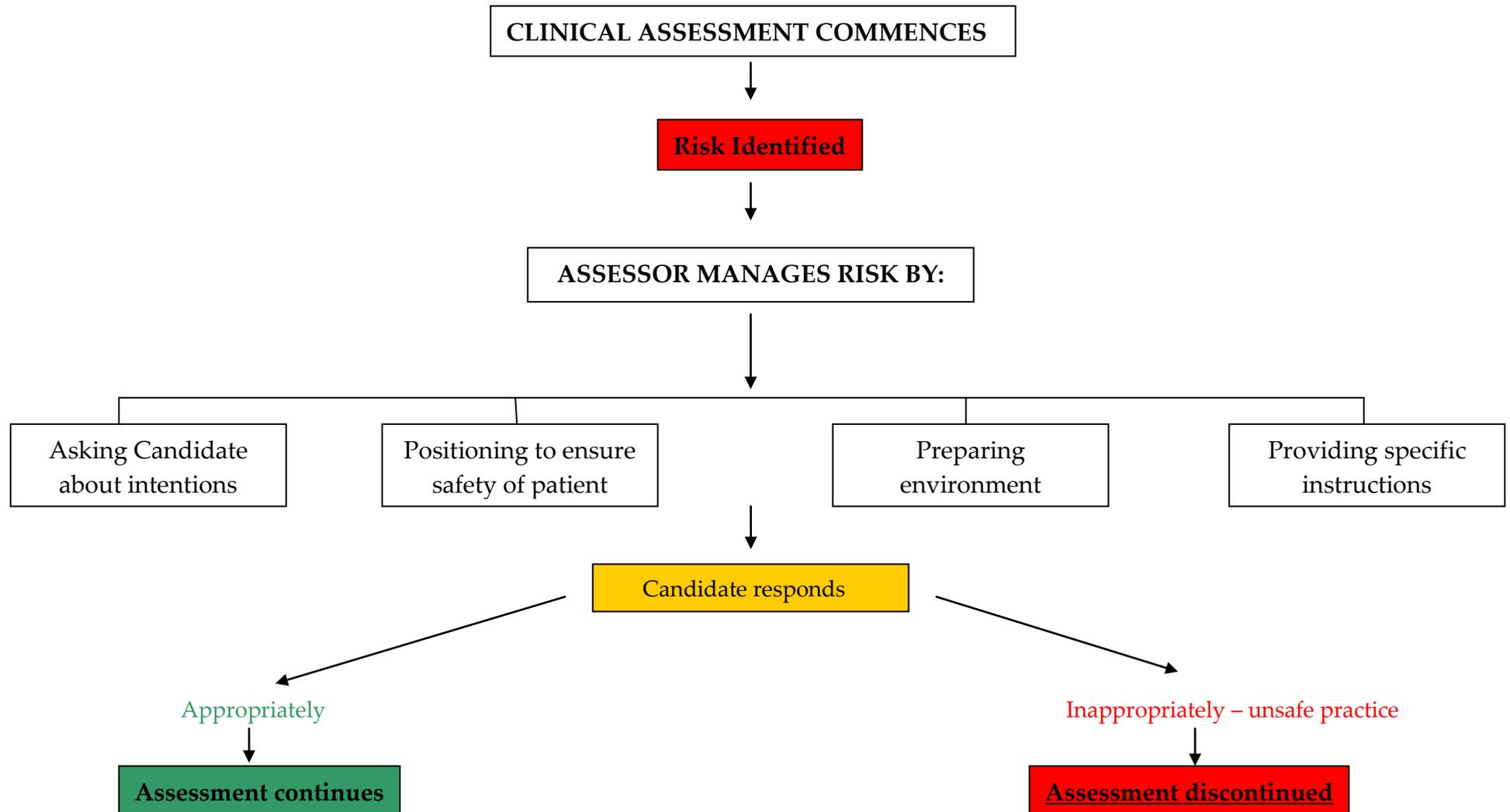
It is appropriate for the assessors to discontinue the Clinical Assessment:

- when the candidate gives an appropriate verbal response to a prompt; however their subsequent actions expose the patient to further risk.
- when one or more of the assessors have intervened to ensure the safety of the patient, the candidate will fail the Clinical Assessment.

SUMMARY

The APC is committed to ensuring patients are not placed at undue risk from their involvement in the APC Clinical Assessment and, at the same time, ensuring the candidate receives a fair assessment. Any comments or feedback about the procedures for risk management in the Clinical Assessment are welcome and should be sent to the Australian Physiotherapy Council via email: amanda.cox@physiocouncil.com.au

APC CLINICAL ASSESSMENT
RISK MANAGEMENT PROCEDURE – Flowchart



WRITTEN EXAMINATION

Written Examination Period of Validity

The written examination is the second part of the APC assessment process which commences when the candidate receives a letter from the Australian Physiotherapy Council following successful completion of the initial assessment. The letter specifies a time period of validity in which the candidate must complete the written examination. The period specified usually allows the candidate to undertake two sittings of the written examination. No additional period of time is available.

Written Examination Schedule

The written examination is held twice each year, usually on the first Thursday of March and September. Candidates must be registered for the examination by completing an application before the close of application date.

The written examination consists of two (2) papers each of two (2) hours duration taken on the one day – Paper 1 is completed in the morning and Paper 2 is completed in the afternoon. Each paper is made up of 15 case studies. Each case study has four (4) multiple - choice questions relating to the case study.

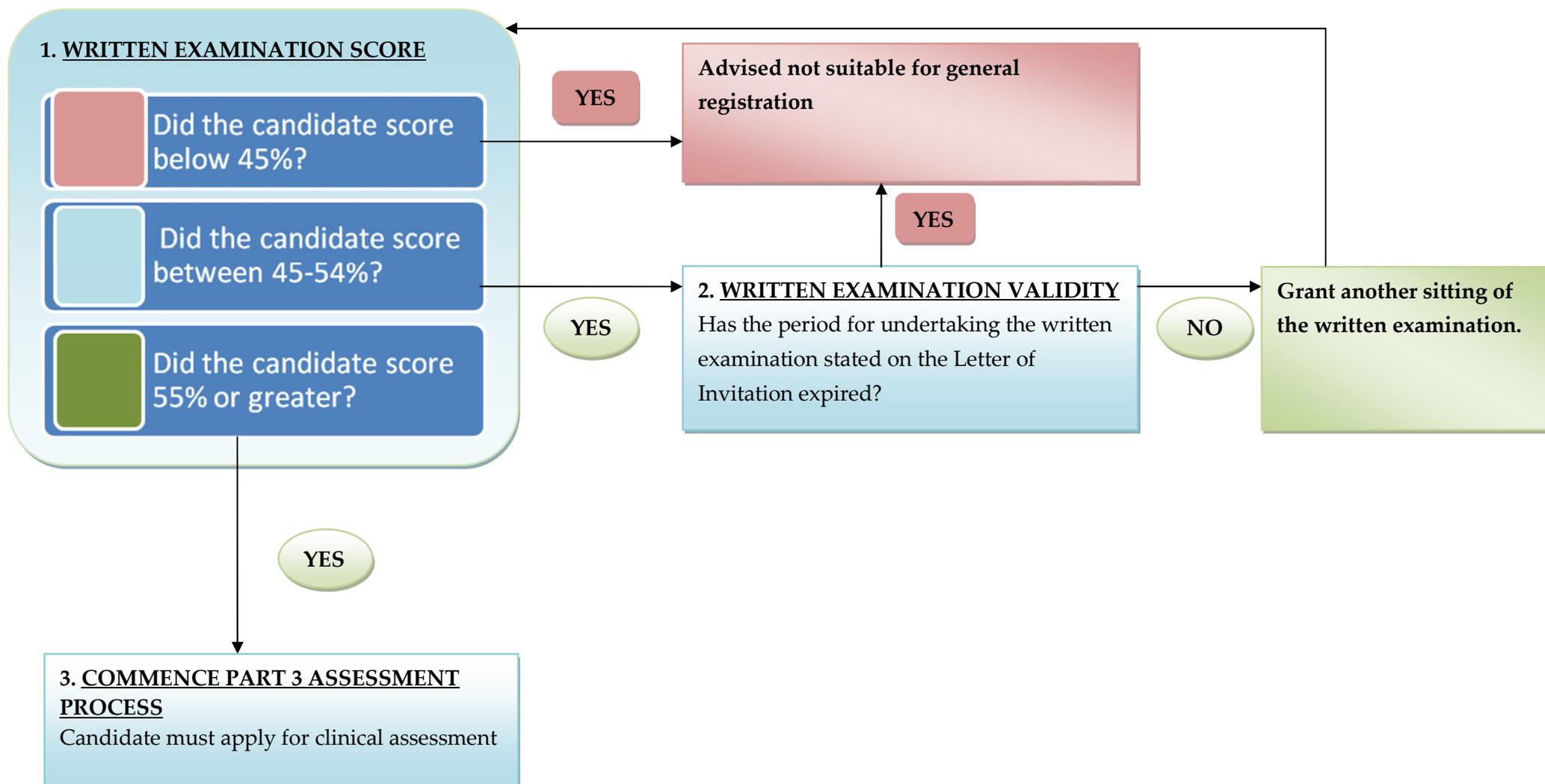
Candidates will be required to choose the one correct response from a list of four (4) possible responses.

For more information, please refer to the documents available in the written examination candidates section of the website.

Results

The pass score for the written examination is 55% of the total responses (or 66 correct responses). Candidates who score 55% or more move onto the third part of the assessment process. Candidates who score between 45-54% and still have a period of validity for the written examination, are invited to another sitting of the examination. Candidates who score below 45% are considered not suitable for general registration and their candidacy is concluded (See flowchart).

FLOWCHART OF DECISIONS FOR WRITTEN EXAMINATION



Information for Current Candidates about the Written Examination SEPTEMBER 2012

This information is correct as at July 2012.

Objective of the APC Written Examination

The APC Written Examination assesses the knowledge and problem solving ability of overseas qualified physiotherapists in clinical settings typical of Australian physiotherapy practice.

Standard of Physiotherapy Practice assessed in the Written Examination

The level of knowledge, clinical skills and professional attributes of a new graduate of an accredited Australian entry level program is the standard used for the content of the APC written examination. The standards of practice for entry level are fully described in the Australian Standards for Physiotherapy (Download available from this website). The scenarios that are described in the written examination are typical of the presentations a new graduate is able to manage upon completion of their university clinical education.

To further assist the candidate understand the standard for the written examination, the table titled "**Guidelines to Standards of the Australian Physiotherapy Council Written Examination**" provides a summary of each element of the Standards that can be included in the written examination.

Format of the written examination

1. The written examination consists of two papers. There are 15 scenarios on each paper totalling thirty (30) scenarios.
2. Each scenario has four (4) multiple-choice questions giving a total of 120 questions.
3. Candidates will be required to choose the **one correct response** to each question from a list of four (4) possible responses – a), b), c) or d).
4. Candidates are expected to choose **the one (1) correct response** for each question and to record their choice (in pencil) on the response sheet provided.
5. All case studies and multiple choice questions carry equal marks.
6. One mark is awarded for each correct answer. No negative marks are applied for incorrect answers.
7. A mark of 55% (66/120) is required to pass the written examination.

Procedures for the written examination

1. The written examination is held over two sessions, each of two hours duration.
2. Session 1 is completed in the morning and Session 2 is completed in the afternoon. Both sessions are taken on the same day.
3. All examination materials will be supplied. Computer readable answer sheets are used in the examination. Candidates are not permitted to bring any written materials or writing tools into the examination. Writing tools will be provided at the examination venue.
4. At the end of the examination, candidates MUST hand in the examination paper AND the response sheet. NO material is to be removed from the examination room.

Guidelines to Standards of the Australian Physiotherapy Council Written Examination

This document should be read in conjunction with the Australian Standards for Physiotherapy Published July 2006 – a copy is available for download on the website or can be purchased from the Australian Physiotherapy Council. Where an item has an asterisk, it is further defined later in the document.

Standards	Element	✓ =included ✗ =excluded
1. Demonstrate professional behaviour appropriate to physiotherapy	1.1 Demonstrate practice that is ethical 1.2 Demonstrate strategies to maintain and extend professional competence 1.3 Operate within individual and professional strengths and limitations	✗ ✗ ✓
2. Communicate effectively	2.1 Communicate effectively with the client 2.2 Adapt communication style recognising cultural safety and diversity' 2.3 Communicate effectively with other service providers 2.4 Prepare and deliver presentations to groups 2.5 Prepare and provide documentation according to legal requirements	✓ ✗ ✗ ✗ ✗
3. Access, interpret and apply information to continuously improve practice	3.1 Demonstrate a working knowledge and understanding of theoretical concepts and principles relevant to physio practice* 3.2 Apply contemporary forms of information management 3.3 Apply an evidence based approach to practice 3.4 Acquire and apply new knowledge to continuously improve own practice	✓ ✗ ✓ ✗
4. Assess the client	4.1 Collect client information 4.2 Form a preliminary hypothesis 4.3 Design and conduct an assessment* 4.4 Conduct assessment safely	✓ ✓ ✓ ✓
5. Interpret and analyse the assessment findings	5.1 Compare the findings with 'normal'* 5.2 Compare findings with what is expected for the condition, and include or exclude alternative diagnoses 5.3 Prioritise client needs 5.4 Re-evaluate as required to develop a justifiable and sustainable hypothesis 5.5 Identify areas that are outside skills and expertise and refer clients appropriately	✓ ✓ ✓ ✓ ✓

6. Develop a physiotherapy intervention plan	6.1 Develop rationale for physiotherapy intervention 6.2 Set realistic short and long term goals with the client 6.3 Select appropriate intervention 6.4 Plan for possible contingencies that may affect intervention plan 6.5 Prioritise intervention plan in collaboration with the client 6.6 Determine plan of evaluation that uses valid and reliable outcome measures	✓ ✓ ✓ ✓ ✓ ✓
7. Implement safe and effective physiotherapy intervention(s)	7.1 Obtain informed consent for the intervention 7.2 Prepare equipment and treatment are appropriate to the intervention 7.3 Implement intervention safely and effectively* 7.4 Manage adverse events 7.5 Provide strategies for client self management 7.6 Implement health promotion activities	✓ ✓ ✓ ✓ ✓ ✓
8. Evaluate the effectiveness and efficiency of physiotherapy intervention(s)	8.1 Monitor the outcomes of the intervention 8.2 Evaluate the outcomes of the intervention 8.3 Determine modifications to intervention	✓ ✓ ✓
9. Operate effectively across a range of settings	9.1 Use a model of service delivery relevant to the practice setting 9.2 Work effectively with a team 9.3 Manage work schedule to maximise safety, efficiency and effectiveness 9.4 Operate within own role and according to responsibilities 9.5 Participate in quality improvement processes	✓ ✗ ✗ ✓ ✗

***Element 3.1 Demonstrate a working knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice**

Knowledge and understanding of:

- Theoretical concepts and principles of biomedical sciences relevant to the practice of physiotherapy, for example:
 - Anatomy, neuroanatomy, functional anatomy, physics, pathology, physiology, neurophysiology, pathophysiology, exercise physiology, pharmacology, as they apply to the musculoskeletal, cardiorespiratory and neurological and other systems throughout the life stages

- Common musculoskeletal, cardiorespiratory and neurological and other system disorders **[listed below]** as they relate to presenting patterns, for example
 - The pathological process and possible sequelae
 - Likely impairments and activity limitations
 - Implications of these disorders
 - The findings of the physical examination
 - The likely prognosis

- Presentations that are likely to respond to physiotherapy
- Impact of co-morbidities
- Potential risks in the clients and physiotherapist environments and methods of preventing harm

Musculoskeletal

- Muscle contusions/strains/tears/weakness
- Ligament sprains/tears
- Tendonopathy, tendon ruptures/tears, tendonosis
- Fasciitis
- Joint derangements/dysfunction (e.g., loose bodies, hypermobility, hypomobility)
- Fractures, dislocations, subluxations
- Osteoporosis/osteopenia
- Tumour/pathological fractures
- Degenerative joint disease
- Mechanical spinal abnormalities (e.g., low back pain, scoliosis, postural dysfunction)
- Inflammatory/infectious conditions of the neuromusculoskeletal system (e.g., osteomyelitis)
- Amputations
- Congenital malformations (e.g., talipes equinovarus, hip dysplasia)
- Nerve compression (e.g., Carpal Tunnel Syndrome, radiculopathy, spinal stenosis)
- Peripheral nerve injuries
- Neural tissue dysfunction/neuro-dynamic dysfunction
- Scars

Neurology

- Cerebral Vascular Accident/transient ischemic attack
- Acquired brain injury
- Tumour
- Degenerative neurological/neuromuscular disorders (e.g., muscular dystrophies, amyotrophic lateral sclerosis, Parkinson disease)
- Demyelinating disorders (e.g., multiple sclerosis)
- Inflammatory/infectious conditions of nervous system (e.g., meningitis)
- Cerebellar disorders
- Neuropathies (e.g., peripheral neuropathies)
- Developmental/birth injuries (e.g., cerebral palsy, myelomeningocele, Erb's palsy)
- Dementia, affective and cognitive disorders

Cardiorespiratory

- Heart disease/malformation/injury (e.g., arteriosclerosis, blunt trauma, tamponade, aortic aneurysm)
- Myocardial ischaemia and infarction (including surgical interventions)
- Heart failure, cor pulmonale
- Tumour
- Pneumonia (primary or post-operative/preventive)
- Atelectasis (primary or post-operative/preventive)
- Adult/infant respiratory distress syndrome (e.g., acute lung injury)
- Asthma
- Chronic obstructive pulmonary disease (e.g., emphysema, bronchitis, bronchiectasis)
- Restrictive pulmonary disease (e.g., fibrosis)
- Tuberculosis
- Pleural effusion
- Pulmonary oedema
- Cystic fibrosis
- Peripheral arterial disease
- Venous disorders
- Post abdominal/thoracic surgery

***Element 4.3 Design and conduct an assessment**

Apply knowledge and understanding of the principles, basis and relevant outcome measures of physiotherapy assessment processes, for example:

- The interrelationship of body systems in normal and abnormal function
- The purpose of the tests
- How to select tests and assessment instruments appropriate to the client's presentation, including the level of reliability and validity and the relative accuracy, ease of use and availability
- Sensitivity and specificity of common tests
- How co-morbidities and investigations may influence assessment outcomes
- The influence of impairment on activity and participation

***Element 5.1 Compare the findings with 'normal'**

Apply knowledge and understanding of:

- The following where relevant to physiotherapy practice
 - Pathology/disorder
 - Physiology
 - Exercise physiology
 - Anatomy
 - Biomechanics
 - Kinesiology
 - Behavioural sciences
 - Cognitive change
 - Signs of sinister pathology
 - Diagnostic radiological findings such as x-ray, ultrasonography, MRI and CT
 - Blood and respiratory diagnostic measures
 - Neurological measures
- Normal and abnormal patterns of development
- Changes associated with chronic conditions
- Optimal levels of function
- Health through the life stages, including gender specific issues

***Element 7.3 Implement intervention safely and effectively**

Examples of interventions that may be selected:

Exercise with or without equipment (e.g. passive, active assisted, active, resisted, neuromuscular, muscle patterning, PNF)

Joint mobilization

Soft tissue techniques (e.g., massage, friction, stretching)

Fitness/conditioning/endurance exercise programs

Functional activity training

Posture training

Positioning

Gait/mobility education and training with or without equipment

Neurodynamic techniques (e.g. nerve gliding exercises)

Balance training/proprioceptive training

Sensory training (e.g. desensitization, protective education, sensory integration)

Techniques to optimize oxygen transport and facilitate airway clearance (e.g., positioning, suctioning, secretion clearance, forced expiratory techniques)

Mechanical agents (e.g. traction, continuous passive movement, compression garment and devices)

Conductive thermal agents (e.g., contrast baths, paraffin wax, hot packs, ice/cold)

Electrical agents (e.g. EMG biofeedback, transcutaneous electrical nerve stimulation [TENS], neuromuscular electrical nerve stimulation [NMES], interferential current [IF],)

Electromagnetic energy agents (e.g. shortwave diathermy, ultraviolet)

Acoustic agents (e.g. ultrasound)

Protective, adaptive, or assistive devices (e.g. tape, splints, orthotics, prostheses)

Recognize and respond to the adverse effects of intervention (e.g. pain, deterioration in client status) and/or non-adherence

The number of scenarios in the written examination is as follows:

- 10 scenarios for each key area of practice (Key areas = cardiorespiratory, musculoskeletal and neurological physiotherapy).
- Each key area will include one paediatric physiotherapy scenario (from birth through adolescence). All the other scenarios relate to individuals aged from young adult through to elderly.

The following areas of practice are NOT Included in the APC Written Examination

Conditions

- HIV/Aids
- Burns
- Spinal cord injuries

Settings

- Intensive care units with patients who are ventilated

Summary of the Content of the APC Written Examination

The APC written examination determines whether the candidate can apply his or her knowledge and understanding to each particular clinical scenario, demonstrating the capacity for:

- efficient and safe patient management in acute, sub-acute and long term situations,
- appropriate patient assessment,
- clinical reasoning leading to management approaches which are relevant for the patient,
- development of management goals and strategies taking into consideration the patient's personal and social circumstance,
- capacity for reviewing and revising the management strategy as appropriate,
- identifying relevant outcome measures,
- utilising opportunities for clinical research,
- working cooperatively with other members of the health care team,
- implementing programmes at the primary, secondary, tertiary and community levels of practice,
- ethical practice which is sensitive to differences such as ability, culture, religion etc,
- professional issues relevant to practice of physiotherapy in Australia.

QUESTIONS FOR CANDIDATES – RELEASED FEBRUARY 2006 and updated to include only a) – d) in DECEMBER 2009

Case 1

Mrs V is a 55 year old housewife with a husband and two teenage children. Two weeks ago Mrs V had a cerebrovascular accident (CVA) in the territory of her left middle cerebral artery. She has been receiving physiotherapy since her admission and is noted to have apraxia.

1. Which of the following would **NOT** be an appropriate form of physiotherapy management for Mrs V's condition?
 - a) treadmill walking using a harness for safety and/or body weight support
 - b) ensuring that Mrs V is carefully positioned for one week before commencing an active program
 - c) teaching Mrs V how to roll independently in bed
 - d) commencing a program to strengthen Mrs V's weak muscles

2. Once Mrs V has started to mobilise, which of the following would be the **LEAST** suitable measure of outcome to use in gauging the success of gait rehabilitation?
 - a) step length recorded in a 10 m walk test
 - b) a 6 min walk test
 - c) walking item on the Motor Assessment Scale for Stroke
 - d) the Berg Balance Scale

Case 2

Mr M is a 49 year old man who suffered a myocardial infarction 10 days ago. He has been referred to a cardiac rehabilitation program to assist his recovery. Mr M is a single father and has two teenage children. He works as a manager and has a history of cardiac arrhythmia

3. As part of the regular monitoring of Mr M's rehabilitation program, he is asked to assess level of exertion using the Borg Rating of Perceived Exertion Scale (RPE) after each period of activity. The patient rates the level of exertion as 9 on the 6 - 20 scale. What does a rating of 9 mean?
 - a) very light
 - b) somewhat hard
 - c) hard
 - d) very hard

4. In sending Mr M for rehabilitation, the cardiologist indicates that Mr M's exercise program should not exceed 7 metabolic equivalents (METs). Given this requirement, which of the following activities is **CONTRAINDICATED**?
 - a) riding a stationary bike at approximately 8 km/hr
 - b) descending a flight of stairs independently
 - c) ascending a flight of stairs with assistance
 - d) ambulating independently at 8 -10 km/hr

Case 3

Olivia is 17 years of age. Three weeks ago, she fell off her bike and landed on her outstretched right hand. X-ray on the day of the accident showed no bony injury. She has persistent ache over the anatomical snuff box region.

Key examination findings include:

Active movements	Right hand	Pain (Visual Analogue Scale)
Wrist flexion	45°	6/10
Thumb extension	full range	1/10 at end of range
Isometric thumb extension	no pain	
Other tests		Pain (Visual Analogue Scale)
Phalen's test		6/10, no pins and needles/numbness
Finkelstein test		1/10 pain
Passive accessory movements		5/10, increased movement of proximal row of carpus

5. Which of the following statements about common wrist injuries is **NOT** **CORRECT**?

- a) a common complication of scaphoid fractures is avascular necrosis due to poor blood supply to the proximal half of the bone
- b) De Quervain's tenosynovitis describes thickening of the tendon sheath of the abductor pollicis longus and extensor pollicis brevis where they cross the radial styloid
- c) a ruptured ulnar collateral ligament of the 1st metacarpophalangeal (MCP) joint should be treated in a cast for 2-3 weeks followed by gradual mobilisation
- d) a Bennett's fracture is a fracture dislocation of the base of the 1st metacarpal bone, with the fracture usually oblique extending into the carpometacarpal (CMC) joint

6. Which of the following statements about the "anatomical snuffbox" is **CORRECT**?

- a) it is made up of the tendons of the two extensor muscles of the thumb only
- b) the medial border is formed by the extensor pollicis brevis
- c) the lateral border is formed by the extensor pollicis longus
- d) the scaphoid and trapezium bones form the floor of the snuffbox

Case 4

Mr B, aged 31 years, is an office worker who has bought a house that needs renovating and a garden that needs much work. He reports that for 2 days last weekend he shovelled soil from a trailer into a wheelbarrow and then onto the garden beds. When he sat down at the end of the second day, he found he could not get up without severe right-sided low back pain. His wife helped him to bed, but he slept poorly overnight and made an appointment to see the physiotherapist in her private practice this morning.

7. In endeavouring to quantify Mr Y's pain which of the following is the physiotherapist **MOST** likely to choose?
 - a) the Visual Analogue Scale
 - b) the Oswestry Disability Questionnaire
 - c) the Neck Pain and Disability Scale
 - d) the McGill Pain Questionnaire

8. Mr Y is complaining of pins and needles over the medial surface of the right calf and foot. Which neural structures are likely to be involved?
 - a) L2/3
 - b) L3/4
 - c) L4/5
 - d) L5/S1

Case 5

Mrs D is a 62 year-old lady admitted to hospital with a 5 day history of increased shortness of breath and marked swelling of both legs. She smokes between 25 and 30 cigarettes/day and has done so since she was 16 years old. She had a total hip replacement 2 years ago. She lives alone in a first floor unit. Mrs D does most of her own housework.

On admission Mrs D's arterial blood gases (ABGs) (breathing room air) were:

pH	7.34
PaCO ₂	60 mmHg
PaO ₂	51 mmHg
HCO ₃ ⁻	32 mmol/l

Other observations:

- blood pressure (BP) 100/60mmHg
- respiratory rate (RR) 26 breaths/min

The physical examination revealed that she was overweight and appeared cyanotic. Her skin was mottled and her legs were purplish with blanching. Three heart sounds were audible. Decreased breath sounds throughout both lungs were heard on auscultation and no added sounds were audible. Her legs had significant pitting oedema to the mid-calf level.

Chest X-ray findings were consistent with chronic obstructive pulmonary disease (COPD) with hyperinflation, flattened diaphragm, hyperlucent lung markings, and prominent pulmonary artery. The heart was enlarged.

Physiotherapy examination revealed that Mrs D was breathless, not productive of sputum and had reduced exercise tolerance.

9. Which of the following statements about Mrs D's signs is **TRUE**?
- a) the enlarged heart shown on the chest X-ray is indicative of hypertrophy of the left ventricle
 - b) the prominent pulmonary artery shown on the chest X-ray is unlikely to be associated with cor pulmonale
 - c) Mrs D may be found to have increased jugular venous pressure
 - d) cor pulmonale is caused by Mrs D's ischaemic heart disease
10. In establishing a physiotherapy problem list on admission for Mrs D, which of the following would **NOT** be included?
- a) her breathing pattern
 - b) her total hip replacement and its consequences
 - c) her decreased exercise tolerance
 - d) her airflow limitation

Question	Answer
1	b
2	d
3	a
4	d
5	c
6	d
7	a
8	c
9	c
10	b



World Confederation
for Physical Therapy

WCPT guideline for the development of a system of legislation/regulation/ recognition of physical therapists

WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists

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WCPT guidelines are produced to assist member organisations and others to raise the quality of physical therapy. They may provide guidance on standards criteria or courses of action in areas relevant to physical therapy education research practice or policy. They are not mandatory but designed to assist the implementation of WCPT's policies.

WCPT guideline for the development of a system of legislation/regulation/recognition of physical therapists

Section 1: Background

1.1 Introduction

The World Confederation for Physical Therapy has produced this guideline to support its policy statement on regulation¹ and its member organisations, in developing or reviewing systems of legislation/regulation/recognition of physical therapists, including the preparation of legislation, such as a Physical Therapy Practice Act. (While not recommended by WCPT, if only a Health Professions Act is in place, it should include the legislation/regulation/recognition of physical therapists). It is in the public interest for the practice of physical therapy to be regulated as such systems protect the health and safety of the public. Elements that are integral to regulation/recognition* will also promote trust and confidence in the profession. Fundamental to these mechanisms is the identification of physical therapy as a responsible self-governing health profession that sets and maintains prescribed levels of competence. It should be noted that the legislation is usually prepared by government legal advisers who should consult with the profession. Additionally, responsibility for administration of the legislation may or may not rest with the profession.

This guideline draws on international models for the legislation/regulation/recognition of the profession at both national and state/provincial levels. It is intended for use by member organisations that:

- are seeking to develop a system to regulate/recognise the practice of physical therapy in countries that do not currently have such a system
and/or
- do not currently have legislation or regulation and are seeking to have such legislation drafted
and/or
- are reviewing an existing system of regulation/recognition, including legislation, and wish to benchmark against international guidelines/standards

The guideline may also be of interest in countries where physical therapy associations do not currently exist and where the profession is not represented in WCPT.

WCPT recognises that the information in this guideline will have to be interpreted and applied within existing legislative and regulatory frameworks.

Member organisations may use the information:

- in developing a system of regulation/recognition for physical therapists as a responsible and self-governing profession
- in negotiations with government authorities seeking to establish a system to regulate physical therapy through licensure/registration/recognition, including drafting legislation

* Recognition in this context does not refer to recognition of professional qualifications eg as described in the EU Directive 2005/36/EC, but it is used in some parts of the world to refer to the recognition of physical therapists in the same way as legislation and regulation.

- as a checklist when preparing submissions on draft legislation or systems of regulation, or bills before government authorities/parliament
- in discussions with key stakeholders including the education, health and community sectors and governments to reinforce the importance of protecting the public interest with legislation/regulation/recognition systems that involve responsible self-governance

1.2 Scope of regulatory system

WCPT aims to improve the quality of global health service delivery by encouraging high standards of physical therapy education and practice. WCPT believes that the physical therapy profession should be based on recognised and valued systems regulating the profession through mechanisms that assure protection of the public interest. These include responsible self-governance of physical therapists.¹

The system of legislation/regulation/recognition should be comprehensive and should describe the extent of self-governance by the profession and the responsibilities of other agencies, such as a regulatory/accreditation authority external to the profession.

The system of regulation must focus on the public interest. Such systems should also promote trust and confidence in the profession through mechanisms that ensure only physical therapists, who are competent to practise, are able to use the title physical therapist or physiotherapist.² This protection of title may be regulated/recognised through a legislated system of registration or licensing by an external regulatory authority, or through the professional organisation.

Any system of legislation/regulation/recognition should:

- define the qualifications required for recognition/registration/licensure to practise physical therapy
- restrict use of the titles physical therapist and physiotherapist and their abbreviations to recognised/registered/licensed physical therapists²
- set and monitor standards of competence to practise physical therapy
- establish processes to assure the competence of applicants seeking recognition to practise the profession
- establish processes to assure that recognised/registered/licensed physical therapists maintain competences (such as continuing professional development and current practice requirements)
- set and monitor standards for the practice of physical therapy by licensed/recognised/registered physical therapists
- establish processes to deal with complaints regarding licensed/registered/recognised physical therapists
- establish processes to deal with the findings of investigations into complaints regarding licensed/registered/recognised physical therapists

1.3 Defining the qualifications required to practise physical therapy

There should be a definition/statement of the requirements for a programme of education/qualification leading to licensure/registration/recognition. In some countries, for example Australia and Canada, the requirements will include accreditation of the qualification by an authority external to the regulatory authority.

See WCPT's guideline for physical therapist professional entry level education.³

1.4 Protection of title

Protection of title includes restriction of use of title and means that only persons who meet the standards to be recognised by the relevant regulatory authority are entitled to use the titles physical therapist or physiotherapist and appropriate abbreviations (eg PT, FT, physio)[†] as such or in any translation. It is WCPT policy to use the term "physical therapy" or "physical therapist" to cover all these titles, but they may be replaced by WCPT member organisations in favour of those terms officially used by them and their members without any change being implied.² Failure to restrict use of both these professional titles and their abbreviations may result in a failure to protect the public interest because practitioners who are not licensed/registered/ recognised could use the non-restricted title/abbreviation.

1.5 Standards for physical therapy practice

1.5.1. Standards of competence

There should be defined standards that describe the knowledge, skills and professional attributes that must be met by a person in order to be recognised as a physical therapist by the relevant regulatory authority. These standards must also be maintained in order for a physical therapist to remain licensed/registered/recognised.

1.5.2. Standards of professional conduct

There should be defined standards for the conduct of licensed/registered/recognised physical therapists. These may be in the form of a code of conduct or be defined standards set by the regulatory authority. Usually a code of ethics or ethical guidelines is in existence.

See: WCPT's Ethical principles⁴

WCPT's policy statement: Ethical responsibilities of physical therapists and WCPT members.⁵

WCPT's policy statement: Standards of physical therapist practice.⁶

WCPT's guideline for standards of physical therapy practice.⁷

1.6 Processes to assure maintenance of competence

In order for a physical therapist to remain licensed/registered/recognised there should be defined processes for them to demonstrate that they are maintaining the standards of competence. Common

[†] This includes any translations of physical therapy/physiotherapy and physical therapist/physiotherapist into languages other than English eg fysioterapist, kinesiologist, kinesiotherapie, where they equate to the professional requirements to be recognised as such.

processes are requirements for engagement in continuing professional development and requirements for evidence of recent practice as a physical therapist.

See WCPT's policy statement: Education.⁸

1.7 Processes to deal with complaints

There should be defined processes for members of the public, physical therapists, and health practitioners to report adverse situations/complain to the regulatory authority when a licensed/registered/ recognised physical therapist does not practise in accordance with the defined competence and practice standards. It is important that the profession bases these processes on responsible self-governance in order to protect the public. The processes must include a mechanism for investigating complaints and reports that is fair to the complainant and the physical therapist concerned. Many countries have accepted processes and mechanisms that fit in with professional self-governance as well as the broader legal system.

Section 2: An example of legislation to establish a regulatory/recognition system

This section is set out as an example of legislation to achieve a regulatory/recognition system. However, a system of regulation/recognition may also be achieved by including all or part of the content of this section in an organisational governance or policy document.

2.1 Preliminary and key provisions of the legislation

- 2.1.1 Title: The name of the legislation should include the words 'physical therapy' or 'Physical Therapist(s)', for example "Physical Therapy Practice Act" or "Physical Therapy Regulation Act" or "Physical Therapist Registration Act".
- 2.1.2 Commencement: Describes that date at which the entire legislation, or parts of it, become effective. It is usually the date when the legislation is signed by the person with the highest authority in the named country or state (eg head of state, national governmental body, monarch). Some sections of the legislation may become effective at a later time to allow a realistic time frame for implementation (eg for the regulatory authority to put in place procedures, to open an office, to appoint staff).
- 2.1.3 Purpose of the legislation: Describes the reasons for introducing the legislation and/or changing the legislation, for example "The main purpose of the legislation will be to protect the public interest by maintaining the health and safety of members of the public through a system that ensures physical therapists are competent and fit to practise the profession."
- 2.1.4 The legislation should summarise the components including:
 - i. the authority with responsibility for the legislation
 - ii. the terms used in the legislation and their meaning or interpretation within the legislation
 - iii. the powers of the regulatory authority or other authority to administer the legislation
 - iv. the scope of practice and any limitations on the practice of physical therapy
 - v. the restriction of use of the title "physical therapist/physiotherapist" and the qualifications required to use the title

- vi. the conditions the physical therapist must meet in order to practise under the legislation including the standards of competence or minimum standards of education and practice described by the regulatory authority or professional organisation
- vii. the frequency with which a physical therapist must renew registration/license to use the title physical therapist and to practise physical therapy (eg annually, biannually)
- viii. the mechanisms for assuring the competence of physical therapists and promoting public trust and confidence that they are protected from practitioners who do not meet the standards of competence
- ix. the process for a physical therapist to appeal a decision by the regulatory authority, including the outcome of an application to be recognised as a physical therapist

2.2 Scope of practice, qualifications and experience required

2.2.1 This section states the requirements of the body responsible for regulating/recognising physical therapists (the regulatory/recognising authority) to publish the scope of practice for physical therapists.

For examples see the scope of practice from the:

- Physiotherapy Board of New Zealand
<http://www.physioboard.org.nz/index.php?ThePracticeofPhysiotherapy>
- Chartered Society of Physiotherapy (UK) <http://www.csp.org.uk/>
- American Physical Therapy Association <http://www.apta.org/>

2.2.2 Prescribes the qualifications that are required to be recognised by the regulatory authority as a physical therapist.

2.2.3 Sets out the principles by which the regulatory authority must be guided when prescribing the qualifications needed to be recognised as a physical therapist (eg only qualifications that the regulatory authority has assessed as providing the knowledge, skills and professional attributes necessary for safe and competent practice).

2.2.4 Outlines the other requirements that must be met to use the title physical therapist and/or practise physical therapy. These requirements may include providing evidence that the applicant:

- i. has demonstrated that he or she has the requisite knowledge, skills, and professional attributes to practise physical therapy
- ii. has demonstrated the ability to communicate effectively in the context of physical therapy practice including language proficiency
- iii. has no previous convictions and/or imprisonment for offences that might adversely affect the ability to practise in a manner consistent with the public interest
- iv. has no professional disciplinary proceedings brought against him/her in another nation or state/province
- v. has no health reason that may adversely affect the ability to practise in a manner consistent with the public interest

2.3 Process of application for licensure/registration/recognition and authorisation to practise

- 2.3.1 Details the process of making an application to the regulatory authority, including how to meet the requirements in Section 2 and how to demonstrate the knowledge, skills and professional attributes required to practise physical therapy. For example, the application may require official documents, such as an official transcript from the higher education institution where the physical therapy qualification was obtained, a professional/character reference, a language proficiency test result and a criminal history check.
- 2.3.2 Describes the ability of the regulatory authority to obtain additional information about an applicant where it is in the public interest (eg a health assessment, a letter of good standing from another regulatory authority or a criminal history check).
- 2.3.3 Sets out the guidelines for prompt handling of applications by the regulatory authority.
- 2.3.4 Sets out the process for recommending licensure/registration/recognition to the authority.
- 2.3.5 Details the requirement for the regulatory authority to inform an applicant of a decision to decline an application for license/registration/recognition or alter/place conditions on the licensure/registration/recognition (eg limited scope of practice, specific location of practice, limited period of practice, a requirement for supervision).
- 2.3.6 Describes the process for applying any conditions to an applicant's practice (eg practising under supervision while awaiting passage of licensure/registration/recognition examination).
- 2.3.7 Details the ability of the applicant to respond to an intention to alter the scope of practice.
- 2.3.8 Details the requirements for the regulatory authority to determine a process of assessment for any physical therapist who has had conditions placed upon his/her practice.

2.4 Processes relating to issuing of licences/registrations

- 2.4.1 Sets out the period of time for which the issued license/registration/recognition is valid.
- 2.4.2 Sets out the requirement to issue a temporary/limited license/registration/ recognition if the applicant is not eligible for a full license/registration/ recognition.
- 2.4.3 Sets out, if appropriate, the requirement for the authority to include a condition on the scope of practice on the license/registration/ recognition.
- 2.4.4 Sets out what happens if there is a condition on the license/registration/ recognition such as a limitation on the scope of practice.
- 2.4.5 Sets out the requirement for surrender of an issued license/registration/ recognition.

2.5 Requirements for maintenance of competence

- 2.5.1 Describes the requirements/activities that a licensed/registered/recognised physical therapist must undertake to maintain competence to practise (eg include a minimum number of hours of continuing professional development over a specified period of registration).
- 2.5.2 Details the power of the regulatory authority to review the competence of any licensed/registered/recognised physical therapist.
- 2.5.3 Describes the guidelines (eg evidence of continuing professional development) to be observed if a review of competence is to be undertaken by the regulatory authority.
- 2.5.4 Details the power of the regulatory authority to review records and to take further action if the physical therapist fails to meet the competency requirements.

- 2.5.5 Describes the regulatory authority's power to require a physical therapist who has not practised for a while or has surrendered their licensure/registration, or has let it lapse, to demonstrate competence to practise.
- 2.5.6 Describes the regulatory authority's power to take action if there is evidence that a physical therapist is no longer competent to practise (eg by withdrawing a license/registration/ recognition or placing conditions on the license/registration/recognition).
- 2.5.7 Describes the process for an individual or authority (eg another physical therapist or hospital employer) to be informed if there is evidence that a physical therapist is no longer competent to practise. Describes the notice that is required to be given to other authorities if there is a risk of harm to the public because a physical therapist is no longer competent to practise.
- 2.5.8 Describes the confidentiality statement related to the process in this section.

2.6 Requirements for a physical therapist who is unable to practise for health reasons

- 2.6.1 Describes the requirement for a physical therapist, employer or other health professional to inform the regulatory authority if the mental or physical wellbeing of the physical therapist is such that it is likely to adversely affect his/her ability to practise in a safe and competent manner.
- 2.6.2 Describes the power of the regulatory authority to take reasonable steps to ensure that the physical therapist whose ability to practise is affected does not place the public interest at any risk of harm (eg placing conditions on practice or suspending the license/registration/ recognition).

2.7 Processes relating to complaints

- 2.7.1 Describes who can refer a complaint/make a report about a physical therapist to the regulatory authority (eg a member of the public, an employer, another physical therapist, another health practitioner).
- 2.7.2 Describes how a complaint/report about a physical therapist is to be made (eg in writing).
- 2.7.3 Describes the process for evaluating and referring a complaint/report about a physical therapist.
- 2.7.4 Requires the regulatory authority to complete any investigation within a specific time period.
- 2.7.5 Provides a regulatory authority with the power to take reasonable steps if the continued practice by a physical therapist is not consistent with the public interest (eg suspending the license/registration/ recognition).

2.8 The role of a professional conduct committee/panel

- 2.8.1 Describes the process for the regulatory authority to establish a professional conduct committee/panel that includes registered physical therapists.
- 2.8.2 Details as appropriate the procedures to:
 - i. consider the matter of the complaint/report
 - ii. receive evidence regarding the matter
 - iii. consider the evidence and make recommendations to the regulatory authority (eg that the matter is dealt with by a disciplinary panel/tribunal, or referred to conciliation, or no further steps need be taken against the practitioner)

- iv. make recommendations to the regulatory authority if the panel considers the continued practice by a physical therapist is not consistent with the public interest (eg to suspend the license/registration/ recognition if there is evidence that continued practice will expose the public to risk of harm)

2.9 The role of the disciplinary panel/tribunal

- 2.9.1 Provides for the establishment of a disciplinary panel/tribunal to deal with matters that have a threshold of seriousness in regard to professional misconduct. It is preferable that the disciplinary panel/tribunal is independent from the regulatory authority.
- 2.9.2 Describes the membership of a disciplinary panel/tribunal (eg stating the minimum and maximum number of members, how many members can be registered physical therapists, requirements for membership to include a legal practitioner).
- 2.9.3 Describes how members of a disciplinary panel/tribunal are appointed and the term of the office (eg by the Minister of Health for three years).
- 2.9.4 Requires each member of the disciplinary panel/tribunal to declare any conflict of interest prior to being appointed to hearing each matter.
- 2.9.5 Describes the processes for notifying the physical therapist:
 - i. that a matter has been referred to the disciplinary panel/tribunal
 - ii. of the details of the disciplinary proceedings (eg that a hearing will be in public)
 - iii. of the procedures and requirements for responses (eg to be in writing)
- 2.9.6 Provides the regulatory authority with the power to suspend the physical therapist's license/registration/ recognition or to place conditions on the physical therapist's practice prior to the hearing if such action is consistent with the public interest.
- 2.9.7 Describes the processes for:
 - i. arranging for special protection for certain witnesses
 - ii. providing for name suppression
 - iii. determining the grounds for discipline
 - iv. detailing the penalties to be imposed and how costs are to be recovered

2.10 Matters that relate to professional misconduct

- 2.10.1 Lists matters that relate to professional misconduct, for example:
 - i. malpractice or negligence in relation to the scope of practice;
 - ii. practising physical therapy without a valid license/registration/ recognition
 - iii. practising outside the scope of practice
 - iv. failing to comply with conditions imposed on the license/registration/ recognition
 - v. conduct that reflects adversely on the physical therapist's competence to practise
 - vi. conduct that has brought, or is likely to bring, discredit to the profession

2.11 Options that the disciplinary panel/tribunal may recommend when a physical therapist is found guilty of professional misconduct

- 2.11.1 Lists the options for recommendations to be made by the disciplinary panel/tribunal to the regulatory authority when a physical therapist is found guilty of professional misconduct. For example:
- i. cancel or suspend the licence/registration for a stated time
 - ii. impose conditions under which the physical therapist must practise
 - iii. censure the physical therapist
 - iv. impose a fine on the physical therapist
 - v. impose costs on the physical therapist in relation to the hearing and/or other inquiries (eg the professional conduct committee)
 - vi. restore the physical therapist's licence/registration
 - vii. make a recommendation on continued name suppression or public notification

2.12 Appeals process for the physical therapist

- 2.12.1 Describes the right of appeal by the physical therapist.
- 2.12.2 Describes the grounds for an appeal.
- 2.12.3 Defines the timeframe within which the appeal must be lodged.
- 2.12.4 Describes procedures for an appeal.

2.13 Structures and administration of the regulatory authority

- 2.13.1 Defines the process for the establishment/continuation of a regulatory authority to administer the legislation for the regulating/recognising physical therapy.
- 2.13.2 Describes the membership of a regulatory board. For example:
- i. a mix of appointed and elected members
 - ii. a majority of licensed/registered/recognised physical therapist members
 - iii. members of the lay public (the total number from the public may be country specific)
 - iv. other qualified members such as another health practitioner or a legal practitioner
- 2.13.3 Describes the procedures for appointment of members of the regulatory board for physical therapy (eg by the Minister of Health, after an official notice calling for nominations has been published).
- 2.13.4 Specifies the term of office (eg three years), with the possibility of reappointment.
- 2.13.5 Describes the procedures to appoint a member when a vacancy occurs.
- 2.13.6 Specifies the appointment of a chair or president of the regulatory board (eg elected from and by the members).
- 2.13.7 Makes provisions for the appointment of the chair in his/her absence.
- 2.13.8 Defines a quorum needed for resolutions.

2.14 Other powers of the regulatory board or other authority

- 2.14.1 Describes the powers and obligations of the regulatory board in regard to reporting, audit, and requests for information that is in the public interest (eg the number of licensed/registered/recognised physical therapists).
- 2.14.2 Requires the regulatory board to issue an annual report including a financial report for the year.
- 2.14.3 Describes the power of the regulatory board to charge fees.[‡]

2.15 Necessary administrative matters

- 2.15.1 Describes the processes necessary to keep and maintain a list/register of licensed/registered/recognised physical therapists and to specify the information contained in the list/register (eg name and license/registration/recognition status). The authority responsible for maintaining the list/register must keep it up to date in regard to entries, changes, change of status as a result of a penalty imposed by the disciplinary panel/tribunal and a directive received from the physical therapist.
- 2.15.2 Indicates whether the list/register is open to the public to access and others to inspect (eg via a web link or by direct communication with the authority).
- 2.15.3 Details the steps to be taken by a physical therapist to inform the authority of any change of name or address or to cancel their licence/registration/ recognition and remove their name from the list/register.
- 2.15.4 Describes the power of the authority, on receipt of an official death certificate, to remove the name of a physical therapist from the list/register.

2.16 Delegated responsibility of the physical therapy regulatory board

- 2.16.1 Describes the power of the regulatory authority to appoint a person/registrar to implement the regulatory board's decisions and comply with directions of the board/authority and the disciplinary panel/tribunal.

2.17 Miscellaneous provisions for amendments, repeals and transitional arrangements

- 2.17.1 Details various sections that may be common with other legislation (eg medicine, nursing, occupational therapy legislation/regulation/registration) in regard to compliance and reporting procedures. For example, the requirements for publication of findings of a disciplinary panel/tribunal.
- 2.17.2 Provides any appropriate references to other legislation pertaining to physical therapists (eg privacy legislation).
- 2.17.3 Describes the process for transition where legislation/registration/recognition is already in place (eg if a complaint against a physical therapist was made during the time the old or previous legislation/regulation/recognition was in place, the matter would be dealt with under the previous system).
- 2.17.4 Includes schedule(s) for implementing new legislation/regulation/recognition that has been enacted or revisions that are to be appended to existing legislation regulation/recognition (eg

[‡] Matters such as the schedule of fees are best not to be included in the body of the legislation otherwise they can only be changed by an amendment to the law. The fees can be set out in a schedule which is officially published by the authority/board.

general proceedings for the board/authority and the disciplinary panel/tribunal, administration matters, other legislation that may be amended and/or revoked as a consequence of the current legislation being enacted).

Glossary

Ability to practise — the composite of the physical therapist's demonstrated possession of: the requisite knowledge and skills earned through an approved physical therapist professional entry level educational programme; the capability to communicate at a professional level; and the capability to communicate in the language/s required in order to protect the public. Ability to practise also necessitates that the physical therapist be free of: previous convictions and imprisonment for offences that might adversely affect others; professional disciplinary proceedings in the home state, country or other country; any health diseases, disorders or conditions that may adversely affect practice.

Act — in relation to regulation, is a piece of legislation/regulation/recognition or statute that legalises the practice of physical therapy.

Applicant — in relation to regulation/recognition is a person who makes a submission under the act to be licensed/registered/recognised as a physical therapist.

Competence — is the proven ability to use knowledge, skills and personal, social and/or methodological abilities, in practice or study situations and in professional and personal development. (In the context of the European Qualifications Framework, competence is described in terms of responsibility and autonomy).⁹

Condition — is a restriction or limitation imposed on the practice of physical therapy.

Continuing professional development (CPD) — is the process through which individuals undertake learning, through a broad range of activities that maintains, develops, and enhances skills and knowledge in order to improve performance in practice.¹⁰

Disciplinary panel/tribunal — is a committee established under the legislation/regulation/recognition or Practice Act to hear cases against a physical therapist where the charge has reached a threshold of seriousness in regard to professional misconduct

Law/statute — is a) the body or system of rules that are recognised by a community and are enforceable by an established process; b) an official rule, or order stating what may or may not be done or how something must be done; or c) an order issued by a government department or agency that has the force of law.

Lay person — is an individual, who is neither licensed/registered/recognised nor qualified to be licensed/registered/recognised as a physical therapist.

Legislature/regulatory board/authority — is the body appointed by national or state law to be responsible for the licensure/registration/recognition and oversight of physical therapist practitioners.

License/registration — is an official authorisation issued by the authority on an annual or otherwise specified time frame to practise the profession of physical therapy and is based on the declaration by the physical therapist that he/she will continue to meet competencies required to be licensed/registered.

License/registration/regulation list — is the directory of physical therapists in a country/state maintained by the licensing/regulatory authority.

Prescribe (regulation) — the setting out of specific parts of legislation.

Professional conduct committee — is the committee established by the authority to hear complaints about physical therapists and make recommendations to the authority.

Scope of practice — is a statement describing physical therapy within the context of the regulatory environment and evidence base for practice within a jurisdiction. Scopes of practice are dynamic, evolving with changes in the evidence base, policy and needs of service users. WCPT sets out the internationally agreed scope of practice and member organisations set out the scope of practice agreed in their countries.¹¹

Statute — is a law established by a legislative/regulatory/recognition body (eg an assembly, a senate, a Parliament).

Acknowledgements

WCPT has used the following resources in preparing these guidelines and gratefully acknowledges their valuable contribution:

- Federation of State Boards of Physical Therapy (2006) *The Model Practice Act for Physical Therapy – A Tool for Public Protection and Legislative Change*. 4th Edition.
<https://www.fsbpt.org/download/MPA2006.pdf> (Access date 17 April 2009)
- Physiotherapy Board of New Zealand
<http://www.physioboard.org.nz/index.php?ThePracticeofPhysiotherapy> (Access date 17 April 2009)
- The New Zealand Parliament (2003) *Health Practitioners Competence Assurance Act 2003*.
<http://www.moh.govt.nz/hpca> (Access date 17 April 2009)

WCPT is grateful to the Executive Committee and Margaret Grant (Australia) for their assistance with this guideline.

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11. World Confederation for Physical Therapy. Policy statement: Support personnel for physical therapy practice. London, UK: WCPT; 2011. www.wcpt.org/policy/ps-support-personnel (Access date 22nd September 2011)

Publication, review and related policy information	
Date adopted:	2011
Date for review:	2015
Related WCPT policies:	<p>WCPT ethical principles</p> <p>WCPT policy statements:</p> <ul style="list-style-type: none"> ▪ Protection of title ▪ Education ▪ Reciprocity – mutual recognition ▪ Regulation of the physical therapy profession ▪ Standards of physical therapist practice <p>WCPT guidelines:</p> <ul style="list-style-type: none"> ▪ Guideline for standards of physical therapy practice ▪ Guideline for physical therapist professional entry level education

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Appendix 1: Useful resources

Member organisations are encouraged to review a number of sites that are appropriate in order to facilitate development of a Practice Act or legislation/regulation for the profession within a given country. The following examples of resources and websites from countries with a Practice Act or well established licensure/regulation in place will provide greater detail for each of the areas outlined in this paper.

Australia

- Australian Health Practitioner Regulation Agency <http://www.ahpra.gov.au/>
 - Physiotherapy National Board <http://www.physiotherapyboard.gov.au/>
 - Legislation <http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx>
- Australian Physiotherapy Council <http://www.physiocouncil.com.au/>

Canada

- Ontario Physiotherapy Act (1991) http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91p37_e.htm
- Nova Scotia Physiotherapy Act (1998) <http://www.gov.ns.ca/legislature/legc/statutes/physioth.htm>
- Manitoba Physiotherapy Act (1999) <http://web2.gov.mb.ca/laws/statutes/ccsm/p065e.php>
- Canadian Alliance of Physiotherapy Regulators <http://www.alliancept.org/>

New Zealand

- Physiotherapy Board of New Zealand <http://www.physioboard.org.nz/>
- Scope of physiotherapy practice defined: <http://www.physioboard.org.nz/index.php?ThePracticeofPhysiotherapy>
- Physiotherapy Board of New Zealand Scope of Practice <http://www.physioboard.org.nz/index.php?ThePracticeofPhysiotherapy>
- Health Practitioners Competence Assurance Act 2003 (HPCAA) <http://www.moh.govt.nz/hpca>

South Africa

- Health Professions Council of South Africa <http://www.hpcsa.co.za/hpcsa/default.aspx>
- Health Professions Act 56 of 1974 <http://www.hpcsa.co.za/hpcsa/UserFiles/File/ACTS/HEALTH%20PROFESSIONS%20ACT%2056%20OF%201974.doc>
- Physiotherapy, Podiatry & Biokinetics Board Scope of Physiotherapy Practice <http://www.hpcsa.co.za/hpcsa/default.aspx?id=118>

UK

- Health Professions Council <http://www.hpc-uk.org/index.asp>
- Consolidated Health Professions Order 2001 (February 2008) [http://www.hpc-uk.org/assets/documents/100020EATheConsolidatedHealthProfessionsOrder2001\(February2008\).pdf](http://www.hpc-uk.org/assets/documents/100020EATheConsolidatedHealthProfessionsOrder2001(February2008).pdf)
- Health Professions Order 2001 http://www.hpc-uk.org/assets/documents/1000061DThe_Health_Professions_Order.pdf
- Chartered Society of Physiotherapy (CSP) Scope of Practice <http://www.csp.org.uk/professional-union/professionalism/scope-practice>
- CSP Information Paper on Scope of Practice (2008) <http://www.csp.org.uk/publications/scope-practice-physiotherapy>

USA

- Federation of State Boards of Physical Therapy <https://www.fsbpt.org/>
- Link to all State Physical Therapy Practice Acts <https://www.fsbpt.org/LicensingAuthorities/index.asp>
- The Model Practice Act for Physical Therapy: A Tool for Public Protection and Legislative Change (MPA) <https://www.fsbpt.org/download/MPA2006.pdf>
- Changes in Healthcare Professions Scope of Practice: Legislative Considerations https://www.fsbpt.org/download/ScopeOfPractice_2006_12.pdf

AUDIT AND RISK COMMITTEE CHARTER

Governance

At its meeting on 11 August 2011, the Australian Physiotherapy Council (**APC**) Board resolved to establish a Committee under clause 12.0 of the Constitution for the purpose outlined below and to exercise powers as are delegated to the Committee by the Board from time to time pursuant to clause 9.1.2(v) of the Constitution.

This Committee is to be known as the Audit & Risk Committee (**Committee**).

Purpose

The Committee is appointed by the Board to assist the Board to fulfil its oversight responsibilities in relation to:

- Financial management and reporting;
- Corporate governance, including internal control and risk management;
- External audit; and
- Any other matters as directed or authorised by the Board.

The Committee may also provide support to the Chief Executive Officer on financial, risk and compliance issues.

Duties and Responsibilities

Financial Management and Reporting

Review and assess, in consultation with the Chief Executive Officer, APC's accountants and/or the external auditor:

- The annual budget before submission to the Board for approval;
- The appropriateness of APC's accounting policies and principles and financial disclosure practices;
- Application of accounting standards including material estimates and judgements in APC's financial reports;
- Material information provided by the external auditor; and
- APC's annual financial report and provide a recommendation to the Board.

Corporate Governance including Internal Control and Risk Management

Oversee the establishment and maintenance of effective corporate governance processes, including in relation to risk management and compliance, particularly:

- Clear articulation of roles, responsibilities and accountabilities;
- Identification and management of risks;
- Compliance with legislation, regulations, standards and policies;
- Handling of litigation and claims;
- Preventing fraud and theft; and
- Related party transactions and potential conflicts of interest.

External Audit

Oversee the external audit of APC's financial reports including:

- Make recommendations to the Board on the appointment, remuneration and monitoring of the external auditor;
- At the start of each external audit agree the terms of engagement with the external auditor;
- Together with the external auditor review the scope, conduct and results of the audit and the implications of any audit findings; and
- Meet with the external auditor at least once a year in the absence of management.

CEO Performance and Remuneration

The Committee will also provide feedback to the Chairperson of the Board in relation to the performance review and remuneration of the Chief Executive Officer and report its recommendation on remuneration to the Board.

Other Matters

Provide assistance to the Board in relation to other matters as directed or authorised by the Board.

Composition and Membership

Membership

The Committee will be composed of no less than three and no more than four **Committee Members** who are Directors of the Board appointed by a resolution of the Board having regard to their experience in financial, corporate governance and audit matters.

The term of each Committee Member will be three years subject to satisfying the Board renewal policy, with eligibility for re-appointment.

Only Committee Members will be entitled to vote on matters arising at Committee meetings.

Participation of Non Members

The Chief Executive Officer will attend all meetings of the Committee. Any Director who is not a Committee Member is welcome to attend Committee meetings. APC's accountants, external auditors and other advisors will attend Committee meetings at the request of the Committee.

Appointment of Chairperson

The Board will appoint a Chairperson of the Committee (who should be a Director other than the Chairperson of the Board) for a term specified by the Board.

Meetings

Frequency and Procedures

The Committee will meet as determined by the Committee Chairperson to ensure it discharges its duties and responsibilities, but in any case at least once every calendar quarter. Meetings will be governed by the provisions of the Constitution relating to Board meetings in so far as they are applicable and are not inconsistent with any other directions of the Board.

Quorum

A simple majority of Committee Members constitutes a quorum.

Agendas, Papers, Minutes and other Records

The Company Secretary will be responsible for arranging Committee meetings, preparing and circulating the agenda and committee papers one week before the Committee meeting and maintaining records. Minutes of the Committee's meetings will be kept by the Company Secretary.

Reporting and Recommendations to Board

Committee reporting to the Board will include:

- Minutes of each Committee meeting will be provided to the Board with the papers for the next following Board meeting;
- The Committee Chairperson will provide a verbal report on the activities of the Committee at each Board meeting;
- The Committee Chairperson will in the fourth quarter of each calendar year provide an annual written report to the Board on the activities of the Committee and any major trends or issues identified by the Committee; and
- Written reports or recommendations to the Board on any matter the Committee considers appropriate including any matters requiring direction from, or determination by, the Board.

Reliance on Professional Advice

The Committee may seek advice from any consultants or advisers of the APC to assist it in making any determination.

Periodic Review

This Charter and the Committee's performance should be periodically reviewed by the Board to ensure that the operation of the Committee meets the Board's requirements.

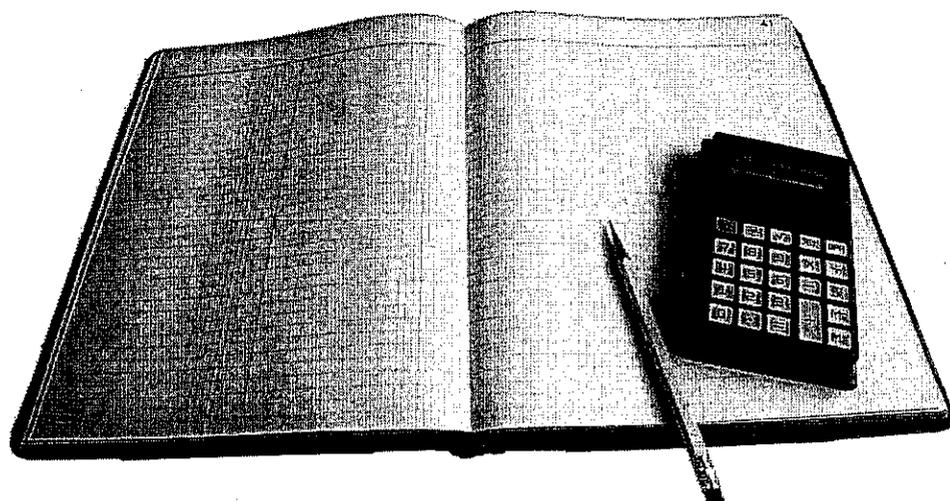
The Board approved this Charter on 26 April 2012.

SIGNED 
Chief Executive Officer

Australian Physiotherapy Council
General Purpose Financial Report

ABN 28 108 663 896

For the year ended 30 June 2011



Australian Physiotherapy Council

ABN 28 108 663 896

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Australian Physiotherapy Council

ABN 28 108 663 896

Directors' Report

Your Directors' present their report on the company for the financial year ended 30 June 2011.

Directors

The names of the Directors in office at any time during or since the end of the year are:

Paul Shinkfield	Lorraine Sheppard
Karen Rhys Murphy	Anthony Wright
Debra Karen Shirley	Patrick Maher
Jane Leow	Mark Hindson
Bill Vicenzino	Heather Malcolm (Resigned 13 May 2011)

Directors' have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal Activities

The principal activities of the Company during the financial period have been the development of accreditation standards, assessment and accreditation of physiotherapy education programs, assessment of international physiotherapy graduates for registration purposes, assessment of physiotherapists for migration purposes and provision of reports and advice to government and the Physiotherapy Board of Australia about matters relevant to these activities.

From 1 July 2010, the Australian Physiotherapy Council commenced statutory functions as an accreditation authority under the Health Practitioner Regulation National Law Act as it applies in each State and Territory. This did not significantly change the nature of these activities but did change the Membership of the Company and increased the statutory responsibilities of the Company.

The Company's short-term objectives are:

1. To provide advice, recommendations and consulting services to the Physiotherapy Board of Australia and other relevant organisations.
2. To grow expertise in health profession standards for accreditation and assessment purposes.
3. To identify and develop health profession standards for accreditation and assessment purposes.
4. To monitor and review health profession standards used for accreditation and assessment purposes.
5. To identify and develop best practice systems for the design and conduct of accreditation and assessment services.
6. To deliver best practice accreditation and assessment services for health professions.
7. To identify and adopt best practice systems of governance and operations to ensure the ongoing development of the Australian Physiotherapy Council.

To achieve these objectives the Company's strategies include:

- a. Recruitment of CEO [following the resignation of incumbent] to target candidates with significant strategic business and governance expertise;
- b. Review internal governance, business and operational policy and processes;
- c. Develop Corporate Plan;
- d. CEO to attend international conference held in Amsterdam;
- e. Adoption of revised Constitution in line with changes to the National Law;
- f. Liaise with Forum of Health Professions Councils, Dept Education & Workplace Relations and Department Immigration & Citizenship;
- g. Update Accreditation Manual to align with new National Law

Directors' Report

The Company's long-term objectives are to:

1. Develop and implement MOU with NZ Physiotherapy Board in the accreditation of NZ physiotherapy programs by the APC;
2. Develop and implement MOU with Canada in the mutual recognition of physiotherapy programs between Australia and NZ;
3. Work with the APA to develop a relationship between the Singapore Physiotherapy Association, the APA, the APC and the Singapore Polytechnic with the aim of accrediting the Singapore Polytechnic Entry level Physiotherapy programs for recognition by Australia;
4. Further develop international relationships and reputation;
5. Work with the Physiotherapy Board Australia to develop Australasian Standards for Physiotherapy that may be adopted internationally.

To achieve these objectives the Company's strategies include:

- a. Review the Australian Standards for Physiotherapy to ensure they remain contemporary in structure, content and format;
- b. Engage with the Physiotherapy Board of Australia and the Physiotherapy Board of New Zealand regarding alignment of the Australian Standards for Physiotherapy and the Physiotherapy Competencies for Physiotherapy Practice in New Zealand;
- c. Ensure the Australian Standards for Physiotherapy document preserves the uniqueness of physiotherapy practice within healthcare and maintains the distinctiveness of physiotherapy-specific standards;
- d. Monitor the implementation of the Tertiary Education Quality and Standards Agency (TEQSA) Act and engage with TEQSA when it is established;
- e. Engage broadly in consultation processes to influence discussion and decisions relevant to the Australian Physiotherapy Council strategic objectives and activities including with:
 - Department of Immigration and Citizenship
 - Australian Health Practitioner Regulation Agency
 - Physiotherapy Board of Australia
 - Health Workforce Australia
 - AEI-NOOSR
 - Tertiary Education Quality and Standards Agency
 - Professions Australia
- f. Develop and implement a communication strategy to promote the expertise of the Australian Physiotherapy Council as an advisor to other accreditation authorities both nationally and internationally;
- g. Introduce a Risk/ Audit/ Executive Committee of the Board;
- h. Recruit additional Board Director with specific expertise in Risk, Audit and Financial management;
- i. Update Accreditation Manual to align with TEQSA and AQF.

Information on Directors

Karen Rhys Murphy

Qualifications -	Bachelor of Physiotherapy, Graduate Australian Institute of Company Directors, Fellow Australian Council of Health Service Executives
Experience -	Allied Health Advisor, ACT Health; Member, Physiotherapy Board of Australia; Chairman, Australian Capital Territory Board of Physiotherapy Board of Australia; Member, Board of Management, Australian Capital Territory Baptist Association

Directors' Report

Information on Directors (continued)

Anthony Wright

Qualifications - Bachelor of Science (Honours) Physiotherapy, Doctor of Philosophy, Master of Physiotherapy Studies (Manipulative Therapy), Graduate Certificate in Education
Experience - Head, School of Physiotherapy, Curtin University of Technology; Member, Western Australia Board of Physiotherapy Board of Australia

Debra Karen Shirley

Qualifications - Bachelor of Science (UNSW), Graduate Diploma in Physiotherapy (CCHS), Graduate Diploma in Manipulative Therapy (CCHS), Doctor of Philosophy (USYD)
Experience - Lecturer, University of Sydney; Member, New South Wales Board of Physiotherapy Board of Australia

Paul John Shinkfield

Qualifications - Bachelor of Applied Science (Physiotherapy); Bachelor of Laws (Honours)
Experience - Manager Physiotherapy Services, Royal Hobart Hospital, Tasmanian Department of Health and Human Services, Manager Community Rehabilitation Services; Primary Health South, Tasmanian Department of Health and Human Services; Member, Physiotherapy Board of Australia; Chair, Tasmania Board of Physiotherapy Board of Australia; Vice President Tasmanian Branch Council Australian Physiotherapy Association; Member Australian Physiotherapy Association National Professional Standards Panel.

Lorraine Sheppard

Qualifications - B App Sc (Physiotherapy), MBA, PhD.
Experience - Head, School of Physiotherapy, University of South Australia; Member, South Australia Board of Physiotherapy Board of Australia; President, Australian Physiotherapy Association (South Australia) and Foundation Professor, James Cook University.

Bill Vicenzino

Qualifications - B Pty, Grad Dip Sports Pty, MSc, PhD.
Experience - Head, Division of Physiotherapy, University of Queensland; Member, Council of Physiotherapy Deans, Australia and New Zealand and Chair, Medical Research Ethics Committee, University of Queensland.

Patrick John Maher

Qualifications - B Pty, M Pty, Grad Dip Exec Public Sector Mgt.
Experience - Director, Australian Physiotherapy Association; Past Chair, Northern Territory Physiotherapists Board.

Jane Boey-Hwa Leow

Qualifications - Dip Pty; Master of Health Sciences.
Experience - Member, Queensland Board of Physiotherapy Board of Australia.

Heather Mary Malcolm

(Resigned 13 May 2011)
Qualifications - Bachelor of Applied Science (Physiotherapy), Master of Health Sciences (Sports Physiotherapy)
Experience - Member, Northern Territory Board of Physiotherapy Board of Australia; Sports Physiotherapist, Territory Sports Medicine

Australian Physiotherapy Council

ABN 28 108 663 896

Directors' Report

Meetings of Directors

During the financial year, 5 meetings of directors were held. Attendances by each director were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Mark Hindson	5	4
Jane Leow	5	5
Patrick Maher	5	4
Heather Malcolm	4	4
Karen Murphy	5	2
Lorraine Sheppard	5	5
Paul Shinkfield	5	5
Debra Shirley	5	5
Bill Vicenzino	5	5
Anthony Wright	5	5

(Resigned 13 May 2011)

The entity is incorporated under the Corporations Act 2001 and is an entity limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the entity. At 30 June 2011 the collective liability of members was \$20 (2010: \$20).

Auditor's Independence Declaration

A copy of the Auditor's Independence Declaration as required under Section 307c of the Corporations Act 2001 is set out on page 21.

Signed in accordance with a resolution of the Board of Directors':

Anthony Wright
Director

Dated this 31st day of October 2011



INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF AUSTRALIAN PHYSIOTHERAPY COUNCIL

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Queensland 4000
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We have audited the accompanying financial report of Australian Physiotherapy Council (the "Company"), which comprises the statement of financial position as at 30 June 2011, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the directors' declaration of the company .

Directors responsibility for the financial report

The Directors of the Company are responsible for the preparation of the financial report that gives a true and fair view of the financial report in accordance with Australian Accounting Standards and the Corporations Act 2001. This responsibility includes such internal controls as the Directors determine are necessary to enable the preparation of the financial report to be free from material misstatement, whether due to fraud or error. The Directors also state, in the notes to the financial report, in accordance with Accounting Standard AASB 101 Presentation of Financial Statements, that compliance with the Australian equivalents to International Financial Reporting Standards ensures that the financial report, comprising the financial statements and notes, complies with International Financial Reporting Standards.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards which require us to comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error.

In making those risk assessments, the auditor considers internal control relevant to the Company's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

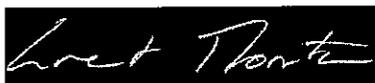
Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

Auditor's opinion

In our opinion:

- 1 the financial report of Australian Physiotherapy Council is in accordance with the Corporations Act 2001, including:
 - a giving a true and fair view of the Company's financial position as at 30 June 2011 and of its performance for the year ended on that date; and
 - b complying with Australian Accounting Standards and the Corporations Regulations 2001; and
- 2 the financial report also complies with International Financial Reporting Standards as disclosed in the notes to the financial statements



GRANT THORNTON AUDIT PTY LTD
Chartered Accountants



A F Newman
Director – Audit & Assurance

Brisbane, Dated 31 October 2011



Grant Thornton

AUDITOR'S INDEPENDENCE DECLARATION

**TO THE DIRECTORS OF AUSTRALIAN
PHYSIOTHERAPY COUNCIL**

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In accordance with the requirements of section 307C of the Corporations Act 2001, as lead auditor for the audit of Australian Physiotherapy Council for the year ended 30 June 2011, I declare that, to the best of my knowledge and belief, there have been:

- 1 No contraventions of the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and
- 2 No contraventions of any applicable code of professional conduct in relation to the audit.

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

A F Newman
Director – Audit & Assurance

Brisbane, Dated 31 October 2011

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